

QUALITY IN HEALTH CARE

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Can these two areas of care be incorporated into one unit? Robin Lawson speaking about the "Impact Foundation", considered how to involve voluntary agencies to help to provide proxy "friends and relatives" for those without, so that they might be able to use the day care facilities.

All the speakers agreed that the patient environment was extremely important. For example, maintaining patient dignity and considerate design and planning to ensure that incoming patients do not meet newly postoperative patients was thought to be valuable. Among the other main themes were:

- The need to develop and agree protocols for selection, discharge, postoperative advice, and provision of general information
- The need for standardised patient information to minimise confusion and for that information to be easily readable and frequently updated and improved to take account of changes in practice
- A different psychological approach to inpatients through instilling the concept of "wellness"
- Attention to skill mix, training, and internal rotation to ensure that staff are multiskilled.

The key points of the seminar were neatly summed up by the final speaker, Mr Ross McTaggart, an architect and health facility planner, in his statement that "day surgery is all about quality of clinical care, quality of management, quality of environment."

JANE EVANS
Service Development Manager, NCTRHA
KATE HATCH
Regional Medical Audit Officer, NWRHA

COMMENT

Clinical Audit - Getting Started. British Dental Association and Faculty of General Dental Practitioners (UK), 1992. (For the Working Group on Audit in Primary Dental Care.)

This working group on clinical audit in dentistry has wide ranging professional representation, including independent practitioners and dentists in the armed forces. This report *Clinical Audit - Getting Started* is intended as a trigger to develop auditing programmes within primary dental care and sets the scene for audit and quality as an integral part of business management.

A pilot scheme for peer review started in January 1992, funded from post-graduate educational monies, and grants were made available through FHSAs. A few schemes got under way but generally speaking they have been slow to progress.

The report, funded by the Department of Health, has been circulated to every dental practitioner and will be followed early in 1993 with a "workbook" which

will describe the clinical audit process in more detail. At the same time courses for training "audit leaders" will be initiated at three sites in the country. These will be used as a framework to expand the scheme so that a network of dentists trained in teaching the clinical audit process is established and locally available. This method and the cascade principle will facilitate, it is hoped, the expansion, coverage, and adoption of audit as a concept within general dental practice.

Selling "audit" will not be easy in the current climate in dentistry. As a starter this document is well produced, readable, and persuasive. It might have been helpful to have described how the ideas expressed in the pamphlet would fit into the overall plan for selling "audit" as part of the total quality management process.

Most dentists will be aware of the need to add "value" to the care they provide, particularly if they are moving from NHS to independent practice. Many dentists were encouraged by the development of better materials and improving technology and have therefore wished to improve the quality of the service they provide, but increasingly over the past 10 years they have become frustrated by the fee scale, especially for high tech work, and other financial pressures. This initiative may be seen by dentists as implying a lack of quality to date and thereby acknowledging an awareness of diminishing standards and increasing pressure. More, it reflects the dilemma of government to satisfy the increasing demands for "quality" and "high tech" dental care from both the professional and the public without increasing funds. A system to encourage audit is very relevant to dental practice, but it will need to be introduced tactfully and sensitively.

F J RHODES
Consultant in Dental Public Health
ANN BINDER
General Dental Practitioner

Quality, Standards, Organisational and Clinical Audit for Hospice and Palliative Care Services (Occasional paper No 2). Higginson I. National Council for Hospice and Specialist Palliative Care Services, 1992.

Audit is sometimes thought inappropriate to palliative care, where quality of life is paramount but so difficult to measure. This concise paper clearly sets out the arguments for using multidisciplinary audit as a tool to measure care outcomes, evaluate alternatives among policy options, and avoid devoting scarce professional skills and time to unhelpful activity. Audit measures need to be developed specifically for palliative care in order to be sensitive to the needs of individuals. Irene Higginson assesses the available techniques for auditing care for practicality and validity in this context, with the emphasis on measures of outcome and process (when this can be shown to be linked to outcome) rather than structure, as this is the most relevant aspect of care for patient and family. Many of these audit methods could be used to evaluate the care of dying patients in settings other

than specialist palliative care units, such as care of the elderly wards and in the community. There is a useful and very up to date review of current methods in palliative care and a helpful bibliography. This paper should be read by not only those working in palliative care but also commissioners and providers of care, who need to be assured that dying patients are being well cared for by specialists and non-specialists alike.

ANNE NAYSMITH
Consultant in Palliative Medicine

DIARY

27 April

London: Royal Society of Medicine. RSM Forum on Quality in Health Care. "Is money wasted on audit?" (£20 RSM members and fellows, £30 non-members). Full details from Nicole Aaron, Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE (tel 071 408 2119 ext 301; fax 071 355 3197).

22-24 June

Leeds: Nuffield Institute for Health Services Studies. Coming to grips with quality assurance. A workshop for those with professional and managerial responsibility for, or interest in, quality assurance, whether as purchasers or providers. (£440 excluding accommodation.) Further details from Sally Sugden, Nuffield Institute for Health Services Studies, 71-75 Clarendon Road, Leeds LS2 9PL (tel 0532 459034; fax 0532 460899).

23-25 June

Blackpool: British Association of Medical Managers (BAMM) annual conference. Managing for patients: improving the outcomes. (Members £395, non-members £460 (including accommodation); after 1 May £452, £517 respectively; non-residential rates available.) Further details from Ms Nicola Whitworth, BAMM, Barnes Hospital, Kingsway, Cheadle, Cheshire SK8 2NT (tel 061 491 4229; fax 061 491 4254).

2 September

Newcastle upon Tyne: Newcastle Quality Centre, University of Newcastle. Special health services day - Quality and its Applications in Health Care, keynote speaker Professor Richard Grol; part of First Newcastle International Conference on Quality and its Applications (1-3 September). (£150 (£125 before 1 August), including coffee, lunch, and photocopy of health services papers.) Further information from Mrs Val Adams, Newcastle Quality Conference, Centre for Continuing Education, The University of Newcastle upon Tyne, Newcastle upon Tyne NE1 7RU, United Kingdom (tel 044 91 226546; fax 044 91 2227090).

QUALITY QUOTES

PSYCHIATRIST: Do you mind if I ask your views about the quality of service we give here?

PATIENT: Not at all, the new medications you prescribed are much better.

PSYCHIATRIST: In what way?

PATIENT: Well the old ones used to float when you flushed the loo – the new ones sink without trace.

You can burn the toast and scrape it – or get it right first time – DEMING, 1934

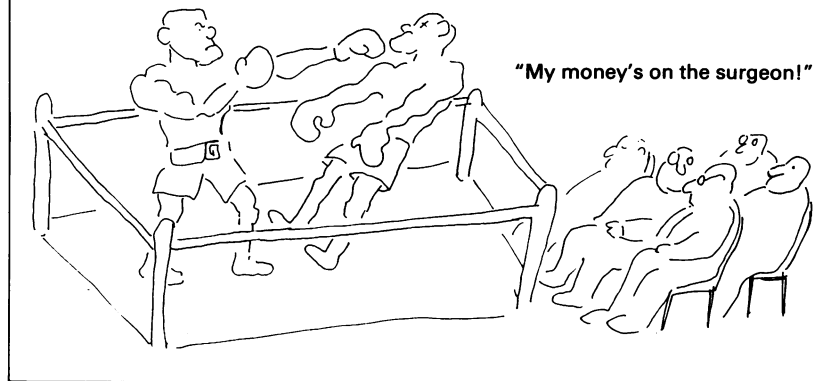
The secret of success is constancy of purpose – BENJAMIN DISRAELI

People seldom improve if they have no other model but themselves to copy after – OLIVER GOLDSMITH

It is astonishing with how little reading a doctor can practise medicine, but it is not astonishing how badly he may do it – WILLIAM OSTLER

Aim at perfection in everything, though in most things it is unattainable. However, they who aim at it, and persevere, will come much nearer to it than those whose laziness and despondency make them give it up as unattainable – LORD CHESTERFIELD

"Judgement of method (of investigation and treatment) is best conducted in a spirit of enquiry and with open debate in which dogma is regularly challenged and participants are willing to revise agreed practices." *The Quality of Medical Care*, Department of Health, 1990



Amusing or erudite items relating to quality – including examples of "qualityspeak", cartoons, etc – are welcomed for publication and should be addressed to the editor

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