requirement to audit – as in any of the detailed points of advice Jenny Firth-Cozens offers on how to do it. Her book attempts two separate tasks and succeeds to some extent with each of them. It is a source of ideas and exercises for anyone who might have to organise training events around audit. It is also an elementary text for those setting out to do audit for themselves. Although the title aims itself at mental health practitioners and examples are mostly drawn from mental health services, the principles illustrated are much more generally applicable.

I found myself nodding in agreement at the identified common ground of methodology, statistical analysis, and publishability which good audit shares with good research. I was pulled up short in several places by statements which were either inaccurate or too sweeping in their generalisation. One of these was just a minor annoyance – repeated references to the use of “Kohner” (sic) data suggests that in some quarters Mrs Edith Körner has already been consigned to the ragbag of discredited history. Others were more fundamental and left me wondering if I (or the author) really did know what she was talking about. The categorical statement of the “golden rule” that “you can never audit anyone else’s practice” led me to expect that the author must be incapable to ignore or dismiss the technique of peer review. But no, a few pages later she is quoting approvingly a national example of the benefits of peer reviewers auditing each other’s practice.

By the end I had warmed to the author’s obvious enthusiasm for her subject. It encourages the view that the limited progress to date made with audit in many mental health services is not because it has been tried and found impossible but, rather, found difficult and not tried.

JOHN SHANKS
Consultant in Public Health Medicine


Value for money and achieving results seem to be the new watchwords for decision makers when it comes to the use of public money. But few systems exist to help decision makers focus on these aims. Outcome Funding, the brainchild of the Rensselaerville Institute of New York, offers a refreshing perspective.

One of the main principles of the business plan used in private industry into the grant process or purchasing decisions for public money. It invites grant makers or purchasers to view themselves as investors looking for a return on their investment rather than people who just give out money.

As investors, those involved in using public money need to address three key questions: What results do we seek? What are the chances of achieving them? Are we paying the lowest reasonable cost for the best results? By use of a business plan rather than a traditional proposal these key questions are more easily addressed, compared, and evaluated. Purchasers can identify those projects which are "sure bets" and those which have a high risk of failure. Having a mixed portfolio of low risk and high risk projects may offer purchasers the best opportunity of achieving a reasonable return on their investment, of encouraging innovation and of learning at the same time.

As in the world of investment and venture capital, the business plan is seen as important, but even more important is the person who will carry out that plan. Outcome Funding invites public service purchasers to recognise that people are more important than paper. Knowing who is going to provide the service of the project and what makes them the best individual to invest in can go further towards securing the success of the project than any written plan.

Applying the principles set out in Outcome Funding can reduce the time spent in screening submissions and enable a lot more relevant information to be obtained. Using telephone interviews to talk with potential grant recipients, breaking with traditional procedures of reliance on what is written, allows clarification, further information to be obtained, and negotiation to find the right investment for a partnership – that is, one which will lead to results mutually understood and agreed both by the purchaser and the service provider. If the book has a failing, it is that it makes too many assumptions that the funding process in the UK is fairly similar to that in the US, which is not my direct personal experience of both systems. Although the UK edition has been edited by Peter Mason, an NHS manager, it still does not reflect a full understanding of the UK system.

Demonstration projects in the public sector are now being established both in the health service and in local authorities using Outcome Funding. Emerging projects in London, Trent region, and Wales involve areas such as training, prevention of HIV infection, alcohol misuse, and drug treatment.

The book encourages purchasers to try outcome funding on a small scale. This experimentation can help both purchasers and the selected service providers to understand the radical shift in working practice. The demonstration can then open discussions with other providers and lead to shifts in other ways of working. As in so many other examples, it is not policy that sets good practice, it is good practice which sets policy.

Outcome Funding is easy to read and thought provoking. Much of it seems common sense. But on reflection, you quickly realise how little of it is in practice today. If this book can simply open people’s minds and introduce them to a new way of working it will have achieved a miracle.

DON LAVOIE
Alcohol and Drug Policy Officer


The publication of a guide to specialty medical audit is timely but unfortunately is being overshadowed by the fact that medical audit is now established as part of the normal educational activity of hospital doctors and general practitioners, its future is threatened by enthusiasm and dilution of resources into clinical audit.

If medical audit is regarded as a useful activity the need to maintain the interest and commitment of hospital doctors and junior staff has proved to be a major obstacle. Involving junior doctors in small short term projects and their senior colleagues in greater valuable clinical time for what may not seem to be a productive activity has led to some cynicism about the audit process in general.

Specialty Medical Audit, written by an acknowledged authority on the subject, tends to draw together the experience of audit in various specialties and contains within each section some useful lists of audit topics which could be considered in a local environment and also summarises the national programmes which are evolving. By its very nature, this book is unlikely to be a complete guide and tends to be somewhat repetitive.

Enthusiasm for the audit process is, and will remain, variable, depending on the interests of the clinicians involved, the time and availability of audit to be conducted, and the perceived value of the audit process. Quite reasonably, at a time of extreme financial stringency in the service, questions are being asked about the benefit to patients of medical audit. The time is rapidly approaching when critical objective evaluation will have to be undertaken before audit loses its credibility as an aid to patient care. In addition, the efforts that have been made to integrate audit into postgraduate medical education can only be dissipated by the expansion of audit, quite rightly, to include all staff.

The publication of this small handbook on specialty medical audit is therefore timely in that the detail provided on audit in various subspecialties of medicine should prevent local audit committees reinventing the wheel. However, experienced audit committee chairmen will have a feeling of deja vu on flicking through the contents because so many of the audit projects described have been carried out in their own hospital.

Unfortunately, this is not an easy book to read and perhaps should be used as a reference manual, primarily for audit staff. New initiatives on comparative data and the need for audit departments to demonstrate cost effectiveness also mitigate against its usefulness. However, for the audit newcomer there are particularly useful chapters on how to establish and organise audit within a general hospital. Future similar publications may include chapters on how to defend the audit budget from other equally deserving demands. Although there is little doubt that the future for audit is not particularly bleak, it will be rather different from what it is now.