View from New Zealand

Michael Cooper, Pro-Vice Chancellor of the University of Otago and Deputy Chairperson of the New Zealand Health Research Council here reflects on the process by which consensus was reached in two consensus workshops held in New Zealand under his chairmanship, one on hospital day surgery and the other on quality.

In 1989 the then Medical Research Council (MRC) of New Zealand decided to initiate a series of consensus workshops designed to bring together leading researchers, providers, consumers, and health decision makers to reflect on some of the more controversial health related issues of the day. The workshop was seen as being a process by which representatives of all the stakeholders – including consumers – could help to resolve a controversial health topic by appeal to the best available scientific evidence. The programme was launched in December of that year with a workshop on hospital day surgery which addressed **what** day surgery was; **who** should be managed by day surgery; **why** its expansion was thought desirable; **where** it should be performed; **how** increased day surgery could be effectively achieved; and **what** the likely consequences were. Attracting some 130 participants, the workshop, despite some heated debate, and to the surprise of many, produced a concise and constructive consensus report on best practice. Although no further workshops were held while future of the MRC was being decided, once its replacement, the Health Research Council, came into being, it resurrected the concept and launched a workshop on quality as the forerunner of a new series.

Balancing act

The topic for the Health Research Council's first workshop in April 1993 – "Quality in health: balancing expectation with reality" – was chosen only after considerable debate. The format works best when there is a clear polarisation of opinion which has a reasonable probability of being resolved by appeal to research findings. Ideally, a clear gap should exist between current practice and

research findings which the process of seeking consensus can help to narrow. Scientific evidence is used to advance understanding and, in so doing, gain general agreement. Although no one is against quality there may be trade offs between quality and quantity. Quality issues, moreover, had been thrown into sharp relief by the health reforms, and questions on managing measuring, and promoting quality, as well as how quality might be specified in contracts and subsequently monitored, certainly were giving rise to concern and debate. An organising committee comprising representatives from the Department of Health and the Health Research Council, two general managers of health boards, a prominent hospital physician, and a senior medical officer was set up to define the questions, select the expert speakers to address them, and to set up a consensus panel.

Working towards consensus

The format adopted entailed specifying a series of questions (of the what, why, where, and how type) and then inviting one or two experts to address each question in turn for a defined period (ten to twenty minutes) by drawing heavily on worldwide research findings. Each presentation was followed by a penetrating and no holds barred cross examination by the consensus panel (four persons of considerable standing who were informed generalists drawn widely from within the community of stakeholders). No panellist was seen as an advocate for this or a related cause nor was an active researcher within the quality domain. After the cross examination all the workshop participants were free to question or challenge the expert on any aspect of the evidence. Chatham House rules applied throughout the workshop in that no observations could be attributed without prior approval. Between each question session the panel had the ongoing task of working towards a draft consensus statement to be debated, amended, and agreed on the final day in a

plenary session. The panel were helped in this very demanding task by highly informed rapporteurs and strong administrative and secretarial support backed by good technology. The agreed draft report was finalised after conclusion of the workshop and posted to all participants for final comment.

Diverse perspectives in a clinical forum

Among the 250 attendees, medicine, nursing, allied professionals, management, volunteers, and lay people were all well represented and the age spread was wide, but attendance was balanced strongly towards women. Participants with disabilities were under-represented but were present in small numbers both as speakers and general participants. Unfortunately Maori, Pacific Island, and Asian communities were significantly under-represented relative to their shares of the total population.

Experts from the United Kingdom, Australia, and New Zealand addressed the following:

- What: the many facets of quality
- Why: the ethics of resource allocation
- Where: geographical access to services
- Who: focus on the players and their role
- How: the tools available to measure and maintain quality.

In addition, invited expert speakers addressed the quality issues presented by two case studies – namely, the maternity and chronic mental illness services.

Within the limits imposed by the topic, the participants judged the workshop a success. The topic was not ideally suited to the process but was largely a by product of the health reforms which had thrown quality issues into sharp relief. Considerable concern was being expressed as to how quality was to be specified in purchaser contracts and, once specified, how it was to be monitored. Quality is a complex multi-faceted concept with many possible perspectives (for example, clients and their families; community, society, funders,

providers, and purchasers; professionals and lay people). The workshop gave these perspectives a common forum. All were concerned to ensure that the actuality was in line with the declared intent and that the intent was in line with best practice.

Outcome

At the conclusion we had a spirited press conference; some television exposure; and, after a short delay, a summary and a five page consensus report. The process itself had proved almost as valuable as the written conclusions. What the impact on

health practice will be only time will tell but the council was sufficiently encouraged to begin planning the 1994 workshop in the same format.

Quality in health: balancing expectation with reality, available from the Health Research Council, PO Box 5541, Wellesley Street, Auckland, New Zealand.