The conference slogan, “keeping the momentum going”, and worn on red sweatshirts by all the organisers, did not seem to be a problem on the day; the delegates moved in determined and enthusiastic fashion between plenary sessions held at the start and end of the day, six separate presentations given in each of five parallel sessions, and three additional exhibition areas where posters were displayed. Attendance, limited to 600 delegates, reportedly could have been at least doubled.

The meeting marked the launch of “Evolution of Clinical Audit”, a new booklet from the Department of Health, looking at the practical measures needed to support the further development of multiprofessional clinical audit. Developed by a working party of the Regional Clinical Audit Co-ordinators’ subgroup, this new title firmly places the development of clinical audit within the multiprofessional healthcare team, focusing on the patient and taking place within a culture of constant evaluation of clinical effectiveness focused on patient outcomes. It was encouraging how many of the thirty presentations were already addressing these issues: papers covered issues of equitable multidisciplinary input to audit, contracting, effective practice, patient focused audit, and the links between audit and contracting and with research and development.

The plenary sessions re-emphasised the emerging agenda of the clinical audit programme. Mr Brian McGinnis, special advisor to Mencap and one of two lay members of the Clinical Outcomes Group, reminded the conference that the focus of care was the patient, and of the rights and needs of patients to be involved in decisions concerning their care. Some of the difficulties of addressing this in a meaningful partnership were demonstrated in subsequent discussions of audits involving the views of clients and carers in the learning disabilities services and the residents of a nursing home.

In her speech Secretary of State Virginia Bottomley emphasised the links between audit and clinical effectiveness: the use of clinical audit to assess the effectiveness of what is done in order to influence future decisions and to monitor outcomes to ensure that what is considered good practice is having the expected results. Change in clinical practice as a result may be difficult for patients to accept; as Mrs Bottomley pointed out it may take longer for a surgeon to talk someone out of an inappropriate operation than to do it.

Ian Carruthers, chief executive of Dorset Health Commission, drew attention to the need to educate the public as well as clinicians as to what is effective and stated that purchasers, through open debate with providers, must facilitate the ability of the professionals to deliver effective care. Judging by the lack of noise at the parallel session on contracting and audit, delegates were well aware of the importance of involvement of purchasers. A short question and answer session completed the day. The overwhelming impression was that the clinical audit initiative is providing some important changes in practice and that purchasers and providers alike are aware of the need for these to be based on appropriate and effective clinical care.

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COMMENT


The two reports are intended to be read as a pair, although the review of current evaluation initiatives is an easier, more enjoyable, armchair read than its companion; readers will most definitely have to get their brain into gear if they are to follow the authors’ arguments and analytical processes in the more generic report Developing a Framework.

The reports are derived from the first stage of CASPE’s work, commissioned by the Department of Health, to evaluate the medical audit programme in hospital and community health services in England, which has the potential to be the most authoritative study yet. In the first report an amazing number of other evaluation projects – over 20 – have been identified, each carefully dissected to provide a fascinating and informed insight to the current state of medical audit. The results compare structures, processes, and outcomes of audit projects and programmes from a variety of perspectives, and identify the areas remaining to be evaluated.

The second report, Developing a Framework, dissects the meaning, rationale, and methods of evaluation applicable to health care and quality improvement programmes. The chapter on improving quality and health care provides a succinct and authoritative review of the difficulties of definition faced by the evaluator. The definitions of quality quoted confirm the barriers to “measuring quality,” as they require measurement of risks and benefits or knowledge of “best outcome,” where certainty and consensus are seldom found.