QUALITY IN HEALTH CARE

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The two most valuable features of this review are, firstly, its largely non-technical summary of each scheme which gives a "warts and all" picture (the authors do not give a "best buy" since the limitations of each system are spelt out), and, secondly, the commonsense and clinically relevant checklist of requirements and expectations which the investigators used.

Four potential clinical applications were tested: all the information systems were able to identify current inpatients and their Mental Health Act status, but only three systems – Plymouth (MCHII), Ealing (Psy-Mon), and Hackney (MHL) – covered patients in contact with community mental health centres. More of the systems were able to summarise past psychiatric contacts for patients, but only inpatient contacts were consistently covered. None of the systems could produce a complete care plan linking problems at admission with problems at discharge – and only three of the systems recorded clinical ratings that could be used for outcome measurements: Huddersfield (CIS), Ealing (Psy-Mon), and West Hampstead (Safety Net).

The review has been popular among psychiatrists, largely because it is a useful and readable introduction to the application of information systems to mental health, but it will add little to the knowledge of most clinical audit staff and those who have already undertaken serious work in this area. The time gap from the initial visits means that it cannot be relied on to give current capabilities of the seven systems described.

PETER JEFFERYS
Clinical Audit Lead, Harrow and Hillingdon Healthcare NHS Trust

MEETINGS REPORT

Ninth family practitioners' congress, Cape Town, South Africa, April 1994

The extensive media reports in the United Kingdom about events in South Africa leading up to the first democratic election hardly mentioned health care. However, the health system in South Africa reflects the political and economic divisions that are a legacy of apartheid. At one extreme, a small section of the population has access to high quality medicine as technologically advanced as that anywhere in the world, while at the other, large numbers of the population have virtually no access to health care at all. The commonest cause of death is gastroenteritis. The enormous task of reorganising health care to meet the needs of the entire population was the principal theme of the ninth family practitioners' congress held in Cape Town a few days before the election. Outside the conference hall the streets were decorated with posters of the African National Congress and National Party, but there were no signs of tension or reports of political violence in the area, in contrast to the impressions conveyed by news reports.

In the opening address, Dr F Van Zyl Slabbert, once a leading member of the Democratic Party stated his view that the elections and the immediate post election period would be fairly quiet but that major problems could arise within two to three years if the majority of the population does not see that reforms have taken place and the quality of their lives has improved. Providing primary care for all is therefore a key issue. Family practitioners at the congress were united in agreeing that they could do much towards improving equity and quality of primary care. Highly critical of the emphasis on tertiary care they had encountered in medical schools, they claimed that 50% of medical students from one medical school, once graduated, left the country. Certainly, there was vocal agreement that the medical education system was failing to provide the kind of primary care doctor that South Africa requires.

Some of the presentations told of heroic efforts to revolutionise primary health care. Some doctors had helped set up small scale industries in deprived communities and undertaken basic town planning in addition to the more traditional activities of family practice. Others were studying the potential role of nurse practitioners as a source of inexpensive primary care for all. Would this be an effective option or would nurse practitioners be a challenge to the long term role of family doctors? Also some doctors were anxious that in the future South Africa they would no longer be able to provide the kind of service that affluent whites had come to expect, such as long consultations and the support of modern technology. Would changes to the health service lead to a reduction in its quality for some?

Reflecting many of these issues, the presentations ranged from the content of undergraduate training and education, family therapy, and quality assurance to different approaches to meeting the needs of the deprived majority. On the same platform presentations that would be unremarkable in a programme in western Europe were found in partnership with discussion of the basic necessities for health, such as a clean water supply and immunisation. In one set of presentations, a paper on chronic under-nutrition was followed by one on overweight and obesity management. The problems are enormous and difficult to grasp, but there is general good will and support for progress. Some individuals are working tirelessly to revolutionise health care. Perhaps in ten or twenty years' time they will be considered as heroes in the mould of Florence Nightingale.

RICHARD BAKER
Director, Eli Lilly National Clinical Audit Centre

DIARY

22-24 February 1994
Bradford: Bankfield Hotel, Bingley. Third national MAAG conference. The evolution of medical audit. (£350 approximately including accommodation.) Further details from MAAG Office, Bradford Family Health Services Authority, Joseph Brennan House, Sunbridge Road, Bradford BD1 2SY (tel 0274 724575 ext 212; fax 0274 394245).

31 May – 2 June
St John's, Newfoundland: Twelfth World Congress of the International Society for Quality Assurance (ISQA). Partnerships for creating a quality health system. Second announcement. Further details from the conference conductor, 1995 ISQA Organising Secretariat, Beclin Building, 1118 Topsail Road, PO Box 8234, St John's, Newfoundland, Canada A1B 3N4 (tel (709) 364 7704; fax (709) 364 6460).

NOTES

The 1995 Baxter Award for Healthcare Management in Europe, valued at US$5000, will be presented by The European Healthcare Management Association EHMA), either to an individual or to an organisation, for an outstanding publication or practical contribution to excellence in healthcare management in Europe, or both. Contributions will be considered in any of the following: management development initiatives, innovations in management practice, and health services research. A crucial test will be practical impact (either proven or potential) on healthcare management in Europe. The award is open to anyone associated with the health care sector. Closing date for receipt of submissions is 28 February 1995. For guidelines on submissions contact Rena Dooley, Manager Membership Services, European Healthcare Management Association, Vergemount Hall, Clonskeagh, Dublin 6, Ireland. (tel +353.1.283 9299; fax +353.1.283 8653).

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General

- All material submitted for publication is assumed to be submitted exclusively to the journal unless the contrary is stated.
- All authors must give signed consent to publication. (Guidelines on authorship are given in *BMJ* 1991;**302**:338–41.)
- The editor retains the customary right to style and if necessary to shorten material accepted for publication.
- Authors should submit questionnaires not established and well known.
- If requested, authors shall produce the data on which the manuscript is based for examination by the editor.
- Type all manuscripts (including letters) in double spacing with 5 cm margins at the top and left hand margin.
- Number the pages.
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- Give the authors' names, initials, and appointment at the time of the study.
- Articles should generally conform to the conventional format of structured abstract (maximum 250 words; see *BMJ* 1988;**297**:156), introduction, patients/materials and methods, results, discussion, and references.
- Whenever possible give numbers of patients/subjects studied (not percentages alone).
- Any article may be submitted to outside peer review and assessment by the editorial board as well as statistical assessment; this may take up to ten weeks.
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- Should be accompanied by the numerical data in the case of graphs, scattergrams, and histograms (which may be converted into tables).
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