QUALITY IN HEALTH CARE

Foreword

Raising Quality in the NHS: What Progress, a conference organised by the BMA, King's Fund Centre, College of Health, the *British Medical Journal* and *Quality in Health Care*, was held on 17 November 1993 as a follow up to the first conference in March 1992 on raising quality in the health service.

Much has happened since that first conference. Medical audit has been superseded by clinical audit – at least in theory and in letters and directives from the NHS Management Executive. Money continues to be put aside for audit – but now it is purchasers, expressing their responsibility for the quality of care they purchase, who allocate the funds. And the time has come to evaluate the millions of pounds spent on audit. What has been achieved and has it been worth it?

The conference was an opportunity to look at progress in quality improvement and to correct a previous omission – that is, to include a representative of consumers among the speakers and a consumer organisation in the organisation of the conference.

The three hundred delegates, from places as distant as Scotland and the West country, represented a wide range of interests within the health service, from purchasing authorities to provider units and consumers. One sign of progress was the evident breadth of experience in audit among the participants. Some had successfully made the transition towards clinical audit, but others were finding the move from medical audit a task fraught with difficulties. Everyone was relieved by Professor Tony Henry's presentation that thoroughly debunked much of the jargon and hype that pervades some thinking and writing on quality.

Involving consumers in audit and developing patient assessed outcomes were the focus of the opening session and among the emergent themes of the conference. However

we may think we have progressed in developing quality assessment and audit, we have yet to find ways of properly including patients' views in any of these programmes. Meanwhile, consumer groups are conducting structured consumer audits that are successful in prompting changes in practice. One clear message from the conference was that involving consumers must move beyond rhetoric if quality improvement programmes are to have more than modest success. Another group not represented at the first conference was purchasers of health care. Good understanding between purchasers and providers of care will be essential if quality improvement initiatives are to result in the delivery of measurably better care.

The papers from the addresses given at the conference are published in this second supplement to *Quality in Health Care*. In contrast to the first conference, none of the papers contains exhortations. Time has moved on. Instead the papers reflect the process of integration of quality assessment into the routine of health care. Much has happened. Much has been learnt. Professor Martin Buxton classifies audit as a health technology, albeit an organisational technology, and writes that, as all technologies it too should be the subject of rigorous assessment. The widespread introduction of audit into the routine of health care makes this a difficult task, but it remains an important one, otherwise we will not know how well we can rely on audit as a technology to assess and assure the quality of care.

The conference organisers thank Glaxo Laboratories for generous sponsorship of the conference and this supplement, and all those who helped them to ensure a successful meeting.

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