



Guides to audit

The Centre for Health Services Research in Newcastle has published *Medical Audit Tools*, a portfolio of practical guides—mainly for general practice—and a synthesis of lessons learnt from a study of standards and performance in general practice involving 150 doctors in Northern region. The portfolio includes chapters on choosing a topic, setting standards, working in small groups, case finding, collecting data, and interpreting and presenting results but no section on implementing and monitoring change. The study highlighted the effectiveness of working in small groups for audit and personal involvement in setting standards, which seemed as important in achieving change as the standards themselves; external standards are seen as reference points for developing local standards. A useful addition to any medical audit advisory group (MAAG) library, the portfolio would also benefit individual practitioners who have already started to audit their work. Copies from Mrs Linda Duckworth, Publications Secretary, Ambulatory Care Programme Centre for Health Services Research, University of Newcastle upon Tyne, 21 Claremont Place, Newcastle upon Tyne NE2 4AA (tel 091 222 6260), price £10.

Regional audit: South West Thames

South West Thames has at regional level a separate specialty based medical audit committee to advise the health authority. But implementation of the purchaser and provider divide in April 1991 rapidly shifted the responsibility for audit to providers, and a new advisory structure is expected. A regional medical audit office has since been established to coordinate and integrate hospital and general practice based audits and to ensure that the results are incorporated into quality aspects of contracts. It will also support regional audit programmes and provide continuity between audit professionals, the audit committees, postgraduate education, and the provider and purchaser managers using audit based information.

Central funding for audit, distributed by the region, has ensured that attention has remained focused on resource allocation. In 1990-1 the priority was to fund all districts, according to their number of consultants, to develop their infrastructure; all districts now have the structures to support audit, and most have designated staff. The current priority is to support audit in smaller specialties, among dentists, across the

region, and between districts and audits incorporating innovative aspects. The first allocation of funds from the Department of Health was distributed as in the previous year but bids were invited for the second, generating more than 50 proposals, from specialties including forensic psychiatry, urology, ophthalmology, audiology, dermatology, intensive care, and anaesthetics. The projects receiving regional funds will present their methods and results to a planned regional symposium next year. Specific projects supported this year include a symposium on treatment guidelines, which attracted delegates from throughout the United Kingdom and resulted in the region working with St George's Hospital Medical School addressing issues about development, dissemination, and use of treatment guidelines within the NHS.

Training and education programmes for doctors and medical audit assistants are still being explored; medical audit has been introduced into the undergraduate teaching programme at St George's Hospital Medical School, into some senior registrar regional study days, and into training programmes for new clinical directors.

No single model for medical audit information requirements has been developed; general principles are emerging from several pilot schemes, specifically, that the systems must be an integral part of the local strategy on information technology but should not exclude information transfer between specialists in other hospitals or districts or regional or national collation of information.

The region is supporting specific projects investigating the outcome of care and appropriateness of medical interventions for asthma treatment and of paediatric admissions throughout the region and is supporting a project to assess the influence of patients on medical audit. Further details from Dr Peter Littlejohn, Medical Audit Office, South West Thames Regional Health Authority, 40 Eastbourne Terrace, London W2 3QR (tel 071 262 8011; fax 071 258 3908).

Appointment reminders

About five million (11%) of a predicted 45 million outpatients annually miss their appointment, according to a recent report by the Committee of Public Accounts. In evidence the NHS Management Executive suggested long appointment waiting times, inadequate notice, and lack of a reminder system as major influences; the report recommended local initiatives to reduce waiting time for appointments and introducing a reminder system.

We investigated outpatient non-attendance in the general surgical clinics of Northampton District General Hospital. From accurate audit records the overall rate of non-attendance for all outpatient clinics in Northampton is 12%. During 1989 and 1990 a cohort of general surgical outpatients who failed to attend during May to July 1989 were evaluated. Of 1870 expected new patients, 160 (8.6%) missed their appointments, and of 3310 expected patients for follow up appointments, 309 (9.3%) failed to attend, an overall rate of 9%. Mean age of attenders and non-attenders was similar (45 and 48 years); the sex ratio of expected attenders was equal whereas 62% (290) of non-attenders were male. The median waiting time for an appointment for new patients was 56 (range 2-240) days for non-attenders but only 28 (7-180) days for attenders. From information contained in their general practitioner's referral letter we graded new patients on a scale of urgency of referral according to the reported symptoms: non-urgent (for example, hernia), moderately urgent (for example, abdominal pain), and urgent (for example, dysphagia). Among non-attenders 64 (40%) required non-urgent referral, 88 (55%) moderately urgent referral, and only eight (5%) urgent referral.

The table shows the reasons for non-attendance given by the cohort in a postal questionnaire (response rate 53%).

Reasons for non-attendance, May-July 1989

Reason for non-attendance	No (%) new patients (n=160)	No (%) follow up patients (n=309)
Unaware of appointment	30 (19)	40 (13)
Cancelled*	30 (19)	31 (10)
Unable to attend	26 (16)	77 (25)
Considered appointment unnecessary	29 (18)	18 (6)
Forgot	24 (15)	93 (30)
Wrong address	11 (7)	6 (2)
Ambulance failure	2 (1)	16 (5)
Other (for example, wrong clinic)	8 (5)	28 (9)

*No record on outpatient computer file.

Potential for improving attendance with a reminder system therefore lies with those 40% of patients who were either unaware of their appointment or who forgot to attend; 60% of those who did not attend were fully aware that they had missed their appointment. Therefore we doubt whether a reminder system would be cost effective.—D V MANN, Department of General Surgery, St Mary's Hospital, London W2 1NY, and D L McWHINNIE, Department of General Surgery, Northampton General Hospital.

DIARY

15 January 1992

Birmingham: Postgraduate Centre, Queen Elizabeth Hospital, Birmingham B15 2TH. Audit in practice, standard setting in general practice. Contact Mr Graham Ball, MSD Foundation, 5 Arden Crescent, London E14 9WA (tel 071 537 4987; fax 071 537 4768).

17-19 January

Harrogate: National Health Service Training and Studies Centre. Three day basic course in medical audit for audit assistants and support staff. Contact Cynthia Commons (tel 0472 210908).

22 January

Bristol: Stakis Lodge Hotel. Practical audit in radiology (free for staff at South Western region; £100 others). Contact Dr Charles Shaw, Bristol Clinical Audit Unit, Canynge Hall, Whiteladies Road, Bristol BS8 2PR (tel 0272 738223; fax 0272 238568).

29 January

Bristol: Stakis Lodge Hotel. Practical audit in paediatrics (fee as above). Contact Dr Charles Shaw (as above).

5 February

Bristol: Stakis Lodge Hotel. Practical audit for physicians (fee as above). Contact Dr Charles Shaw (as above).

7-9 February

Harrogate: National Health Service Training and Studies Centre. Three day basic course in medical audit for audit assistants and support staff. Contact Cynthia Commons (tel 0472 210908).