Accountable to the unit general manager in respect of the resources allocated.

Manager: audit assistants in their professional role.

Remuneration: one notional half day per week.

Tenure: two years rolling with annual review.

Additionally, the vice chairman is expected to:

- Receive and review all specialty audit reports on the committee's behalf and prepare its quarterly audit report.
- Ensure that the reports are timely and in a format agreed by the committee.
- Advise contact members on difficulties arising from the reporting process.

Further information from Mr Bruce Campbell, Chairman, District Medical Audit Committee, Department of Surgery, Royal Devon and Exeter Hospital, Barrack Road, Exeter EX2 5DW.

Specialty reports to district audit committees—Also in Exeter's annual report is a solution to the problem facing all district committees of how to handle constructively the regular reports from specialty groups. Exeter's approach is to focus on the purpose and benefits of audit rather than on audit itself.

The district audit committee requests that reports of specialty audit groups are presented to it in as set out under the subheadings below, in order of importance. Thus reports will have a common format, and the prescribed subheadings will focus the attention on key issues; not every report will contain information for each heading.

1. Reduction of risk—actions that may reduce morbidity or mortality;
2. Effectiveness of care—indicators that intended benefits to patients are achieved;
3. Improvement in diagnosis—availability, appropriateness, and quality of diagnosis;
4. Timing of care—reduction of delays and good planning and use of facilities;
5. Better use of resources—use of equipment, beds, support services, and money;
6. Consumer satisfaction—indicators of patients and satisfaction of referring doctors;
7. Access to care—availability of diagnosis and treatment;
8. Documentation and records—improvements in recording the process of care;
9. Education—needs identified during audit.

The number of doctors (and the numbers of consultants and junior doctors separately) attending each meeting with dates of the meetings are requested, and reports from specialty groups are required quarterly. Further information from Mr Bruce Campbell.

Collecting audit data in anaesthetics—A data capture system pioneered in Derbyshire Royal Infirmary since June 1989 is now being adopted by other departments of anaesthetics in other hospitals. Data collected on one side of an A4 sheet, which is designed to be computer read or entered manually, indicate preoperative states, premedication, anaesthetic and analgesic agents, type of operation, anaesthetic technique, monitoring, assistance, postoperative analgesia, and anaesthetic outcome. Taking anaesthetists less than one minute per patient to complete, the multiple choice sheet will eventually replace the standard anaesthetic record; from it with a standalone IBM compatible personal computer are produced statistical reports and graphic presentations for any of the variables. Further details from Dr Ranjit Verma, Consultant Anaesthetist, Derbyshire Royal Infirmary, London Road, Derby DE1 2QY (tel 0332 4714; fax 0332 295652).

South East Thames perinatal profile 1988—By combining statistical data collected from maternity units, special baby units, and neonatal intensive care units within the region with those on perinatal deaths, the regional perinatal monitoring group of South East Thames Regional Health Authority has produced a perinatal profile for 1988. The aim of the survey is to identify problems, increase the understanding of perinatal adversity, and emphasise good practice. Information from Patricia Hanson, Regional Coordinator for the Confidential Review, South East Thames Regional Health Authority, Thrift House, Collington Avenue, Bexhill-on-Sea, East Sussex TN39 3NQ (tel 0424 730073; fax 0424 730269).

Help please

Annual district audit reports—Some local audit committees have already published a first report, and others will be expected to do so as a condition of continued funding for audit. The Medical Audit Programme would be grateful for a copy of each report to share ideas—and to credit sources. Contact the programme at the King's Fund Centre.

Community hospital audit—The Department of Health's expectation that all hospital doctors will be engaged in audit by April 1991 includes general practitioners working in community hospitals. Few such hospitals have any formal and systematic reviews. The Medical Audit Programme would like to hear from anyone willing to share experiences of organising, funding, or finding data for audit in community hospitals. Contact the programme.

Correction

Liverpool Medical Audit Advisory Group

An authors' error occurred in this news item (20 October, p 914). The telephone number of the Liverpool group should be 051 709 0802 and not 051 709 8002 as published.

THE MEMOIR CLUB

One of the most unusual consultations I ever shared was held in the green room at His Majesty's Theatre. I had told an old patient of mine, a well known comedian, that he ought to have an operation; he said that the show he was in was a great success and that nearly 400 people were dependent on him and that he was not going to pull out for any operation. When I protested that the matter was urgent he agreed to discuss it with the whole cast if I would come too. So I asked Lawrence Abel, then our senior surgeon and one of the greatest characters of medicine, to come with me. We were given tickets for the show and met afterwards in the largest consultation assembly that I have ever attended. Jack Hylton, who was producing the show, took the chair, the diagnosis was made public to all, the need for the operation explained, agreement reached that it should be done if a replacement could be found for the star of the show, and the possible people to take over the part then discussed. It was decided that there were only three other stars who could fill the bill and one of them was already in a show. Fortunately one of the other two when approached did agree to do it and the show went on.

At this consultation I found myself sitting next to an actor who told me that his name was really Alfred Smitheris but that he had had to change it for the stage. "No one could succeed in a profession with a name like that," he said. This reminded me of the old cockney name of Smitheris had been associated with the stage before.

In the days of George Edwards, Jessie, born in Hackney, the daughter of Alfred Smithers and Jessy Henriette née Pocock, went on the stage and became one of the main attractions at the Gaiety, Daly's, and the Alhambra. She appeared at the Gaity in 1903 with George Grossmith, Patria Haddleton, J Edward Fraser, Maisie Gay, Gladys Cooper, and Gertie Millar in Our Miss Gibbs as Lady Elizabeth Thanet. Her father was an organist, her mother a pianist, and she was an excellent violinist. She had changed her name to Denise Orme for the stage, sang a song called "No one ever marries me," and married Lord Churston, Tina Wessel, and the Duke of Leinster.


DIARY

23-25 November

Harrowgate, NHS Training Authority: Workshop. Basic course for medical audit assistants. Contact Ms Patricia M Kent, 126 Albert Street, London NW1 7NF (tel 0171 267 3800).

1 December

Liverpool, Derby and Rotherham Hall, University: “Getting the audit habit.” Contact Maxine Haddleton, Liverpool Medical Audit Advisory Group (tel 051 709 0802).

28-30 January

Clifton, Bristol: Workshop for medical audit analysts/assistants. Contact Mary Solomon, Health Care Evaluation Unit, Canoyge Hall, Whitley Road, Bristol BS8 2PR (tel 0272 738223; fax 0272 238568).

Items for possible inclusion in the news and information section to the Programme Manager, Medical Audit Programme, King's Fund Centre, 126 Albert Street, London NW1 7NF (tel 0271 267 6111; fax 0271 267 6108).

BMJ: first published as 10.1136/bmj.301.6761.1142 on 17 November 1990. Downloaded from http://www.bmj.com on 21 October 2022 by guest. Protected by copyright.