

The benefits of audit on service delivery and quality



Sara Da Costa
Supplement Editor

It's the same old story in the NHS. Doing more with less. Service redesign and reconfiguration, meeting targets and other imposed change from the government. Blah, blah, blah. Or is it?

From where I am sitting, it really could just be more spin and more initiatives, with lip service given to patients and the quality of their care. But there is always another way of looking at things. We can accept that there are inefficiencies in our care systems and, although often badly managed and communicated, these initiatives could be asking more fundamental questions, such as are we doing the right things, at the right time, in the right place, and how do we know?

Simply being busy 'doing' does not answer any of these questions. I believe that audit can and does. However, auditing services takes time, so we have to stop doing something in order to find the time to audit. It is often this constant trading of time which sits uncomfortably with professionals committed to caring for their patients, and desiring to see more within the time available.

Audit as a useful tool

Once you consider the stages of the audit cycle, you can begin to see audit as a useful tool rather than, as Malby (1995) states, yet another initiative from the centre (government). Audit is a cycle of activity involving systematic review of practice, identification of problems, development of possible solutions, implementation of change, and then review again. It therefore enables the advancement of practice to improve the quality of care (Malby, 1995).

However, there is no point wasting time in auditing areas which cannot be changed. It is often easier to measure or set standards, but harder to change clinical or management practices in the light of the audit outcomes. So the context of the audit that includes

patients, professional and organisational interests must be considered. One way of capturing these factors is to perform a baseline review audit, which could then be repeated at regular intervals. From this, specific audit topics can be identified and incorporated in subsequent baseline reviews. There are three benefits of this audit approach:

1. It allows planned developments and achievements.
2. It creates a positive climate for audit and contributes to team working.
3. It addresses the difficulties in undertaking change and provides a realistic audit framework (Malby, 1995).

Service changes through audit

The two articles in this supplement demonstrate how baseline audit reviews have enabled service changes.

Alison McHoy considers the 'right person, right time, right place' challenge by auditing the structure, process and content of inpatient and outpatient referrals to the diabetes nurse specialist team. The outcomes include defined referral criteria that will help prioritise and manage appropriate referrals to the diabetes specialist nurse team, in the context of increasing demand due to General Medicine Services (GMS) contracts and other patient, professional and organisational influences.

Margaret Wilson describes how the baseline review of the diabetes services in Chichester led to planned service changes in terms of locating specialist nurse clinics in primary care. She importantly shares the learning gained by the diabetes specialist nursing team throughout this change process.

I am sure both articles from the Worthing and Chichester nursing teams can provide both ideas and solutions. Enjoy! ■

Malby B (Ed) (1995) *Clinical audit for nurses and therapists*. Scutari Press, London

Sara Da Costa is a Nurse Consultant in Diabetes, Worthing and Southlands Hospitals NHS Trust and Visiting Fellow, University of Brighton