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# Partnership in Practice: a multidisciplinary approach to quality improvement in primary health care\*

Michael Phelan

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This one day seminar was arranged by the King's Fund Organisational Audit team (KFOA), to take a multidisciplinary view of quality improvement in primary care. Despite the title of the day all the speakers were general practitioners and managers, and input from other professional groups was limited to questions and comments from the audience of nearly 200.

KFOA started as a project within the Quality Improvement Programme of the King's Fund in 1989, to "determine whether a national approach to the setting and monitoring of standards for the organisation of health care was appropriate to the UK". It quickly became a separate directorate of the King's Fund, and during the last five years has worked with 200 hospitals in the UK. In January 1994 an organisational project for primary care was established, and around 60 health centres and GP practices are currently involved. Despite the direct cost of £6,500, and plans to include a further 140 practices in the near future, demand exceeds capacity, and many practices are turned away. Participating surgeries spend around a year examining their practice in terms of standards and criteria established by KFOA. During this time they are supported by KFOA staff, who go on to write a report after conducting a final survey.

The day started with Sir Donald Irvine from the Royal College of General Practitioners outlining the purposes of primary care: to provide good quality care to individual patients; to secure good quality secondary care when required; to improve the health of the practice population; and to promote learning, teaching and research.

He went on to explore what was needed to achieve these laudable aims, and highlighted the need for leadership, a clear sense of purpose, professional competence and external standards. He explained that failure was often associated with ineffective teamwork due to a lack of direction. The parallels between primary care and psychiatry stood out.

Other speakers went on to outline the important role that good management and audit had in achieving high quality care. There were murmurings of disagreement from the audience when it was stated that you could not have quality without standards, and Tessa Brooks, director of KFOA, pointed out the risks of standards becoming ends in themselves rather than means.

At lunchtime a harassed journalist, looking for copy, went around asking "What are the tangible benefits of organisational audit?" No one seemed able to provide him with evidence of specific benefits, but those that I spoke to explained that spending the year auditing their work had improved communication and increased staff morale.

In the afternoon two speakers described innovative and exciting primary care projects, but no one disagreed when a member of the audience suggested that the major problem of primary care was the small number of practices whose standards were unacceptable. Sir Donald Irvine suggested that the purpose of organisational audit was to improve good practices, and that other methods were needed to tackle unacceptable standards.

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