

Correspondence

Performance indicators

DEAR SIRS

I recently read consultation papers numbers 6 and 7 of the Performance Indicator Group of the DHSS with proposed performance indicators for community services and services for the mentally ill. Although the documents were impressive regarding the degree of competence which seems to have gone into drafting the performance indicators I have reasons for concern.

In the introduction the authors state that "Performance indicators are designed to inform judgements about how well NHS services are being provided. They are an important source of information at all levels of the Health Service." Later on in the introduction the authors state "We recognise that one limitation of the set of performance indicators which we are putting forward is that it contains few indicators that examine outcomes and the quality of service. This is a serious omission but it reflects the difficulties that exist in devising quantifiable indicators as part of this consultation." These two statements seem to be contradictory and appeared incongruous in view of the apparent competence of the authors.

However, the current draft is primarily Körner based and exclusively concerned with action based quantitative data, i.e. numbers of contacts between patients and various categories of staff, numbers of ECT, etc. This certainly will allow more precise costing of the service we provide but the decision whether, for instance, frequent contacts between a CPN and a patient are of any benefit remain subjective. Since this indeed seems to be the overall quality of the proposed performance indicators it would imply that the DHSS is proposing to measure the performance of community services and mental health services virtually exclusively on financial grounds without worrying about the quality of the service provided.

This is very worrying indeed for those of us who do not like to see political decisions about our health to be made on purely financial grounds.

As to the second statement of the authors, that they felt it was too difficult to provide performance indicators which examine outcomes and the quality of services, this is clearly not correct, particularly as the North American literature abounds with material on the evaluation of mental health services. It is also a fairly well established fact in the management literature that quality control is not necessarily very costly (Philip B. Crosby, *Quality is Free; The Art of Making Quality Certain*, McGraw-Hill, 1979). It would have appeared more appropriate to me if the members of the Performance Indicator Group of the DHSS had stated that such a group as theirs is unable to produce performance indicators examining outcomes and quality of services

since in my opinion this needs to be done by qualified professionals involved in the running of these services themselves.

The conclusion then would have been that each respective speciality in the NHS should provide proposals for performance indicators allowing for meaningful quality control of their respective services. As a matter of fact there are a number of places where information systems which could facilitate creation of quality oriented indicators have been developed successfully in this country, for example, Napsbury Hospital and St Mary Abbots Hospital. The main difference to the proposed performance indicators is that these computer assisted systems are patient based and service oriented and not primarily action based. However, they allow for the extraction of action based quantitative material.

The negligence and partial ignorance demonstrated by the current draft document for Performance Indicators in the NHS is particularly worrying since it would appear highly likely that future decisions on planning and development will be exclusively based on data obtained from these performance indicators and the Körner data which would mean that we get the worst of both worlds. On the one hand planning will have to rely on subjective opinions as to what is important and what is not and the only solid quantitative data will only allow for marginally better informed financial decisions. I consider it a matter of urgency for the College to concern itself with these matters.

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Guardianship Orders

DEAR SIRS

We are writing to ask if any members of the College have had difficulty in implementing Guardianship Orders, Section 7(8).

As it stands there appears to be a flaw in the Mental Health Act and Code of Practice in that the guardian, e.g. Social Services, can require a person to live at a required residence but does not have the power to convey that person from hospital to the required residence if the person does not wish to go there.

As a result Social Services in our area have been reluctant to convey patients from hospital on Guardianship Orders to the residence that the patient is required to live at.

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