Ms Copeland - PS/CE

From: Kate James - CF-ME

Date: 29 January 1993

cc: See list attached.

SECRETARY OF STATE'S QUALITY INITIATIVE

WORK BY BRIAN EDWARDS

1. The purpose of this minute is to bring the Chief Executive up to date with the work which Brian Edwards is doing on quality.

2. I am also using this as an opportunity to inform Departmental colleagues about this work. We have of course been talking to some of the key individuals but a much larger number of people are going to have an interest in this.

Background

3. As part of the Secretary of State's quality initiative, you asked Brian Edwards to undertake two pieces of work:

- a quality compendium containing examples of good practice in the NHS

- a series of booklets on patients' perceptions of what makes a good service.

The aim is to have the finished products available by June, although this will be a challenging target to meet particularly for the Compendium.

4. Mr Edwards has assembled a small NHS/DH group, which is called 'The Secretary of State's Group on Quality in Health', to carry forward this work. Membership of the Group, which is fairly flexible, is set out in the Annex. (The Group is working from London and the non-London members are using a base in Hannibal House. Sharon Stephenson, PES to the Group, is on x 22118 if anybody has difficulty contacting individual Group members). I should emphasise that the Group will not be undertaking all the work itself: the intention is to involve other organisations/parts of the NHS in the production of the booklets.

Compendium

5. Our aim is that the Compendium should include the best examples of quality initiatives in the health service, using as wide an interpretation of quality as possible. The Secretary of State should be writing shortly to Regional, District, FHSA, Trust, SHA and SHSA Chairmen asking them to nominate examples of quality initiatives which have been implemented in their areas. We will also be drawing on other sources such as the Quality Roadshow and Patient's Charter News material and would also welcome contribution from Departmental colleagues.

6. The intention is that the Compendium should be a high quality production which will be made widely available in the NHS and will genuinely encourage staff at all levels/in all disciplines to implement the innovations described, or similar ones, in their own organisations. We will need to consider carefully the best ways of disseminating the Compendium to the service: we do not want a well-produced but unread document. Bearing in mind possible criticisms about shelf-life, we are examining the feasibility of a continuing database.

7. Kevin Mitchell (xt GRO-C Room 4N31 Quarry House) is masterminding production of the Compendium.

Patients' perception booklets.

8. I think it is worthwhile restating what we are trying to achieve with this series of booklets. We want to describe the type of service which patients with specific conditions would like to see provided. It should not however be an unrealistic "wish list" or a list of rigid standards but should represent current good practice and reflect the real concerns of patients (which may not always be identical to the priorities of the professionals involved). The booklets will be aimed

- at purchasers so that they know the key questions to ask when specifying the service they want to provide, and

- at providers who can see what sort of service they ought to be aiming to provide to meet users' preferences.

We also expect the booklets to be useful to relevant voluntary organisations and to some patients. Clearly the booklets need to be clinically credible and we are trying to steer clear of areas where there may be major clinical controversy about appropriate methods of treatment.

9. We want to work closely with relevant voluntary organisations and also ensure we tap in to users' views (either through the voluntary organisation or as a separate exercise).

10. As far as we know, nobody has done anything quite like this before although a number of voluntary bodies have gone a good way towards it. Clearly at this stage, we do not know how successful we will be in achieving our aims and how valuable the final products will be in terms of influencing the way in which services are provided. The Group sees its role as leading the production of a few booklets and then leaving behind a model which can be followed later for other conditions.

11. The Group has decided that a sensible approach would be to attempt a few "prototypes" before reaching a final decision which booklets to produce. (In any event, we would wish to seek Ministers' and other views on the final list.) The process of prototyping will enable us to identify both the pitfalls and the type of areas where this approach is most likely to work.

12. We have started work on five areas and aim to produce prototypes within the next few weeks. We had a number of reasons for choosing these particular areas. We felt this process generally tended to be more useful when dealing either with long term conditions or with life changing events but have not stuck rigidly to this. We also tried to obtain a balance in terms of conditions which affected particular ages/sexes. We were also influenced in some cases where there appeared to be a good voluntary body with whom we (or anybody we might contract to do the work) could work. The prototypes on which we are working are:

	Lead person
Haemophilia	Philip Hogarth
Eczema (possibly concentrating on childhood/adolescence)	Jenny Harper
Dementia (most likely in old age rather than pre-senile)	Kevin Mitchell
Maternity services for Asian women	Anne Southworth
Fracture clinics	Fidelma Winkler/ Emily Lam

13. As stated earlier, we have contacted or are contacting key Departmental colleagues, but if anybody wants to discuss what we are doing perhaps they can speak to the above or to me or Jenny Harper.

14. Once we have completed the prototypes towards the end of February, we will need to review progress.

15. I will keep you and colleagues in touch with developments.

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