

## The College

### The College Research Unit and its clinical audit programme

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The College Research Unit was established initially with donations from College members. After a year of pilot work and fund-raising a programme of work began in October 1990 supported by a three-year grant from the Department of Health. The main theme of the programme is clinical audit. This report outlines the nature and role of audit in psychiatry, describes the structure of the Unit, and presents a brief summary of the Unit's work.

#### *Principles of audit*

The Department of Health's definition of medical audit, stated in Working Paper 6 (1989), has been widely quoted – “the systematic, critical analysis of the quality of medical care, including the procedures used for diagnosis and treatment, the use of resources, and the resulting outcome and quality of life for the patient”. This broad definition can encompass activity in each component (structure, process and outcome) and at all levels of the system by which care is delivered. An attempt to define or differentiate between these levels of audit must be arbitrary as they are continuous or overlap.

**Medical audit** involves the review of purely medical procedures in psychiatry, e.g. the use of medication, the value of laboratory investigations.

**Clinical audit** acknowledges that much psychiatric care is delivered by multi-professional teams and that adequate assessment of the effectiveness of that care can only occur if the team together reviews its practices (e.g. the quality of discharge or planning or evaluation of case management systems).

**Needs-based audit** assesses the extent to which a service meets the needs of its users or what impact different groups of service users have on available resources. Such audit may be based on the measured need of those currently in contact with the service or epidemiologically-based, i.e. based on the needs of the whole catchment population.

**Service planning audit** is the systematic review of the current usage of the components of a service, such as out-patient non-attenders or liaison referrals. When combined with knowledge derived from needs-based audit these findings have implications for future service planning and development.

Ideally an audit programme should contain elements from each of these levels of audit activity and a balance between top-down and bottom-up approaches. A top-down approach takes an “expert” perspective, e.g. measures practice against some pre-determined standard or changes some aspect of service delivery and then measures its impact on patient well-being. A bottom-up approach monitors clinical practice or the needs of the user population, draws conclusions and alters practice accordingly. When the two approaches combine as part of the same process, the classical audit loop is conducted more efficiently.

Audit should drive management decisions. That this rarely occurs was confirmed by the interim report on progress in the six acute Resource Management Initiative pilot sites (Health Economics Research Group, 1989) which stated that: “The process of reviewing service provision and relating it to measures of outcome or success in meeting objectives is perhaps the one [step] that is least well integrated into the emerging resource management process. This is not because of any apparent doubt about the importance of this element, allied as it is to medical audit”.

#### *The structure of the Unit*

The Research Unit is based in the Royal College of Psychiatrists and has close links with the various College committees and working parties, in particular the Research Committee and the Medical Audit Working party. It does, however, reserve the right to function independently of the College structures, enabling it to provide impartial and sometimes critical advice.

The staffing of the Unit acknowledges the skills required to implement a comprehensive audit strategy. The Unit Director (John Wing) is supported by a consultant psychiatrist (Paul Lelliott), and a senior registrar in psychiatry (Claire Flannigan). A specialist in community medicine (Gyles Glover) provides computing skills and expertise in epidemiology and health service provision and a health economist consultant (Ken Wright) advises on the usefulness of including cost-benefit analyses in the various audit projects. The Unit also commissions others to undertake specific projects on a time-limited basis, the first of these has been John Pippard. Paul Clifford, Director of the FACE Project, has recently joined the Unit as a consultant with two of his colleagues.

### *The audit programme*

The College Research Unit has two main aims in the field of audit: firstly to initiate and participate in specific projects on topics considered priorities (either because of public concern or due to limitations of resources) and secondly to support and encourage the development of audit in psychiatric services nationally.

The Unit is well placed to serve both the College and its members, the former acting as a source of intelligence (for example, by providing draft guidelines on priority topics for discussion and possible adoption) and the latter by providing an information and coordination service for audit activity.

### **Specific projects**

The College recommendations on the administration of ECT were partly based on a national survey published just over ten years ago (Pippard & Ellam, 1981). One of the original authors of the survey (John Pippard) was invited to continue this audit by monitoring the effect these guidelines have had on practice in two regions; the finding (Pippard, 1992) that some aspects of ECT administration still did not meet the criteria set confirmed the importance of closing the audit loop. Furthermore, Pippard's review of advances in ECT practice over the past decade highlighted the need not only for practice to be regularly compared with agreed guidelines but also for those guidelines themselves to be the subject of regular scrutiny and update.

With the move into the community, hospital care in psychiatry has increasingly become limited to crisis control and stabilisation of patients with acute psychotic episodes. Beds are a scarce resource and ensuring their efficient use is prudent both economically and clinically. An audit of consecutive series of admissions in two London districts is well under way (Claire Flannigan and Shôn Lewis in Riverside and Sean Feeny and Paul Bebbington in Camberwell).

This audit focuses on the reasons for admission and includes assessment of what alternative provision might have prevented admission had it been available. This project will also review the discharge plans formulated for these patients by their carers (based on College guidelines) and monitor the patients' interactions with services during the years following discharge.

This admissions and discharges audit will be allied with a comprehensive review of the activity of other facilities (health authority, local authority and voluntary sector) offering care to the same group of patients, and an epidemiological estimate of the needs of the mentally ill population of the two districts. A picture will thus emerge of the extent to which existing service provision in these two districts meets the actual need.

The findings of this study are likely to be of *some* relevance to every psychiatric service, at least for purposes of comparison. The methodology however will be *directly* applicable in any unit that wishes to audit its use of beds and how this relates to total need.

### **Multi-centre audit**

A survey of districts and health boards throughout Great Britain and Northern Ireland (Lelliott, 1991-unpublished) has demonstrated consensus between College members, College committees and the Research Unit as to which topics are priorities; these include audit of acute admissions, discharge procedures, the Mental Health Act and ECT.

The national register of lead clinicians in audit, derived from the national survey, will facilitate multi-centre audit. This would be relevant for issues or events that occur too infrequently to be usefully audited in a single district. The first such project will be a review of the "new long-stay" patients currently occupying acute psychiatric beds. Other proposals include the use of emergency sections of the Mental Health Act, suicides of patients in contact with psychiatric services, and the extent and impact of bed-closures.

### **National issues**

Working links have been formed with the Resource Management Unit, the Centre for Coding and Classification ("Read Codes") and the National Casemix Office. The Unit will produce a series of reports, describing the activities of these projects in psychiatry, for publication in the *Psychiatric Bulletin*. These links have also resulted in the setting up of collaborative studies. The FACE project (which is facilitating the development of resource management systems in mental health services) is now based in the Unit (Paul Clifford and Yvonne Webb) and a full-time Development Officer (Simon Shanks) and secretary have recently been appointed to review current coding

and classification issues in psychiatry (under the joint direction of the Unit and Paul Clifford).

To ensure that the results of these collaborations are rapidly and efficiently brought to the attention of the College, a sub-committee of the College Research Committee, with representation from the Audit Working Party, is being set up to consider the findings and recommend appropriate actions.

#### Audit information service

The Unit is beginning to establish an audit information service in collaboration with the College Library and the King's Fund Centre. In addition to compiling a psychiatric audit bibliography, the Unit is involved in a review of existing computer-based

information and clinical support systems; to complement this a "Bulletin Board" for computer users is being developed.

#### References

- DEPARTMENT OF HEALTH (1989) *Working for Patients*, Cm555. Working Paper 6, Medical Audit.
- PIPPARD, J. (1992) Auditing the administration of ECT. *Psychiatric Bulletin*, 16, 59–62.
- & ELLAM, L. (1981) *Electroconvulsive Treatment in Great Britain, 1980*. London: Gaskell (Royal College of Psychiatrists).
- Resource Management Process and Progress*. Interim Report of the Brunel Evaluation Team (1989) Health Economics Research Group, Brunel University, Uxbridge, Middlesex UB8 3PH.

*Psychiatric Bulletin* (1992), 16, 315

## The College Library and Information Service

### *Rating scales*

The Library is compiling a database of references to the primary papers of the main psychiatric instruments (rating scales, questionnaires etc). At present it includes citations to about 500 instruments. Although by no means complete, the database is usable and the Library will be pleased to supply references on the main psychiatric scales. Copies of the full database are not available at present.

### *Psychiatric Associations of the World*

Members wishing to contact fellow-psychiatrists in other countries may be interested in this register which the Library has compiled. It gives current details of 65 psychiatric associations around the world. Our thanks to Professor Sims for his assistance with the project. The register is available from the Publications Department. *Psychiatric Associations of the World* 1992. Price £2.

### *New journals*

We are pleased to report that the *Irish Journal of Psychological Medicine* and the *International*

*Journal of Methods in Psychiatric Research* have been added to our journal holdings. Grateful thanks to Editors, Dr Mark Hartman and Professor Chris Thompson respectively, for these generous donations. Readers who would like to receive a list of current journal holdings should contact the Library.

### *The French collection*

We would like to draw readers' attention to the fact that the Library's collection of 19th century French books on insanity is particularly strong. It includes pearls such as the works of Pinel, Esquirol, Georget, Trelat, Moreau, Magnan, Amard etc. This is mentioned with regard to current historical scholarship which suggests that this area and period of psychiatry were crucial to the development of 20th century descriptive psychopathology. The collection is still expanding, recent purchases being Marie's three volume work *Traité International de Psychologie Pathologique* and works by Lélut and Castel.