# LEADER

## Reviewing performance in the reorganised National Health Service

One word that has been dropped from the reorganisation literature is that of 'monitor' or 'monitoring'. Is this because nearly seven years experience has taught staff that monitoring is difficult or impossible to achieve? If so, this is a pity. A new start in new health districts gives senior officers an opportunity to both individually and collectively set up effective monitoring systems.

Paul Torrens, Professor of Health Services, University of California, led a workshop on 'Monitoring Performance in the NHS' in December 1981 at the Health Services Management Centre, Birmingham. The workshop raised many questions in my mind. Health authorities have large amounts of information relating closely to performance but seem rarely to use it to advantage. Take, for instance, a shortage in a medical specialty. Is there a conscious effort made to examine existing resources and how they are being used? Throughput of wards is always returned under the heading 'discharges and deaths'. Most health authorities use that data without further breakdown and only collect it because the DHSS require it. Do we ever separate these two headings? Would we want to know that Dr X had twice as many successes as Dr Y? What would happen to the information if it was to hand?

Do health authorities monitor properly what the needs of the community really are apart from looking at bed or staff norms? How much sampling of the health needs of the community is conducted direct or is this left totally to research minded individuals or the Community Health Councils? Do many area management teams when receiving a request for more medical consultant staff ask for and obtain a detailed case based on the needs of the community and the hospital? Even more important, do we really know what those needs are? After one year in post do we ever assess the success or otherwise of a new medical post? Do we know the extra demands placed on staff, drugs and other resources? If extra throughput of patients has been demonstrated are financial allowances increased for nursing staff and are catering, laundry and CSSD services strengthened? When minutes of nursing and medical committees are read are there ever indications that staff are monitoring their own service apart from the recurring medical minute which complains of shortage of nursing staff often caused by the training needs of learners?

Does the day to day manager of a large hospital, medical, nursing or administration have any concept whatsoever of the medical needs of his or her community? Is the main thrust of the organisation towards running an efficient hospital irrespective of the community needs?

Waiting lists are sometimes poor monitors of need. They can be interpreted in so many different ways. Questions need to be raised on method of selection. For instance, if one medical firm decides to give dates of admission to most outpatients their waiting list is low, while another firm who chooses a different method has a high waiting list.

In nursing, much work continues in wards and departments on refining patient dependency studies. No one would criticise these attempts but are the right patients in hospital anyway? To give a hypothetical situation for Dr X, does a patient have to have in addition to his duodenal ulcer a particular lack of a vitamin before he has the doctor's attention. This is not a criticism; but knowledge of that fact allows an authority to monitor the position of all those patients not having the extra complication and ask the medical staff how the standard patients of Dr X are to be treated without having to wait months for treatment.

Health authorities and senior officers must shortly be found in a position with shrinking resources and ask searching questions of all its professional staff — medical, nursing and paramedical. Monitoring systems must surely be established which give good reliable information to senior officers so that effective monitoring of the service takes place. It need not necessarily curb clinical freedom but the main aim of the health service — to improve and maintain health for the community — must never be lost sight of by any professional person working in the National Health Service. If it is, then senior officers must have placed upon them the responsibility for reminding all its staff what they are essentially working for.

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