

# Quality measures in anaesthesia



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This edition of the HSRC update will focus upon the use of quality measures in anaesthesia. These measures will become increasingly familiar to all of us with the development of clinical registries in anaesthetic practice driven, in part, by a requirement to produce outcome data as part of the GMC revalidation process.

This article outlines the background to the quality agenda, and highlights the role of the HSRC in developing this agenda within anaesthesia. Amongst the primary aims of the HSRC is the development of the quality measures that are needed to support the '3Rs': Registries, Revalidation and Research. Before embarking upon the development of novel indicators, there is important work to be done in systematically reviewing the research literature, and mapping the current usage (or not) of quality measures within Great Britain.

## 'High Quality Care for All'

The current quality agenda within the NHS is defined by the final report of the 'NHS Next Stage Review', published in June 2008. Lord Darzi, under-secretary of state for Health in

the then Labour government, led the review that produced the report. In it, he defined quality in terms of safety, effectiveness and experience. The importance of patient reported outcome measures (PROMs) alongside medically described effectiveness outcomes, (for instance mortality and morbidity) was emphasised. Crucially, these proposals had teeth. Quality performance data would be published, whilst quality improvement would be rewarded through the Commissioning for Quality and Innovation (CQUIN) and Clinical Excellence Award schemes. It was a central mantra of 'High Quality Care for All' that change would be 'locally led, patient centered and clinically driven'. The professions were placed firmly in the driving seat.

## Transparency in outcomes

More recently, the current coalition government produced the 'Transparency in Outcomes' consultation paper to accompany the 2010 white paper on the NHS. This document outlined proposals for an NHS outcomes framework, and sought feedback on the underpinning principles and structure of this framework, as well as the selection of outcome indicators. The importance of distinguishing between structure, process and outcome was emphasised. Along with other professional organisations, the RCoA responded to this consultation. The professional standards department, with input from the HSRC and others, suggested candidate indicators. However, the paucity of quality indicators in anaesthesia, and the lack of clear consensus on how we should best describe quality in our practice, were very clear.

## Where are we now?

Several years into the delivery of the Darzi quality agenda, anaesthesia lags behind other specialties in the systematic measurement of quality. The HSRC is attempting to redress this deficit through several initiatives, including:

- ▶ Partnership with the Emergency Laparotomy and Hip Fracture Perioperative Networks to work towards a more integrated and systematic approach to data collection.
- ▶ Completion of two important systematic reviews on risk and outcome measures in major general surgery, led by Dr Ramani Moonesinghe, and funded by the Frances and Augustus Newman Foundation.
- ▶ A survey that will be sent to all anaesthetic departments in Great Britain during the autumn, asking the profession about which outcomes are measured locally, and which clinical registries are being contributed to.
- ▶ The formation of a joint HSRC/RCoA working group on quality measurement in anaesthesia, the first scoping meeting having been held at the College in July.

Please engage with these initiatives and support your networks and registries. We welcome approaches (both formal and informal) from anyone interested in being involved in this process, either as a member of the joint working group, or as an investigator in the studies that will be required to develop new measures.