Is general practice audit alive and well? The view from Portsmouth

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SUMMARY

A brief look at medical audit activity in the Portsmouth and South East Hampshire Health Authority area by use of a questionnaire mailed out to general practitioners, information from the medical audit advisory group database and the local health authority records. The details collected consisted of topics chosen, the stage of audit cycle reached, funding arrangements, practice personnel and the outside collaborators involved. Most general practices were found to be undertaking audit activity, and in some it had become integrated into the everyday routine.

Keywords: medical audit, questionnaire.

Introduction

General practice audit activity was uncommon before medical audit advisory groups (MAAG) were created in 1991. Their role has been to encourage practices to undertake audit and, although this remains voluntary and the financial support for individual practices modest, high levels of participation have been achieved.[1-3]

The MAAG in Portsmouth comprises a lead general practitioner (CHL), audit manager (DC) and an information officer, and is responsible for encouraging audit in 82 practices in this area. This audit group promotes a variety of audit formats for local practices (practice-based projects, practice audit coordinators and collaborative work). Portsmouth is unusual in that it still provides up to £175 annually per practice to encourage practice-based audits. A small number of practices (12) have a practice audit coordinator who is an existing member of staff working additional hours for the practice on audit projects and who is funded £500 annually per practice. Practices are encouraged to perform collaborative audit projects. Some practices also participate in work funded by the health authority involving prescribing issues and an ongoing hospital/general practice communication project.

The MAAG recently undertook a survey of local practices to establish the level of audit activity, document the format of audit activity undertaken, determine the extent of non-funded audit work, and assess whether practice-based audit work was a multiprofessional activity.

Method

A questionnaire was constructed which enquired about audit activity in the 82 practices in the Portsmouth and South East Hampshire Health Authority area between 1 April 1994 and 31 December 1995. Audit activity was defined as the review of an area of clinical practice with the implementation of change if necessary. Details were amassed concerning the topics chosen, stage of audit cycle reached, funding arrangements, practice personnel, and outside collaborators involved. The authors used the data provided to categorize the projects into practice based, audit coordinator run, collaborative or health authority run. The questionnaire was sent to each practice manager in September 1995 and on two further occasions to the non-responding practices. The eventual response rate after the three mailings was 79% (65 practices).

Details of practice audit activity were also obtained from the Medical Audit Advisory Group computer database, which records all practice-based and collaborative projects that have been funded. The health authority also provided details of practices that had participated in their projects. Six out of 17 practices that had failed to return the questionnaire were found, from the above sources, to be involved in audit projects.

Audit activity information obtained from non-questionnaire sources was known to be correct and consequently confirmed the data provided by practices. It was not possible, however, to check the accuracy of non-funded audit data activity documented in the completed questionnaires.

Results

Extent of audit activity in local practices

Five out of 65 practices that returned the questionnaire were non-auditors. Eleven of the 17 practices that failed to return the questionnaire were found, from the sources already described, to be non-auditors. Therefore, 80% of practices (66/82) were performing at least one type of audit. Table 1 shows the relationship between audit activity and practice size.

Type of audit activity undertaken

The format of audit activity undertaken by practices was compared to practice size (Table 1). Of the 66 auditing practices, 82% (54) were involved in practice-based audits, 30% (20) in collaborative audits, 18% (12) had practice audit coordinators, and 56% (37) were in projects funded by the health authority. There was no relationship between practice size and the format of audit activity undertaken. Forty per cent (30) of the practices were involved in two or more types of audit activity.

Funding for practice-based audit activity

Between 1 April 1994 and 31 December 1995, 191 practice-based audit projects were undertaken by 54 practices. The sources of funding for these projects were the Medical Audit Advisory Group, 120; non-funded, 55; other source, 7; and not stated, 9. The 55 non-funded practice-based audits occurred in 22 practices.

Practice team members involved in the 191 practice-based audit projects

General practitioners were involved in 56% (107) of the practice-based audit projects, practice nurses in 43% (82), practice managers in 36% (69), receptionists in 26% (50), others in 21% (41), GP registrars in 4% (7), unknown 5% (10). The numbers of dif-

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Submitted: 19 March 1996; accepted: 24 June 1996.

Table 1. Types of audit activity undertaken by the 66 auditing practices (percentages in brackets).

Number of partners in the practice	Number of practices	Numbers of practices undertaking any audit activity	Number of practices undertaking practice-based audits	Number of practices undertaking collaborative audits	Number of practices with practice audit coordinator	Number of practices undertaking Health Authority audits
1	14	8	7 (88)	3 (38)	1 (13)	2 (25)
2	13	8	6 (75)	3 (38)	2 (25)	3 (38)
3	11	9	9 (100)	5 (56)	1 (11)	5 (56)
4	18	16	10 (63)	2 (13)	4 (25)	13 (81)
5	12	11	8 (73)	4 (36)	1 (9)	4 (36)
6	7	7	7 (100)	3 (43)	2 (29)	6 (86)
7	5	5	5 (100)	0	1 (20)	3 (60)
8	1	1	1 (100)	0	0	0
9	1	1	1 (100)	0	0	1 (100)
Total	82	66	54 (82)	20 (30)	12 (18)	37 (56)

ferent professional groups involved in each audit were: one group, 66 audits; two groups, 71; three groups, 38; four groups, 4; five groups, 2; unknown, 10.

Discussion

This study concentrates on describing the extent and type of audit activity undertaken by Portsmouth general practices rather than demonstrating improvements in the quality of care provided. Eighty per cent of practices were performing at least one type of audit activity. This figure is similar to that obtained elsewhere (81–91%).[1-3] It remains remarkable that a voluntary activity that started in 1991 should now be regularly undertaken by most practices.

A relationship between audit activity and practice size has been demonstrated elsewhere,[4] and those findings are confirmed in this study. All practices that had 6 or more partners were involved in audit work. It is unsurprising that audit activity increases in larger practices as they possess greater resources and the economies of scale to undertake projects. This finding has important implications in view of the Department of Health's explicit objective for 'the participation of all practices by 1992'.[5] Perhaps future support and funding should be directed primarily at helping smaller practices undertake audit activity.

The audit formats have been designed to provide a diverse range of options to local practices. The results in Table 1 show no relationship between practice size and type of audit activity undertaken.

Fifty-five non-funded practice-based projects were being undertaken in 33% (22/66) of auditing practices, which is encouraging as it suggests that funding was not necessarily a prerequisite for the undertaking of audit activity. In many other districts, large collaborative projects appear to have been encouraged at the expense of practice-based activity. This action risks the de-skilling of practices when the ultimate goal of audit should be its integration into the everyday work of general practitioners. Our data suggests that integration is already occurring.

Sixty per cent (115/191) of practice-based projects were performed by a multiprofessional practice team that frequently included the general practitioner, practice nurse, practice manager or receptionist. Baker[6] has noted that teamwork and effective communication are characteristic of any innovative activity such as audit. It is likely that multiprofessional audit will involve these skills and is more likely to be stimulating and result in change than isolated uniprofessional activity.

References

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