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Hypertension

With the latest update in NICE hypertension guidelines[1] and health and safety concerns with the use of mercury,[2,3] electronic sphygmomanometers are now very widespread for the detection, diagnosis and monitoring of raised blood pressure. At our recent annual recalibration check, seven electronic sphygmomanometers were checked in The Project Surgery against a standard mercury column. Five were found to be within 'acceptable' tolerance of +/-5 mmHg of true at 100 and 200 mmHg, and two were found to be unacceptably inaccurate, one at 8% inaccurate and one 13% inaccurate and were replaced.

Given that therapeutic choices are made on very small changes on blood pressure reading, and we are invited by NICE to use unmaintained home blood pressure monitoring in diagnosis, even small systemic errors in manometer calibration can have a huge impact on individual patient care.

The only universally accurate manometer one can use to measure blood pressure is a mercury column. Until such time as gravity changes a vertical column of 100 mm of mercury will always be 100 mmHg. On our automated machines before their annual check what was said to be 100 mmHg could have been anything from 92 to 113 mmHg. How can I advise patients when the basic data is so poor? Even the so-called 'accurate' machines can be 5 mmHg out.

I wonder if in our rush to electronic devices we have sacrificed accuracy in favour of convenience. If one adds to this issues around monitors usually being supplied with a 'standard' cuff which is too small for the standard UK arm,[2,3] and automated sphygmomanometers being unsuitable to detect pre-eclampsia or use in atrial fibrillation,[3] is it now time for a rethink our basic surgery equipment? Is the need for a mercury spillage kit too high a price to pay for correct data?

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Audit awareness among practices

As a past co-chair of Quality Practice Award I have read many submissions from practices where the criterion requested has been to carry out an audit. I have been continually surprised by the lack of awareness of basic audit methodology demonstrated by these practices aspiring to this gold standard award. This is especially concerning as the ability to carry out a full audit once every 5 years is a requirement for revalidation.

There was a very large range of posters at the recent RCGP conference in Glasgow that were placed into categories. One such category was 'audit'. Being aware of the poor awareness of audit methodology among QPA candidate practices, I decided to do an audit of the posters in the 'audit' category.

Criterion 1. An audit should have clear criteria and standards described.
Standard: 100%

Criterion 2. An audit should have a second data collection to show whether change has been successful or not.
Standard: 100%

Data collection 1 October 2012
There were 18 posters in the 'Audit' category.

Criterion 1. Of the 18 posters, seven (39%) described criteria and standards (this was allowing as a positive result, any attempt to state the aspect of good practice being measured, and a level of achievement towards that aspect even if the words 'criteria' and 'standards' were not used).

Criterion 2. Of the 18 posters, only three (17%) went as far as providing a second data collection.

Analysis of data collection 1
Most of the posters were surveys and, although describing interesting pieces of work, were not audits. These had been wrongly classified as audits for the conference. Does this indicate a lack of audit awareness among those in the RCGP responsible for the poster display?

Change
There needs to be much more learning about audit methodology and that this needs to be across the entire primary care workforce. We could find audit to be a major issue for revalidation if this is not addressed.

Of course, my audit fails my own test of being an audit as I have not enacted change personally. But I do look forward to the Data Collection 2 in Harrogate next autumn.

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Corrections

The author list was incomplete in the article: Keynejad M *et al.* Medical ethics debate: access to NHS resources. *Br J Gen Pract* 2012; DOI: 10.3399/bjgp12X654696. The full author list should have read: Ishaac Awatli, Medical Student, King's College London; Guy Bower, Medical student, St George's University of London; Sharenja Jeyabaladevan Medical student, St George's University of London; Roxanne Keynejad, Foundation Year 1 Doctor, St Helier Hospital; Vongai Madanire, Medical student, St George's University of London; Alice Michell, Medical student, St George's University of London; Daniel Thompson, Medical Student, King's College London; Mark Yao, Medical Student, King's College London.

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The first publication of the following article was not the latest version: Eborall, *et al.* Influences on the uptake of diabetes screening: a qualitative study in primary care. *Br J Gen Pract* 2012; DOI: 10.3399/bjgp12X630106. The latest version is now online. We apologise for this error.

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