

From the Editor

Cost effectiveness or quality of care?

The 1960s hospital in the West Midlands renowned for success in the Royal College of Physicians (RCP) membership exam had a clinical laboratory housed in little more than a prefabricated hut away from the main site and largely obscured by trees. The external appearance gave little grounds for optimism. Surprisingly, the pathologist, with an interest in haematology, was evaluating new equipment for automated blood counts. Samples were collected from all hospitals in the group and were centrally analysed. Urgent results were relayed via telephone to the base hospital but were prone to transcription errors. A new system was introduced which sent the results by telephone to a machine at the base hospital where they were printed out using a system of lines of black and white (blank) dots on a continuous roll of paper. The results could then be accurately recorded and errors minimised. There was widespread scepticism about the new system and good humoured 'helpful' suggestions that a carrier pigeon might be just as effective. This was the forerunner of the universally acclaimed fax machine for communication in the pre-electronic era.

In the same laboratory the clinical biochemist was dividing blood samples into two aliquots and analysing them sequentially on the same machine. The discrepancies were recorded by hand on large sheets of graph paper which, as the project developed, were pinned to the walls like wallpaper. The staff indulged this interest with good-natured tolerance. Few would have recognised that this was the first phase of local, regional, national and international laboratory quality control systems.

These examples illustrate that it is never easy to discern which new ideas should be promoted and which laid quietly to rest. The government's recent

intention to relocate some hospital clinical services into the community has met with resistance for several reasons, not least because the proposal is unlikely to be cost effective. Indeed the few studies that have been completed suggest that such schemes actually increase costs. During recent discussion at the RCP (the exact origin remains obscure), the idea emerged that cost effectiveness had become such a central issue that the prime importance of high-quality care was all too easily overlooked. Might there be examples in your own medical specialty where care in the community could improve the quality of care?

Would the older person at home, in residential care or in a nursing home prefer consultant care in their own familiar environment? This approach would eliminate all the problems of a hospital outpatient visit. Would home physiotherapy after a stroke be feasible and preferred by patients and their families? If quality of care is placed first then cost effectiveness may sometimes follow. Improved care of the elderly at home, for example, might reduce the number of acute medical admissions to hospital. There could be other advantages including erosion of the long-standing artificial barriers between doctors in primary and secondary care. Looking at a common problem in a new light led to the introduction of the fax machine and quality control in clinical laboratories. Might there be fundamental improvements in the quality of care in the community with the introduction of these changes?

The Croonian lectures

The Croonian lectures were established by a bequest from Lady Sadleir, wife of Sir Edwin Sadleir Bt and widow of Dr William Croone (1633–84), a Fellow of the RCP. By Lady Sadleir's will of 1701 she left the King's Head Tavern, Lambeth Hill, to her husband

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for life and after his death four parts out of five thereof to be settled on the College of Physicians for an annual lecture. The first lecture was delivered in 1749. The King's Head Tavern was eventually sold to the City of London in 1915 and the proceeds invested. In this issue, Professor Sir David Weatherall celebrates the centenary of Sir Archibald Garrod's Croonian lecture and the lecturer's remarkable contribution to the foundation of medical genetics (pp 309–11).

Farewell

Those of you who have contributed to the journal in recent years will be familiar with the assistant editor Johanna Webster

(née Tootell) and her warmth, charm, efficiency and good humour. For those of us in the publications department she has been innovative, receptive to new ideas, hard working, accurate and the key to the success of the journal. She has also been a wonderful colleague and a positive force in the smooth and happy running of the department.

This is the last issue of the journal for which she is directly responsible. We would all like to take the opportunity to express our thanks for such a wonderful contribution. We send our best wishes to her and her husband Darren for their future together in Oxford.

ROBERT ALLAN