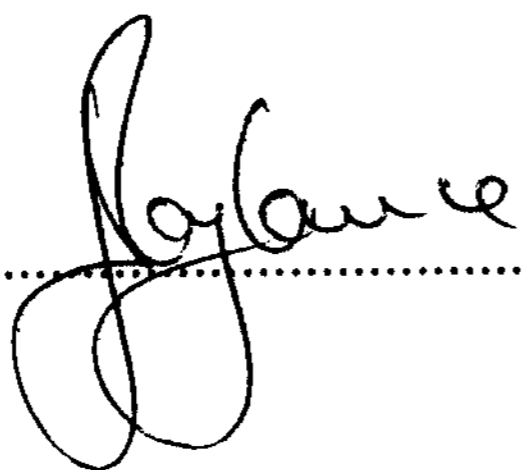


29. Dr Thomas informed me that he was complaining through the regional hospital medical advisory committee and I considered the issue to be sufficiently important that I reinforced his protest by writing directly to the regional general manager, Pamela Charlwood (Appendix 5).
30. In the financial year 1994/5 the funding system for audit changed, in that the funds were no longer ring-fenced nationally. Funds were now allocated to purchasers and audit money was then included in the contracts with providers. With the change to a contractual basis for funding it was recognised by the Audit Committee that it would now have to report directly to the UBHT and to local purchasers.
31. Guidance continued to be issued by the SWRHA on the development and support for clinical audit. I attach an example, sent in October 1993, (at Appendix 6), and a copy of the reply that I sent to the Regional General Manager, Pamela Charlwood.
32. The move towards clinical audit resulted in the reconstitution in early 1994 of the Medical Audit Committee, which became the Clinical Audit Committee. I went by special invitation to the first meeting of this new Committee and took the opportunity to stress the importance of developing acceptable outcome measures, as this was fundamental to the conduct of true audit (the comparison of current practice against clear and accepted standards). Dr Thomas stood down as Chairman of the Committee soon afterwards and was replaced temporarily by Mr Wisheart. In early 1995 Dr Jill Bullimore, an oncologist, took over as Chair of the Clinical Audit Committee.
33. By the time I retired in October 1995 Dr Bullimore was well established and very active in her new role, and I felt sure that Clinical Audit would develop for the benefit of patients under her supervision.

Signed



Date

23 November 99