



## LETTERS

## REVITALISING AUDIT FOR PATIENT CARE

# Revitalising audit and feedback by understanding and responding to local contexts

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Foy and colleagues summarise the challenges and opportunities for using audit and feedback to improve patient care.<sup>1</sup> We agree that research should be embedded to improve the effect of national audits. In addition to the study designs described by Foy et al, an understanding of relevant contextual factors using qualitative methods can help explain how national audits are perceived locally and used for improvement (or not). Recent evaluations of a quality improvement intervention in the UK using data from the National Emergency Laparotomy Audit, for example, showed the importance of social barriers to change.<sup>2-4</sup>

With this in mind, we are conducting a concurrent qualitative process evaluation of the national Perioperative Quality Improvement Programme (PQIP) in the UK, a multidisciplinary initiative supporting local quality improvement to benefit patients undergoing major surgery ([www.pqip.org.uk](http://www.pqip.org.uk)).<sup>5,6</sup> A key aspect of this evaluation is its formative nature, providing the opportunity for the programme to evolve rapidly in response to stakeholder feedback. We hope that by understanding the social, organisational, and professional contexts within which PQIP operates will help us to refine its implementation and optimise its impact.

Competing interests: SRM is lead of PQIP, director of the Health Services Research Centre at the Royal College of Anaesthetists, and associate national clinical director for elective care at NHS England. DW is a PQIP fellow at the Health Services Research Centre.

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