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Safe and sound

Modern medicines must be safe and efficacious. Pharmaceutical companies spend vast amounts of all sorts of currencies determining that a new product fulfils these two criteria and regulatory authorities the world over ensure that licences are only granted when they are met. Once a medicine is launched, research goes on to refine the evidence for its safety and efficacy, comparing and contrasting its profile with those of other products and treatments. Indeed, the article in our Continuing Professional Development series this week encourages pharmacists to be constantly on the lookout for new evidence as it is published (p877). However, much of this accumulated evidence refers to research that has taken place in the laboratory or in strictly controlled clinical settings, worlds away from the reality of how medicines are prescribed and dispensed in hospitals and in the community.

Professor David Cousins, head of safe medication practices at the National Patient Safety Agency, wants to remedy that. Speaking at a recent conference organised by our sister publication *Hospital Pharmacist*, he pointed out that there is a wealth of evidence concerning the pharmacological actions of medicines but, in comparison, there is little evidence to support safe prescribing and dispensing processes. This explains, he argued, why so many errors are made in hospitals getting the right medicines to the right patients at the right times.

To tackle this gap in understanding and so reduce errors, Professor Cousins wants all trusts to set up a safe medicines practice committee (p671) — an idea that will be already familiar to some hospital pharmacists. He believes that the more errors are reported to these committees, the easier it will be for the committee to institute changes and introduce best practice protocols, and for staff to see why they should change their ways. Committees that receive few reports, or departments that have lower reporting rates than others, are not likely to be administering medicines more safely. In fact, the opposite is likely to be true: that they are making the same mistakes as other departments, but have no mechanism to learn from them.

Those in the know believe there may be about 30 such committees already in existence, but with hundreds of hospitals in the United Kingdom, there is a long way to go.

Postcode prescribing: the beginning of the end

Evidence that guidance from the National Institute for Clinical Excellence can start to change practice and begin to end postcode prescribing comes in a paper published today (p680). Although NICE’s guidance on donepezil *et al* may not be 100 per cent implemented, many more patients have access to anticholinesterases than did before it was published at the beginning of 2001.