

PATIENT SAFETY: THE NEXT STEP FOR RESEARCH IN COMMUNITY PHARMACY

The Community Pharmacy Research Consortium is looking to commission research into errors and near misses in community pharmacy.

This article, from the consortium secretariat, looks at the CPRC's work so far and discusses the aims of the new research programme

The Community Pharmacy Research Consortium was established in 1996 to develop a strong research base to inform community pharmacy policy and practice. The consortium comprises the Company Chemists Association, the National Pharmaceutical Association, the Royal Pharmaceutical Society and the Scottish Pharmaceutical General Council. The consortium is managed through a steering group made up of two representatives from each partner body. The steering group is chaired by Ray Jobling of Cambridge University and supported by the Society's practice research division. The research commissioned by the consortium is used by the partner bodies to inform the development of policy and help community pharmacy make the case for investment in new services at both local and national level.

To date the consortium has funded research worth just over £300,000 that explores the role of community pharmacy. Its first research programme focused on the hypothesis that community pharmacists improve the overall health of the nation. The three projects arising from this programme demonstrated the value of community pharmacy as a health care resource — particularly as an alternative or adjunct to GP services.¹⁻³ The "Care at the chemist" feasibility study⁴ paved the way for further development of community pharmacy provision of minor ailment advice and medication under the NHS. Numerous schemes are up and running across Britain demonstrating different models of pharmacist provision of advice and treatment for minor ailments, including the Scottish Executive's Direct Supply of Medicines pilot.⁵

The second research programme, exploring the delivery and organisation of services in community pharmacy, will provide data on how pharmacy services are structured and the process of innovation. A systematic review has been commissioned which will examine the literature on the organisation and operation of community pharmacy services in Britain and other countries. Particular reference will also be made to the emerging literature on issues of workforce management, professional roles and responsibilities. These will be linked to a review of the broader managerial literature addressing the development of comparable professional services. This work will be published shortly. As a result of this review the

research team, based at the University of Aberdeen, is now undertaking work for the SPGC exploring different remuneration models for new pharmacy services and roles.

The consortium is now announcing its third research programme, "Delivering patient safety in community pharmacy: preventing medication errors". As part of a recent review the consortium identified the need for research around the community

pharmacy role in patient safety. The consortium recognises the significant contribution that community pharmacists currently make to the identification and prevention of errors. However, it is acknowledged that the true extent of errors and near misses in the community pharmacy setting is difficult to ascertain from the limited research evidence available. Much of the research to date has focused on pharma-

cists' identification of prescription errors, with little attention being given to dispensing errors and near misses in the pharmacy. Hence the consortium is now looking to commission its first project to inform the development of systems to reduce errors in community pharmacy. The research will investigate the types of errors and near misses occurring in the community pharmacy setting and explore the causes of these incidents. "An organisation with a memory"⁶ defines error as the failure to complete a planned

action as intended, or the use of an incorrect plan to achieve a given aim. A near miss is a situation in which an event or omission arising during clinical care fails to develop further, whether or not as a result of compensating action, thus preventing injury to the patient.

The commissioned research will address a number of questions: What are the main types of errors and near misses that occur in the community pharmacy setting? What are the levels of incidence of these errors and near misses? What are the underlying causes of these errors and near misses? How can systems be improved to reduce errors?

It is important that the research is generalisable and applicable across the range of community pharmacy provision. In line with "An organisation with a memory" and the National Patient Safety Agency, its focus will be the systems and understanding why errors occur rather than blaming particular individuals. The Community Pharmacy Research Consortium will be looking to appoint a collaborative research team that can demonstrate experience in community pharmacy and other relevant disciplines such as psychology and human systems analysis.

The maximum budget for the project is £75,000 including overheads and VAT (if applicable). It is expected that the project will take no more than nine months to complete.

Copies of the call for proposals and the application form are available from Zoe Whittington at the Royal Pharmaceutical Society (tel 020 7572 2276; e-mail zwhittington@rpsgb.org.uk). The deadline for receipt of application forms is 14 March.

Further information about the Community Pharmacy Research Consortium and copies of research reports are available from the same source or from the consortium's web page in the practice research section of the Society's website (www.rpsgb.org.uk/pracres).

"Being a member of the consortium is a great thing for the NPA. We get to influence the research agenda so that it fits with our in-house work programmes — and the research results produced are a powerful lobbying tool that we can pass on to our members so that they in turn can present a robust business case for new services to primary care organisations".
— Georgina Craig, head of NHS Service Development, NPA

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