

CHIEF PHARMACISTS' QUESTION TIME

Patient safety is our *raison d'être*

On 24 September, delegates were given the opportunity to put questions to the chief pharmacists for England, Scotland and Wales

Safety is fundamental and the *raison d'être* of pharmacists, said Dr Jim Smith, chief pharmacist in England, in his introductory remarks at a "Question Time" session. He was joined on the panel by the chief pharmacists for Scotland and Wales who together answered a wide range of questions from the floor.

"Discrepancies happen far too frequently and we must minimise them. The patient journey from the initial contact with the GP, to hospital admission, discharge and back to the community has identified 100 separate transactions in the process. The hand over points between one stage and the next account for 90 per cent of errors and omissions," said Dr Smith.

The chief pharmacists were told by one delegate that they are in a pivotal position to highlight potential patient safety issues. He wanted to know why pharmacists still spend so much of their time snipping and cutting packs and why it is not possible for the pharmaceutical industry to put more information on to the product bar codes.

Bill Scott, chief pharmacist in Scotland, agreed. "There is an industrial injury of pharmacists: a repetitive strain injury from snipping packs. This is not the best use of pharmacists' time." In Scotland, a working group has looked at the rounding up and down of prescribed quantities. However, pharmacists still have to take medicines out of packs, for example, when filling monitored dosage systems.

Dr Smith said that he was not comfortable with snipping. The Department of Health is in consultation on the issue of patient information leaflets and on a limited application of rounding up quantities. He added that bar codes have a huge potential to improve patient safety, and that the United States has started down this road. The [recently established] National Patient Safety Agency is now becoming interested in this area.

Carwen Wynne Howells, chief pharmacist in Wales, said that the idea was repeated in the new Welsh strategy (see p434). It is desirable that community pharmacists are enabled to give medicines in appropriate pack sizes.

One delegate said that patient safety was the main driver for how pharmacists would look at things in the future and wanted to know how this would bear on present and future remuneration models.

Dr Smith said that a new contractual framework is being put together with a whole range of parameters, patient safety being one of them. "I am optimistic that we will get a contract with an element of reward."

The panel was asked whether it would not be better to dispense a maximum number of days for any drug.

Mr Scott thought that it would not be helpful for any of the departments to issue an edict. The quantity of medicines prescribed has to be left to clinical judgement. In his view, what is needed is a system of repeat prescribing operated by pharmacists, with controls in place.

Another delegate wanted to know why Britain could not be more like mainland Europe, where original packs are dispensed.

Dr Smith, in his reply, pointed out that the situation in Europe is not so rosy. "In the Netherlands, they dispense from bulk. We have to remember that in Europe they have



Bill Scott: snipping packs is not the best use of pharmacists' time

an insurance-based remuneration system, whereas in the UK, reimbursement is based on the number of doses dispensed. The Department of Health has no intellectual objection to change; it is more a question of practicality and cost."

Marshall Davies, President of the Royal Pharmaceutical Society, said that availability of access to data is important for patient safety. He wanted to know how soon patient-held records would be introduced.

Mr Scott said that this is an area that Scotland clearly wants to pursue. There has been a trial in Grampian using a patient smart card which details prescribing information. However, the trial has petered out, probably because of the technology available at the time. He intends to resurrect it.

Dr Smith said that he also wants to deliver a patient-held record but he was unsure how soon this would come in. "It is a priority, but more important is to put electronic patient records in place in hospitals. Huge resources are going in because in the past we have failed to get IT implemented

properly and the Government is now determined to do something about it."

Miss Wynne Howells said that the position is similar in Wales, and that an IT strategy would be published soon. "It has to be a step-wise process, first the EPR and then the hand-held patient record. It will not happen overnight. If we start today it is realistic to see it in a 10-year time frame."

The panel was asked how members wanted to tackle errors associated with cytotoxic drugs.

Mr Smith replied that there is no such thing as a safe medicine. "We have to continue to educate, train and implement safe systems of work. We employ professionals for their brains; we must engage them and discuss the problems."

Miss Wynne Howells was concerned because the same mistakes are repeated constantly. "We are not good at learning from our mistakes. We have to look at the wider picture as to why errors occur. In Welsh hospitals we have a multiprofessional error committee, which helps, because one professional may commit the error, but another professional may have the answer as to why it is occurring and put a system into place to prevent it."

Dr Smith said that errors with cytotoxics are particularly visible. "We can never get rid of errors; we can only minimise them. We now have the National Patient Safety Agency in England and we are discussing with Scotland and Wales on how best to relate it to those countries — maybe with a national error reporting system."

Replying to a question on electronic patient records, Mr Scott agreed that pharmacists have to have full access to such records.

The final question related to the direct supply of medicines to the patient by the industry, and whether or not this would compromise patient safety.

Dr Smith said that for direct supply to take place, a legislative change would be needed. "We would need to test models to make sure it is safe." His own feeling was that it is unlikely to happen because it removes concordance that the Department is trying to promote. However, he recognised that he must be open-minded about the distribution of medicines in the 21st century.

Mr Scott added that pharmacists are employed in the health service because they are the guardians of the safe use of medicines. He thought that removing them from the supply chain would be ill-advised. Community pharmacists talk to patients face to face and solve problems that are not possible to solve by other means such as the telephone. — *Contributed by Diane Langleben, editor, Hospital Pharmacist.*