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NPSA reports the first public analysis of patient safety data

The first report of patient safety incidents in England and Wales has been published by the National Patient Safety Agency (NPSA). It describes the Patient Safety Observatory and provides information on the National Reporting and Learning System (NRLS). The NRLS is the first comprehensive national reporting system for patient safety incidents and the only reporting system to cover all health care settings. The information in the report is based on data from the 230 organisations in England and Wales that had reported 85,342 incidents up to 31 March 2005.

The Patient Safety Observatory combined and compared data from the NRLS with other sources of information such as litigation bodies, industry and patients to provide a more complete picture of patient safety. These data were then used to identify trends and highlight priority areas for the NPSA to target.

Susan Williams, joint chief executive, NPSA said, "this is the first national system of its kind in the world" and "the report is a milestone for the NPSA, the NHS and the public".

The majority of the data on patient safety incidents were obtained from local incident reporting systems from acute hospitals. The NPSA emphasised that high incident reporting rates may be a reflection of openness to reporting at a local level and does not mean that a given trust has more incidents than other trusts.

Most incidents reported resulted in no harm to the patient (68 per cent) and around 1 per cent resulted in severe harm or death. Patient accidents, incidents associated with treatments or procedures and medication incidents were most commonly reported with communication factors and lack of teamwork being cited as major contributing factors.

Several issues have been identified in this report: anticoagulant medication, patient identification and missing equipment from crash call trolleys. The NRLS database contained 311 incidents involving anticoagulants, including two deaths. Negligence claims showed 120 cases that resulted in death from incidents involving anticoagulants. The most frequent types of error relating to anticoagulants were overdose, poor record keeping, contraindications for use and problems with monitoring. This issue was identified as a priority by the NPSA for further work and solutions are being developed in collaboration with the British Society for Haematology.

Another issue highlighted was the number of incidents involving look-alike medicines. The NPSA is currently working with the Medicines and Healthcare Products Regulatory Agency to encourage the pharmaceutical industry to change packaging for different drugs and different strengths so that they are clearly distinguishable.

The report also found that the practical aspects of drug preparation and administration are not formally taught, with nurses generally learning from one another on the hospital wards. The report stated: "Medicines with confusing information about preparation and administration, and requiring complex calculation, preparation and administration methods are supplied with limited help and assistance for ward staff."

The NPSA intends to encourage pharmacists' involvement in the training in and audit of the preparation and administration of injectable medicines. It is currently working on this issue with a number of pharmacists and hopes to publish a report of its findings at the end of the year.

NPSA

From left to right, Susan Williams, joint chief executive, National Patient Safety Agency (NPSA), Howard Stoate MP for Dartford, Professor Rory Shaw, chairman, and Sue Osborn, joint chief executive, NPSA

NPSA invites your suggestions

Suggestions for the work that the National Patient Safety Agency (NPSA) should consider for inclusion in its business plan for 2006-2007 can be submitted directly to the NPSA via its website. The closing date for this call for new topics is 31 October 2005. A standard form can be used for suggestions and a fast-track process is available for ideas that might need a more immediate response. More information is available from **www.pjonline.com/links/hp**. Decisions about the final priorities will be posted on the website in spring 2007.

brief

Fewer than half of NHS staff have so far switched to the new pay system introduced under Agenda for Change. The Department of Health figures from July show that although 70 per cent of staff have had their job matched to a band, only 48 per cent have switched to the new system. The deadline for completion is set for the end of this month.

Tumour-selective medicines is the title of a symposium to be hosted by the Royal Pharmaceutical Society in association with the Academy of Pharmaceutical Sciences on 12 October at the Society's headquarters in London. It will cover current developments in tumour-activated and tumour-selective drugs.

Many of the practice guidelines and recommendations that are widely endorsed for the handling of products containing concentrated potassium were found to be largely untested and based on a lack of valid evidence in a recent clinical review, (*BMJ* 2005;331:274–7). It was concluded that effective evidence based medication safety practices and evaluation of health care systems as a whole are required.

The Department of Health has issued a report on its future plans for 2005-06. Following this year's targets (eg, the launch of NHS Foundation Trusts and shorter waiting times), the document lists aims and objectives such as introduction of the Mental Health Bill and the NHS Redress Scheme Bill. Other examples of key areas to be targeted include obesity, sexual health, substance misuse, and smoking cessation services. The document can be viewed at **www.pjonline.com/links/hp.**

Intermediate care work and a database on unlicensed drugs win technician awards

Promoting self administration of drugs for patients in an intermediate care facility is one of the projects which has won this year's AAH pharmacy technician of the year award. Tracy Sedgwick, senior pharmacy technician for medicines management and intermediate care, Darlington Memorial Hospital, led the entry and will present her work at the American Society of Health-System Pharmacists midyear meeting in Las Vegas in December.

The intermediate care facility is a residential home used by patients over 55 years with a number of different conditions who have been discharged from hospital but are currently unable to live at home. A pharmacy technician post has been funded jointly by the hospital and Darlington Primary Care Trust. The aim of the role is to ensure seamless medicines management for patients.

The pharmacy technician visits many patients in hospital before they have been transferred to the intermediate care facility. For patients on a non-pharmacist led ward, a medication history is taken on the ward by the pharmacy technician.

Tracy Sedgwick

Paul Townsend

When a patient enters the intermediate care facility, the pharmacy technician liaises with local community pharmacists and GP surgeries to ensure that they have received a copy of the hospital discharge summary.

A medicines administration record is written by one of the senior carers following admission to the intermediate care facility. The pharmacy technician checks for accuracy and legibility and annotates any special requirements for administration. The technician has discussion with patients during their time in the facility to provide counselling and assess suitability of formulations, containers, labels, etc.

In the past, none of the patients in the facility were administering their own medicines. The introduction of the pharmacy technician has resulted in 30 per cent of patients in the intermediate care facility self medicating. Over 60 interventions have been made in the care of 49 patients.

Providing information about unlicensed medicines through a database was the other successful project in this year's AAH pharmacy technician of the year award. Paul Townsend, pharmacy technician, Birmingham Children's Hospital, developed the database.

Unlicensed medicines form a large proportion of the medicines used at Birmingham Children's Hospital and previously information was not usually readily available due to the lack of a product licence. Information including generic name, brand name, strength, manufacturer, supplier and country of origin are now recorded on the database. A digital image of each product was taken to help with identification. An English translation of all product information (eg, summary of product characteristics, patient information leaflet) is made.

The database has the facility to record incoming supply details such as the batch number and expiry date. The database is used as a reference source by all staff in the pharmacy department, in particular, the medicines information staff.

Future developments for the database may include access via the hospital's intranet site so that staff outside the pharmacy are able to obtain the information. External access via the internet is also under consideration.

Guild supports national boards for the Society

National boards for the Royal Pharmaceutical Society have been supported by the Guild of Healthcare Pharmacists. In its response to the recent consultation on devolution, the guild said that the national boards would reflect the new devolved nature of health care, allowing the Society to promote the interests of pharmacists more effectively.

On the issue of membership of the national boards, the guild called for single transferable voting to avoid the majority view excluding minorities. It also suggested that places should be reserved for the different broad areas of practice (eg, hospital, primary care), to enable a full debate on professional issues. The guild does not believe that lay representation will be necessary, because the national boards will not have a regulatory role. It also suggests that the Society's Hospital Pharmacists Group will need to be reconfigured as a result of this process.

Computerised prescribing reduces drug errors on ICU

Introducing computerised physician order entry (CPOE) in an intensive care unit (ICU) is associated with a reduction in the proportion of medication errors and an improvement in overall patient outcome score, according to a study published in *Critical Care*. Researchers, led by Rob Shulman, ICU pharmacist, University College London Hospitals NHS Foundation Trust, reported a significant reduction in medication errors when using the CPOE system, compared with handwritten prescriptions (4.8 per cent vs 6.7 per cent; $P<0.04$).

The proportion of errors also reduced with time after the introduction of CPOE. There were, however, two errors with CPOE that led to patient harm requiring an increase in length of stay in hospital. The researchers noted differences in the type of error between the handwritten prescription and CPOE systems.

Further information is available from the paper (*Critical Care* 2005;9:R516–R521).

NHS urged to deal with financial crisis

Pharmaceutical wholesaler AAH is calling on the NHS to adopt new business models. This follows the Health Secretary's recent admission of a £140m deficit in the NHS, and a pledge to support struggling NHS trusts with urgent reform and innovation.

According to Steve Dunn, group managing director, AAH, 80 per cent of hospitals across the country owe in excess of £1m of commercial debt to pharmaceutical wholesalers, dating back over two years. This is an addition to, and distinct from their deficit to the Department of Health.

Mr Dunn said: "Wholesalers are not charities, nor should we be acting like banks by giving hospitals overdrafts. We are in a cleft stick situation, as refusing to supply drugs until hospitals pay up means patients would suffer."

He also explained that in order to meet the needs of the patients, full-line wholesalers carry an extensive range of drugs rather than only stocking the more profitable fast-moving lines. He said: "This enormous contribution to the NHS and the health care industry has, for many years, been ignored by government and industry alike."

Mr Dunn is calling on the Audit Commission, which is tackling problems of financial mismanagement in the NHS through an advisory group, to include commercial input within this group. He stated that pharmaceutical wholesalers are already helping struggling hospitals and trusts to refinance and rationalise their operation.

Mr Dunn went on to say that exploiting e-procurement and streamlining the supply chain between hospital pharmacies, their finance departments and suppliers might have averted the current spending crisis. He stated: "Only around half of hospital pharmacies use web-based e-procurement order management systems, relying instead on inefficient and error-prone faxes and telephones. Many systems even within the same hospital are incompatible. No commercial organisation would survive with multiple systems."

MPs visit pharmacy

Members of the All-Party Pharmacy Group visited the pharmacy department of St Thomas' Hospital, London, on 18 July.

Tony West, trust chief pharmacist and president, Guild of Healthcare Pharmacists, provided an update on changes in the hospital service over the past few years. David Webb, director of clinical pharmacy, London, Eastern and South East Pharmacy Services, provided an overview of the development of consultant pharmacist practice. The group also visited pharmacists working in various clinical areas around the hospital (ie, intensive care, accident and emergency and general medicine). The role of pharmacists in ensuring effective use of antimicrobial drugs in hospitals was also discussed.

Howard Stoate MP, chair of the group, attended the meeting, along with Kevin Barron MP, Baroness Jenny Tonge and Baroness Julia Cumberlege.

Corrections

Some of the reference citations in the text of the article on pluronic lecithin organogel in the July/August issue were incorrect. The first mention of reference 21 on p268 should actually be reference 17. In Table 1, references 21–8 should be 17–24 respectively.