

Dispensing errors

— the impact of packaging

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Whose responsibility is it to ensure that the way a product is packaged does not hinder accurate dispensing? Any pharmacist will tell you that the packaging of medicines can have an influence on dispensing errors. Most of us have been in a situation where products that look or sound similar have been confused resulting in a near miss or a dispensing error. This perception is supported by error reporting data which shows that look-alike and sound-alike drugs are implicated in a third of dispensing errors made in NHS hospitals.¹

So whose responsibility is it to ensure that the right product is dispensed and administered? Clearly pharmacists and other health care professionals should read the label and not simply rely on the appearance of a product. End of story? Well, not quite. This view is like saying that if all motorists drive carefully, there will be no road traffic accidents and therefore no need for seat belts. Safe dispensing and administration of medicines should rely on more than vigilance alone.

Several pharmaceutical manufacturers have redesigned their packaging with a view to aiding product differentiation and reducing the risk of selection error. However, a quick glance around any dispensary will show that these companies are in the minority. The use of corporate livery across entire product ranges is far too common.

So what has motivated the pioneers of safe packaging? An altruistic desire to protect

professionals and patients? This is undoubtedly a factor, but there are other, more tangible influences emerging.

The Medicines and Health care products Regulatory Agency (MHRA) published “Best practice guidance on the labelling and packaging of medicines” in 2003. This makes recommendations for the positioning and presentation of information, the use of innovative design to aid identification of the correct product and user-testing to support packaging and labelling risk assessment. However, although the guidance makes good sense, it is only guidance and not regulation.

Furthermore, user-testing of packaging and labelling is not clearly defined, although work is being undertaken by MORPh Consultancy and others to develop suitable methodology. However, in the absence of full regulatory clout, will there be sufficient incentives for the industry? Recent precedents suggest these incentives may exist.

Targeted action

Clinical governance is now embedded in clinical practice and the National Patient Safety Agency (NPSA) is a household name to health professionals. The agency published the first report of the National Reporting and Learning System and the Patient Safety Observatory this July. It may come as no surprise that medicines feature prominently in the report. Of the 67,334 errors reported from acute hospitals, 8.6 per cent were associated with medicines.

The reporting system drew attention to selection errors associated with two childhood vaccines (Repevax and Revaxis)

which resulted in 93 children receiving the wrong product. A safer practice notice was issued by the NPSA and the MHRA in April this year, drawing attention to this issue and providing action points for NHS staff in England and Wales to reduce the risk of further errors. The bulletin also announced that manufacturers would be redesigning the packaging of one of the vaccines to aid differentiation.

Although the interaction between NPSA, MHRA and the manufacturers is not known in this case, the NHS made its intentions for England known in “Building a safer NHS for patients” (Department of Health, 2001) with the statement: “The identification of trends and patterns of avoidable adverse events will allow targeted action to avoid risk. In some circumstances action will be taken directly with pharmaceutical companies.”

Incentives

Although the NPSA and MHRA are influential, capacity to engage industry in a reactive fashion may limit impact. In any case, prevention is better than cure. So what other incentives exist? For big pharmaceutical companies with high volume, high margin brands, investment in packaging and labelling risk assessment is likely to be small compared with the millions invested in product development. However, several smaller companies who manufacture generic medicines have also undertaken packaging designs with safety in mind. An important consideration for them is whether or not the NHS is willing to pay for safer packaging.

In a market where competition has mainly been

exerted by price, it might be considered a brave move to introduce packaging and labelling design into the equation. However, if the NHS wants to improve patient safety, organisations must be willing to pay for it. Reassuringly, NHS procurement processes are now starting to take account of safety of packaging, labelling and other aspects of product design as part of the tender assessment process.

Returning to the original question of whose responsibility it is to ensure that product packaging does not hinder accurate dispensing, it remains the direct responsibility of the health professional. However, others have a role to play in a developing a multi-faceted approach to patient safety. The NPSA plays a vital role in providing intelligence and professional leadership, although other influences include manufacturers, the MHRA and procurement professionals. Considerations include packaging and labelling design as well as safe systems of working.

References

1. Roberts DE, Spencer MG, Burfield R, Bowden S. An analysis of dispensing errors in NHS hospitals. *International Journal of Pharmacy Practice* 2002; 10(Suppl):R6.

Safety of medicines series

This comment provides an introduction to a new “Safety of medicines in practice” series that will be published in *Hospital Pharmacist* over the coming months. Next month an article will look at examples from three pharmaceutical companies who have redesigned their packaging to try to ensure safer handling of medicines.

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