

NHS prescribing errors puts patients at risk, warn Leicester academics

April 30 2013



This image shows sitting, left to right: Prof. Ale Armellini, Dr. Ming Lim and Dr. Rakesh Patel. Standing, from left to right, are: Waseem Mohamed Shahzad (Project coordinator), Dr. Will Green, Maria (Pharmacist), and Mark Fores (Senior Clinical Skills Facilitator). Credit: University of Leicester

Researchers at the University of Leicester are aiming to improve the prescribing behaviour of junior doctors in the NHS which will save lives as well as time and money.

Dr Rakesh Patel from the College of Medicine, Biological Sciences and Psychology, together with Dr Ming Lim and Dr Will Green from the School of Management, were recently awarded a grant from the East Midlands HIEC to develop an educational intervention for reducing [prescribing errors](#) among junior doctors.

The National Patient Safety Agency (NPSA) reported a significant year on-year increase in the reporting of medication incidents from England and Wales in 2007 and misprescription is currently costing the NHS over £70 million per annum. A previous study into the prescription behaviour of junior doctors found that 124,260 prescriptions made by foundation doctors across 19 hospitals over seven days contained 11,077 errors, which is 8.9% of all prescriptions.

On the importance of the study, named the ePIFFany Project (Prescribing Insight for the Future), Dr Lim commented: "This issue is an urgent priority for the NHS. Not only does misprescription cost time and money, it puts patients at risk. The notion of patient trust is at the heart of the NHS and prescribing errors lessen this trust significantly. We aim to make a measurable difference in error reduction rates as well as in junior doctors' skills, knowledge and attitudes in complex prescribing situations."

Careless prescribing of drugs causes adverse outcomes to many people every year. Not only do prescribing errors have the potential to cause [physical harm](#), they can also induce a significant amount of distress for patients as well.

The project team have expertise in medicine, education, management, evaluation and implementation and will be using a four-strand blended learning approach which combines face-to-face interaction, e-learning, patient simulation and mobile learning. This multi-disciplinary and multi-modal approach aims to reduce misprescription by a significant

percentage among [junior doctors](#).

On why this approach will be most effective, Dr Lim said: "Using different angles to both understand and reduce this problem will allow us to disseminate the results of this study into the medical community which will change attitudes and increase awareness of the importance of a 'safety culture'."

She continues: "We have secured co-funding for part of the intervention from the public and private sector so there are numerous stakeholders connected to this research. We are grateful to the East Midlands HIEC (Health Innovation and Education Cluster), the East Midlands Local Education and Training Board, University Hospitals of Leicester NHS Trust and Pfizer Ltd for their support of this project. We are also very grateful to University Hospitals Leicester (UHL) for their generous financial and administrative support."

Provided by University of Leicester

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