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EDITORIAL

Asthma patient safety incidents: national perspectives need to be informed by primary care reporting

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Medical errors are endemic to healthcare systems. In the USA, for example, they account for an estimated 98,000 preventable patient deaths per year, and in the UK 10% of hospital patients experience a medical error.[1] Following increasing awareness of the disease burden associated with errors and the frequency with which particular scenarios repeated themselves, in 1999 the Institute of Medicine recommended the creation of patient safety reporting systems (PSRS) in order to identify the underlying causes – thereby aiming to reduce harm from such medical errors. Their landmark report, *To Err is Human*, together with subsequent contributions, have laid the groundwork for the creation of international databases of safety reports.[2-5] Considering that the vast majority of patient healthcare encounters take place in primary care, it is essential that primary care professionals engage with these initiatives, which should help drive improvements in the safety of care. However, of the 2,084 asthma reports submitted to the national database of patient safety incidents in England and Wales, 79% (n=1,645) of these have originated from secondary care with only 7% (n=153) originating from primary care (see Figure 1).

The National Patient Safety Agency (NPSA) now has, through its Research and Learning Service (RLS), the largest repository of patient safety incidents (PSIs) in the world. This database, established in 2003, receives more than 900,000 reports annually – from the prospective collection of critical incident reports from healthcare staff throughout the NHS,

Figure 1. Asthma reports submitted to the RLS database, 2003-2008.

	Degree of harm								
	No harm	Low	Moderate	Severe	Death: If a death, recommendation of reviewer for exclusion: YES	Death: If a death, recommendation of reviewer for exclusion: NO	ALL	Total	Percentage
Specialty									
Medical specialties	307	88	56	9	2	3	5	465	22
Accident and Emergency (A)	195	53	36	10	2	4	6	300	14
Other	183	44	30	6	0	0	0	263	13
Surgical specialties	154	63	29	5	0	2	2	253	12
Obstetrics and gynaecology	166	43	28	5	1	0	1	243	12
Primary care / Community	107	24	14	5	0	3	3	153	7
Mental health	58	15	10	2	12	0	12	97	5
Other specialties	41	18	7	1	0	1	1	68	3
Diagnostic services	29	18	11	1	0	1	1	60	3
Anaesthetics	26	10	4	0	1	0	1	41	2
PTS (Patient Transport Service)	36	2	0	0	0	1	1	39	2
Unknown	20	9	7	1	0	0	0	37	2
	18	7	3	0	0	0	0	28	1
Not applicable	9	6	2	0	0	0	0	17	<1
Learning disabilities	2	4	5	0	1	0	1	12	<1
Dentistry - General and Community	4	2	2	0	0	0	0	8	<0.5
Total	**1,355**	**406**	**244**	**45**	**19**	**15**	**34**	**2,084**	**100**

and more recently from patients and the general public too. Analyses of these 2.7 million reports are being used to help formulate solutions for identified problems and to inform important national policy decisions.[6,7]

Any "unintended or unexpected incident that could have or did lead to harm for one or more patients receiving NHS-funded care" qualifies for reporting.[8] The RLS database encourages blame-free submission of patient safety incident reports. Two systems exist for reporting PSIs: one via a web-based open-access system; and the more frequently-used method whereby NHS staff submit a PSI report via the organisation's own local risk management system which is then submitted in an anonymous format to the RLS database. The RLS contains around 75 data fields, which mainly involve choosing from a range of categories (e.g. incident categories at two levels, specialty and location of the incident), but importantly, it also contains free-text fields which allow reporters the flexibility to describe an event in considerable detail.

Asthma is now one of the commonest long-term disorders, being responsible for considerable morbidity and mortality. In the UK, for example, it is estimated that 5.4 million people have asthma, the majority of whom continue to experience regular symptoms.[9] Prescriptions for asthma have increased six-fold in the UK and France since 1980. The total annual cost of asthma care in Europe amounts to approximately €17.7 billion.[10] In 2002, there were over 1,400 deaths from asthma in the UK. Most of these deaths and many of the high number of hospital admissions for asthma each year could have been avoided through better routine and emergency care, avoiding delay in getting help during the attack, or by improved concordance with prescribed medications.[11] There are therefore important generalisable lessons that could be learnt from understanding possible shortcomings in asthma care, but this important knowledge base remains disparate despite the availability of national resources such as the RLS.

It is in our professional and patients' collective interests that primary care professionals in England and Wales engage much more with the RLS than has been the case hitherto (and this is also true with respect to primary care professionals engaging with similar initiatives being set up in other parts of the world). We urge primary care professionals with a particular interest in respiratory medicine to take the lead now in this respect and through so doing help ensure that we fulfil our essential responsibility of *primum non nocere*.

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