RCGP SCOTLAND
70 YEARS OF BEST PRACTICE

# RCGP Scotland consultation response
# Patient Safety Commissioner for Scotland Bill
# 14th December 2022

**1. What are your views on the establishment of a Patient Safety Commissioner to "scrutinise safety issues, deliver systematic improvements and amplify the patient voice in the provision of health care"?**

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland we exist to promote and maintain the highest standards of patient care. This response has been written in consultation with the RCGP Scotland Patient Forum.
The Forum aims are to:

- Promote partnership between patients and general practitioners
- Address patient concerns and needs
- Encourage and support the RCGP and its members to involve patients in their own care [1].

RCGP Scotland supports the establishment of a Patient Safety Commissioner (PSC). We share the ambition that establishing an independent body with oversight of the health landscape will deliver numerous benefits to the patient and wider delivery of healthcare in Scotland.

While the Independent Medicines and Medical Devices Safety Review, led by Baroness Cumberlege, had a narrower focus on 2 medications and 1 medical device [2], we welcome the broadening of scope for the Commissioner in Scotland to cover healthcare, including forensic medicine and are content with the definitions for these.
In September 2022 England appointed Dr Henrietta Hughes in the equivalent role [3]. Although the role in England is restricted to medicines and medical devices, we would still wish to see the progress of this role as it will enable knowledge sharing, bring wider health service gains and in turn determine the benefits of a broader scope.

**2. What are your views on the proposed role and responsibilities of the Patient Safety Commissioner?**

RCGP Scotland welcomes the proposed role and responsibilities of the PSC, in line with the Cumberlege Review recommendations.
The College welcomes the intention for the PSC to work with different organisations to provide integration on a system wide level. We also support the 8-year maximum length of term and the duty to report to Parliament.

RCGP Scotland is pleased that at least half of the advisory group members supporting the PSC will be representative of patients and very much welcomes the emphasis on strengthening the patient voice within the health system. The Patient Forum noted that this is an appropriate proportion of representation to champion patients' views alongside others with relevant expertise. While it might be assumed, we would also consider it important to guarantee clinical representation too.

There is clear evidence of a lag time between innovation or establishment that a medical device, medication or intervention is not safe, and implementation of change. We welcome the improvements and supportive care given to women taking Sodium Valproate and mesh implants especially following the national intervention. The PSC needs to fully understand the structures, processes and limitations round health service learning and development. Those not only need national guidance but time for clinicians and their teams to embrace and understand that and undertake any changes needed. Much of the work on Sodium Valproate for instance, is done in primary care, and requires ongoing, active monitoring work going forward. There is an evidence base for the barriers to implementation of guidelines, not mentioned in the consultation, but which will need to be considered.

RCGP Scotland warmly welcomes the Cabinet Secretary's recent announcement of the reinstatement of protected learning time (PLT) for practices and we consider that it is crucial to developing and maintaining safe practice for GPs and their teams to have adequate time to learn together.

We welcome that the PSC team will not duplicate the work of the Ombudsman and similar organisations outlined in the briefing. But there may be other existing organisations which overlap some of the proposed remit of the PSC and those need to be fully accounted for (the Mental Welfare Commission for Scotland and the NHS Alliance being just two examples). Just establishing the Scottish landscape round this will be a considerable piece of work.

**3. What are your views on the proposed powers of the Patient Safety Commissioner?**

The Patient Forum was clear that the Commissioner needs teeth if it is to effect change and secure greater transparency and accountability from healthcare providers.
The anecdotal experience of members of the Patient Forum has been that of disparity across Scotland in terms of transparency of reporting data and responsiveness to patient concern.

We therefore welcome the proposed powers to lead investigations, to compel the sharing of information, and to hold healthcare providers to account in their responsibility to listen to patients. We consider these powers crucial to the effective delivery of the ambition to "deliver systemic improvements."

The Commissioner highlights the need to listen to patients – and we fully support that – and maintain that practices should, and do, actively listen to patient concerns, and consider the needs of their patient population. However, there is little in the consultation to acknowledge the role of system failures due to lack of capacity, which we believe is a growing factor in compromising safety. Of those responding to our last RCGP Scotland Tracking Survey:

- 67% of respondents reported that their current working levels are over 110% of capacity, when considering their current workload and contracted hours.
- 67% of respondents feel so stressed they cannot cope at least once a month.
- 32% of respondents reported that their mental wellbeing while working in general practice over the past month has been poor
- Two thirds are unable to take a break of at least 10 minutes every day.

The GMC has acknowledged that at times standard approaches to care cannot be maintained due to a shortage of capacity and we are keen that a new PSC organisation fully understands the growing pressures on GPs and other health care providers, who can compromise their own health in caring for patients. The GMC acknowledges that "there is already sustained additional demand across all sectors and settings of health and care provision. This pressure is likely to be exacerbated by staff shortages due to sickness or caring responsibilities. The impact on staff both personally and professionally will be significant and potentially prolonged throughout the coming months" [4]. The GMC goes on to say: "In such challenging times, when you may need to depart from established procedures to care for people, we understand some could be fearful that they will be referred to your regulator" … and that there needs to be a "taking into account local realities and the need at times to adapt practice at times of significantly increased national pressure. In the unlikely event that you are referred to your professional regulator, they will consider the context you were working in at the time, including all relevant resources, guidelines or protocols."
There are now multiple unfortunate paradoxes:

- Additional work to improve safety in one area may lead to worsening of safety in others as we do not have enough doctors (in particular) to manage existing workloads, let alone new ones
- GPs want to serve their patients well and practices do want to respond to the local needs of their list populations, and we see this as a core strength of general practice. However, the GMC's letter also outlines that "It is the responsibility of all providers commissioned by the NHS and healthcare leaders to ensure that all clinicians working in their organisations are well supported in their work". NHS Boards commission practices but currently few GPs are working within the safe limits outlined by the BMA [5], many doctors undertaking twice the recommended limit (or more) of patient contacts each day. 88% of respondents to our latest tracking survey reported working longer than their contracted hours at least once or twice a week and only 36% reported that they are able to take breaks of ten minutes or more every day. The more recent BMA wellbeing survey indicates three quarters of GPs more likely to retire or leave, and three quarters more likely to reduce their hours after their experience of the last year [5].

This full picture of GP workload and stress needs to be fully understood and acknowledged, and we would hope the PCS would take a similar approach to the GMC on this very particular issue. However, despite those pressures, our RCGP tracking survey also indicates that GPs overwhelmingly want to support patients, and better patient outcomes.

- We strongly support the hearing of the patient voice and are pleased to have involved our Patient Forum in this response. But to ensure fair and transparent approaches for both NHS providers and the patients they serve, and for their being able to assess safety in its wider context, we also need a national conversation about what can now be realistically expected of the NHS.
  We know that GPs have been hugely demoralised by the inappropriate and negative narrative in the press, particularly round access, which can lead to a greater focus on emergency responses in terms of provision. . It also contributes to the current exodus of GPs, with falling numbers of Whole Time Equivalent Scottish GPs [6], and a static workforce since 2009, despite a huge expansion in workload. This can compromise safety in the practice environment. We believe that the press has amplified a small number of voices and that many remain hugely appreciative of what general practice can deliver. But without a sustainable general practice going forward, which would lead to the overwhelming of specialist systems too, it will become increasingly difficult to maintain safety across the system. Surveys indicate that a third of Scottish GPs plan to leave in the next 5 years which represents a huge risk to patient safety.
- A key area of safety is the interface between primary and secondary care, not mentioned in the consultation. It is estimated *"from national patient safety data that around 50% of errors occur at the interface"* [7] and we would be keen that this is mentioned in proposals going forward. RCGP Scotland continues to call for supported primary/secondary care interface groups in every Health Board area.

**4. What are your views on the appointment process for the Commissioner and the funding being provided to enable them to carry out their role?**

RCGP Scotland supports the appointment of the Commissioner through parliamentary processes to ensure the independence of the role.
The Cumberlege Report demonstrated how vital an independent role like this is for the voice of the patient, and the Patient Forum is keen to guarantee the longevity of the role.

The Patient Forum emphasised the disappointment that would be felt should future budgetary decisions cause the PSC to fold, and that the adequate level of funding should be confirmed by parliamentary procedure. We would also like to see consideration of the requirement of a vote of approval by the Scottish Parliament in order to agree the dissolution of the role.

**5. Would you like to see any changes to the Bill? If so, what?**

RCGP Scotland would like to see consideration of including carers in the roles and responsibilities of the Commissioner. Our Patient Forum rightly highlighted that many people in Scotland will become carers at some point in their lives, and this group deserve the same access and protections.

Our Patient Forum would also welcome discussion of the inclusion of social care in the remit of the Commissioner, reflecting, too, the new landscape of the National Care Service (NCS). We believe that the voice of those using social care services is important and discussion amongst the Health, Social Care and Sport Committee and the Scottish Government on this issue would be useful: we are aware that there may be overlap with the duties of the Care Inspectorate, and again that is an area where boundaries and areas of shared working would need to be defined.

The college would also welcome confirmation that access to the Commissioner will be free to use for the public.


[1] https://www.rcgp.org.uk/about/patient-groups
[2] CBP-9274.pdf (parliament.uk)
[3] Contacting the Patient Safety Commissioner for England - GOV.UK (www.gov.uk)
[4] https://www.gmc-uk.org/news/news-archive/winter-pressures---letter-to-the-profession
[5] BMA Scotland: Give GPs the tools they need to ensure longevity of general practice - BMA media centre - BMA
[6] General practice workforce survey 2022 - General practice workforce survey - Publications - Public Health Scotland
[7] https://www.rcgp.org.uk/getmedia/d8a19992-269d-4709-8656-659ce0dd35fd/RCGP-Scotland-Effective-Interface-Module-2017.pdf