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RCPE response to the Scottish Parliament's Health, Social Care & Sport Committee's Call for Views on the Patient Safety Commissioner for Scotland Bill.

- **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"?**

The Royal College of Physicians of Edinburgh (RCPE) is pleased to respond to the Committee's consultation on the Patient Safety Commissioner Bill.

In order to make our response as holistic as possible we also sought the views of members of our Lay Advisory Committee. Members of this Committee, on behalf of the College, contributed to the Scottish Government's previous pre-legislative consultation on this subject.

The RCPE has welcomed the Scottish Government's commitment to legislate in this area following the UK Government commissioned Independent Medicines and Medical Devices Safety Review report.

We consider that the appointment of a Patient Safety Commissioner is a positive development and has the potential to drive further improvements in patient safety. However, we are very clear that the Commissioner role must align with and complement existing patient safety processes, working closely with key elements of the current patient safety landscape where appropriate to recommend innovation and improvement at a systematic level, and must avoid the duplication of existing procedures. We consider that the Patient Safety Commissioner will be in a strong position take a lead and drive forward improvements where there is an identified need for these.

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

In general terms the RCPE considers that the proposed role and responsibilities of the Patient Safety Commissioner are appropriate.

Lay Committee members were pleased that the Scottish Government appears to have taken on board views they expressed during its earlier consultation and decided that the Commissioner should have responsibilities for all elements of patient safety and not just as they apply to medicines and medical devices.

We consider that it is important that the public be informed from an early stage that the Commissioner will not be responsible for investigating individual cases from patients- something which will remain primarily within the remit of the SPSO. We understand though that individual cases may inform broader issues being investigated by the Commissioner.

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

Again, we consider that the proposed powers of the Patient Safety Commissioner are broadly correct.

Given the importance of the role, it is correct that the Commissioner will be able to require people to provide relevant information when they are conducting formal investigations. Similarly it is appropriate that there is a requirement to respond to the Commissioner's reports. One of our Lay Advisers stated that having substantial powers may help hold public confidence in the Commissioner's role, something which is extremely important.

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

The RCPE welcomes the fact that the Scottish Parliament's Corporate Body will undertake the appointment of the Commissioner and considers that this will help establish the Commissioner's independence from government, something that will be of importance to many patients. In addition, we consider it is appropriate that, after year one, the SPCB will also be responsible for funding as this confirms that the Commissioner has the same independent status as other Parliamentary Commissioners.

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

Some members of the Lay Committee expressed a desire to see the Bill contain a clause that committed to a full and comprehensive assessment of the effectiveness, or otherwise, of the Commissioner after a set time period. In any case post legislative scrutiny in the future would be welcome.

As indicated above, the College would be interested to know more about what public information campaigns are planned to help the public, and indeed clinicians, better understand the new role of the Commissioner in broad terms and specifically in relation to the fact that the Commissioner will be looking at systemic patient safety issues rather than intervening in individual cases.

This may be outwith the Bill's precise requirements but it would be useful to understand whether and how the Commissioner might work with and share best practice with the Patient Safety Commissioner for England and indeed in other countries.