

Consultation on a Patient Safety Commissioner role for Scotland

March 2021



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* Plain English Campaign's Crystal Mark does not apply to pages 2-3 or 29.

Consultation arrangements

Responding to this Consultation

We are inviting responses to this consultation by 28 May 2021.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://consult.gov.scot/healthcare-quality-and-improvement/patient-safety-commissioner-role-for-scotland/>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 28 May 2021.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Patient Safety Commissioner Consultation Team
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at ConsultationPSC@gov.scot.

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Ministerial foreword



I am grateful to Baroness Cumberlege for her report on the Independent Medicines and Medical Devices Safety Review (see 1 below), and to the patients in Scotland – and the rest of the UK – who contributed to it. Their strength and courage in coming forward to talk about such a challenging and personal subject is to be admired.

It is clear to me, not just from Baroness Cumberlege's findings, but also from my own discussions with mesh-injured women and from families and professionals, that there is still much work to be done to make sure that patients' voices are not only heard, but are listened to and acted on, and that patients and members of the public feel that they can play a part in changing the service.

We are asking you to complete this consultation because we want to learn from your first-hand experiences of the NHS in Scotland. This is so that, when we act, we can do so based on what the people of Scotland tell us they need.

As many people will already be aware, in Scotland we already have many ways people can raise issues, concerns and complaints. Despite this, not everyone gets the outcome they would like from this, and not everyone feels they have been properly listened to or that their feedback will lead to change. As a result, relationships between patients and health and care providers can break down, with patients losing faith in the service. We need to address this, which is why having a Patient Safety Commissioner for Scotland is now a Programme for Government commitment.

Our commitment to patient safety has always been key to delivering healthcare, making sure that the NHS in Scotland provides high-quality, safe, effective and person-centred care to all patients every time they use health services.

I would like to thank the Patient Reference Group and the Specialist Reference Group for their valuable input to this process.

Thank you in advance for taking the time to respond to this consultation.

Jeane Freeman
Cabinet Secretary for Health and Sport

¹ [First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review](#)

Glossary

Devolved competence	Some matters are reserved to the UK Government at Westminster, meaning that only the UK Government can make laws on them. If a Scottish law is made that is not within devolved competence (that is, it is on a matter that is not within the powers of the Scottish Parliament to change), it becomes void, and so has no legal effect.
HIS	Healthcare Improvement Scotland
HPTs	Hormone pregnancy tests
Medicines	Medication or drugs used to treat or prevent a disease or an illness.
Medical devices	Any instrument, apparatus, appliance, software, implant, substance, material or other article the manufacturer intends to be used to promote health, to prevent, diagnose or treat disease, or for rehabilitation or long-term care.
MHRA	Medicines and Healthcare products Regulatory Agency
PASS	Patient Advice and Support Service
Patient Reference Group	Provides input to the Scottish Government on developing the proposals to appoint a Patient Safety Commissioner for Scotland.
SPCB	Scottish Parliamentary Corporate Body
Specialist Reference Group	Considers the roles and responsibilities of existing bodies and policies in Scotland to help set out how the Patient Safety Commissioner will work alongside these in Scotland.
SPSO	Scottish Public Services Ombudsman
SPSP	Scottish Patient Safety Programme

Chapter 1: Introduction

On 8 July 2020 'First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review' (the Cumberlege Review) was published. The review examined how the healthcare system in England responds to reports about harmful side effects from medicines and medical devices, and made recommendations on how to respond to concerns more quickly and effectively in the future.

Although the report focused on England, the issues it covered relate to all four of the UK nations, and people from Scotland also gave evidence to the review. We accepted all of the recommendations in the report, and agreed to put them in place, if we have devolved competence to do so.

A key recommendation within the report is:

'Recommendation 2: The appointment of a Patient Safety Commissioner who would be an independent public leader with a statutory responsibility. The Commissioner would champion the value of listening to patients and promoting users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices.'

Scottish Ministers committed, in 'Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020-2021', to creating the role of Patient Safety Commissioner. This consultation supports that commitment, and we would like the views of the public and other interested parties on what the role of Patient Safety Commissioner should be and who they should report to.

We have set up a Patient Reference Group, whose task will be to provide input to developing proposals to appoint the Patient Safety Commissioner, and to represent and connect with their own wider networks. We sent an open invitation to join this group to patient and interest groups covering the following three medical interventions included in Baroness Cumberlege's review:

- Those who received hormone pregnancy tests (HPTs), such as Primodos.
- Those who were adversely affected by sodium valproate during pregnancy.
- Those who have had pelvic mesh implants.

Legislation and supporting policies are already in place, together with a number of organisations that aim to continuously improve patient safety and make sure that patients' voices are heard in Scotland. The Patient Safety Commissioner role must add further benefit for patients in Scotland, rather than duplicating what already exists. With this in mind, a Specialist Reference Group, made up of various bodies who have a role in making sure patients' voices are heard, was also formed. Its job is to consider the roles and responsibilities of existing bodies, as well as the current policies in Scotland, to help identify any gaps.

The work of both the Patient Reference Group and the Specialist Reference Group continues, and they will play a part in deciding the next steps once we have looked at the responses to this consultation.

Chapter 2: The Patient Safety Commissioner role

Baroness Cumberlege was asked to investigate what had happened in relation to two medications and one medical device: HPTs, sodium valproate and pelvic mesh implants. As a result, the recommendations in 'First Do No Harm' focus specifically on medicines and medical devices, with recommendation 2 stating that 'the Commissioner would champion the value of listening to patients and promoting users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices'.

In line with this, our commitment for Scotland is that the Patient Safety Commissioner would focus first on patient safety in these areas and then possibly expand to cover other areas in the future.

This limited initial role may present challenges in separating safety issues to do with medicines and medical devices from wider safety issues. This could confuse patients, who may want to highlight a safety issue which does not relate to a medicine or medical device.

We recognise that this role will be limited at first. However, this would allow the Patient Safety Commissioner the time they need to build up enough knowledge and understanding of the key issues related to specific topics, and the Patient Reference Group felt this was an important part of the role. With this in mind, and given the potential range of the role, it is very likely that the Patient Safety Commissioner would not be an individual working alone, but part of a larger body, and maybe have a support team.

Question 1: Do you agree that the Patient Safety Commissioner role should first focus on medicines and medical devices, as set out in the Cumberlege Review?

Yes

No

Don't know

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 2: If the role were to expand in the future, which specific aspects of patient safety do you feel the Patient Safety Commissioner should focus on?

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Chapter 3: Independence of the Patient Safety Commissioner

In 'First Do No Harm', Baroness Cumberlege set out, and has repeated many times, that the Patient Safety Commissioner must be independent. The Patient Reference Group has indicated that the Patient Safety Commissioner must be independent of both the NHS and the Government. However, it is important that, as well as being an independent role, the commissioner should be accountable in some way, given the considerable responsibilities they will have.

During the Parliamentary debate on 8 September 2020, Alex Neil MSP suggested that the Patient Safety Commissioner should report to the Scottish Parliament, like the Children and Young People's Commissioner Scotland and the Scottish Information Commissioner. They would be nominated by the whole Scottish Parliament and appointed by the Queen.

Or, the Patient Safety Commissioner role could be set up in a similar way to the Scottish Veterans Commissioner (SVC). The SVC is appointed by Scottish Ministers but is a non-statutory role, meaning that it is not established in law, and is mainly accountable to the veterans' community rather than to the Scottish Parliament or the Scottish Government. They provide independent advice to both the Scottish Government and the UK Government, as well as other public-sector organisations.

Question 3: Do you believe that the Patient Safety Commissioner should be independent of the Scottish Government?

Yes
No
Don't know

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 4: Do you believe that the Patient Safety Commissioner should be independent of the NHS?

Yes
No
Don't know

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 5: Who should the Patient Safety Commissioner be accountable to?

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Chapter 4: Functions of the Patient Safety Commissioner

What has come across clearly, both from ‘First Do No Harm’ and the Patient Reference Group, is that patients need to be treated with dignity and respect, they need to be listened to, and their voices need to be stronger so that they can influence changes to the healthcare system. However, what is less clear is how we can achieve this.

Table 1 describes some of the policies, processes, organisations and areas of legislation that aim to support patients to be heard, and yet discussions with the Patient Reference Group have made it clear that there are gaps in this framework. It is vital that the Patient Safety Commissioner role adds benefit for patients, rather than duplicating what already exists.

Table 1: Supporting patients’ voices in the healthcare system in Scotland

Name or title	Description
Patient Rights (Scotland) Act 2011 (see 2 below)	<p>The act aims to improve your experience of using health services and to support you to become more involved in your health and healthcare.</p> <p>It gives you the right to know that the healthcare you receive will consider your needs and what would most benefit your health and wellbeing. It also encourages you to take part in decisions about your health and wellbeing, and gives you the information and support you need to do so. It sets out that NHS bodies should encourage patients to give feedback or comments, or raise concerns or complaints, on healthcare.</p>
Charter of Patient Rights and Responsibilities	<p>Under the Patient Rights (Scotland) Act 2011, Scottish Ministers have published a Charter of Patient Rights and Responsibilities, which summarises the duties of relevant NHS bodies and the behaviour expected from people using services.</p> <p>The charter states that everyone’s needs, preferences, culture, beliefs, values and level of understanding will be taken into account and respected when they use NHS services. You have the right to ask those providing your care whether the care they suggest is right for you and if they can suggest any alternatives.</p> <p>The charter also states that you have the right to be given all the information you need about your medicines, any possible side effects, and other options which may be available, in a way you can understand.</p> <p>Also, it states that you have the right to be involved in decisions about your care and treatment, and be able</p>

² [Patient Rights \(Scotland\) Act 2011](#)

	<p>to take an active part in discussions and decisions about your health and treatment.</p>
NHS complaints process	<p>As set out in the Patient Rights (Scotland) Act 2011, you have a right to give feedback on, or to make a complaint about, the care you have received from the NHS, and your NHS Board should encourage you to do so.</p> <p>You should make your complaint to the person or organisation that you are complaining about (for example, if it is a complaint about a GP, make your complaint to the surgery). If you do not want to make a direct complaint, or your complaint has not been sorted out, you should contact your local Health Board or Special Health Board.</p>
Scottish Public Services Ombudsman (SPSO)	<p>The SPSO is the final stage for complaints about most devolved public services, including the NHS.</p> <p>If you are unhappy with the Health Board's final decision about your complaint (see above), you can ask the SPSO to review it. The SPSO can look at what your complaint is about and the decisions medical professionals made. They can make recommendations on how individuals' complaints can be resolved and on how systems can be improved.</p> <p>The SPSO is also the complaints standards authority. They have a duty to monitor, share best practice on complaints handling, and set up complaints procedures for organisations, including the NHS, and they must follow these procedures by law. In this role, the SPSO provides support and training for those handling complaints.</p> <p>The SPSO's services are free and independent, and their powers and duties come mainly from the Scottish Public Services Ombudsman Act 2002. The SPSO is a Scottish Parliamentary Supported Body, with the same level of independence as the commissioners mentioned in chapter 3.</p>
Patient Advice and Support Service (PASS)	<p>For help and advice with complaints, you can contact your local PASS.</p> <p>PASS was set up by the Patient Rights (Scotland) Act 2011 to provide advice and support services to patients and other members of the public in relation to the health service.</p>

	<p>PASS:</p> <ul style="list-style-type: none"> • promotes an awareness and understanding of patients' rights and responsibilities (and in particular, promotes awareness of the Charter of Patient Rights and Responsibilities); • advises and supports people who want to give feedback or comments or raise concerns or complaints about healthcare; • provides information and advice on matters it considers people using the health service would be interested in; and • makes people aware of and, if appropriate, directs them to: <ul style="list-style-type: none"> ○ other sources of advice and support; and ○ those who can represent them (for example, advocates).
Care Opinion	<p>The Care Opinion website allows you to share your experience of health or care services online, and is another way of providing feedback on services provided by the NHS.</p> <p>Care Opinion is a non-profit community-interest company. They read the stories they receive and, where appropriate, publish them on their website. They also try to email relevant staff in the services a copy of the story (if these services are signed up to Care Opinion). Often staff will reply to the stories on the website.</p>
Regulatory bodies	<p>You can complain to the relevant healthcare professional bodies (see 3 below) (for instance, the General Medical Council, General Pharmaceutical Council and Nursing and Midwifery Council) if you have serious concerns about a health or care worker's fitness to practise.</p> <p>These bodies hold the lists of healthcare professionals who are licensed to practise in the UK.</p>
Organisational Duty of Candour Procedure	<p>The organisational Duty of Candour legislation (see 4 below) sets out the procedure that organisations providing health services, care services and social work services in Scotland must follow by law when there has been an unintended or unexpected incident that results in death or harm (or further treatment is</p>

³ [Who regulates health and social care?](#) (Health and Safety Executive)

⁴ The organisational Duty of Candour provisions of the [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#) and [The Duty of Candour Procedure \(Scotland\) Regulations 2018](#)

	<p>needed to prevent injury that would result in death or harm).</p> <p>The purpose of the legislation is to make sure that organisations tell those affected that an unintended or unexpected incident has happened, apologise, involve them in meetings about the incident, review what happened so they can find areas that could be improved, and learn from the incident (taking account of the views of relevant people).</p>
<p>Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme</p>	<p>Through the Yellow Card Scheme, patients and members of the public can report a suspected problem with a medicine or medical device to the MHRA.</p> <p>The MHRA regulate medicines, medical devices and blood components for transfusion in the UK.</p>

As you can see from table 1, many people and organisations are already trying to support patients' voices in the healthcare system in Scotland. The Patient Reference Group has discussed the need for better communication between the various parts of the healthcare system, both in Scotland and more widely across the UK (including regulatory bodies), as well as with other bodies with an interest in providing safe healthcare (for example, charities and the voluntary sector, such as Patients Associations). The Patient Reference Group suggested that the Patient Safety Commissioner may have a role in looking at this.

Further discussions on the role of a Patient Safety Commissioner have focused on how this will be carried out – for instance, whether the commissioner would deal with patients and members of the public case by case, or work with existing bodies and healthcare services to see which issues they need to look at.

We also need to consider how the Patient Safety Commissioner role will add to, rather than duplicate, what is already in place, and how they would make sure that they are truly representing the views of patients.

The Patient Reference Group has also discussed the importance of the professional background of the person appointed as Patient Safety Commissioner. Some members felt they should have a legal background, others a clinical background, and some suggested it shouldn't matter, as long as the person had a good knowledge and understanding of the issues they were dealing with and was approachable and genuinely interested in improving the safety of the health service. The group did think it was important that the person appointed must have the power to influence real change (which we discuss further in chapter 5).

As we noted in chapter 2, it is unlikely that the Patient Safety Commissioner would be working alone. Instead, they would be part of a larger body or would have a support network, made up of people from a range of professional backgrounds.

Question 6: How much do you know about existing policies and organisations already in place (listed in table 1 on page 11) to support patients' voices to be heard within the healthcare system?

- Very aware (I have heard of all of them)
- Quite aware (I have heard of most of them)
- Not very aware (I have heard of a few of them)
- Not aware at all (I have not heard of any of them)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 7: In your view, despite the existing ways patients can make their voices heard (listed in table 1 on page 11), why do you think people still feel that this is not happening?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 8: In your view, what should the main functions of the Patient Safety Commissioner be?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 9: What skills and expertise do you think the Patient Safety Commissioner needs to carry out their role?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 10: What support do you think the Patient Safety Commissioner would need?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Chapter 5: Powers of the Patient Safety Commissioner

A key point, raised by both Baroness Cumberlege and the Patient Reference Group, is the need for the Patient Safety Commissioner to have statutory powers. This means the role would need to be created in law, which is likely to take some time due to the Parliamentary process that is necessary to bring it about. We may be able to set up the role without legislation, for example by making it part of an existing organisation such as Healthcare Improvement Scotland. The commissioner could still carry out their role and build on existing relationships and processes, rather than creating an entirely new operation. This would mean that we could set the role up more quickly and the commissioner could begin work sooner. However, depending on the organisation that the role is within, it may not be entirely independent of the Scottish Government or the NHS. Or, we may be able to set the Patient Safety Commissioner up as a company without going through the legal process.

Establishing the role in law would allow the Scottish Parliament to grant powers to the Patient Safety Commissioner and to place duties on some bodies to work with them. However, even if the role is established in law, the commissioner's powers would be limited. For instance, as regulating medicines and medical devices is a reserved issue (that is, legislation on these matters can only be introduced or changed by the Westminster Government), any Scottish legislation could not, for example, competently place duties on the Medicines and Healthcare products Regulatory Agency (MHRA) to meet the recommendations of the Scottish Patient Safety Commissioner. However, the Scottish Patient Safety Commissioner could possibly be given a role to try to work with regulatory bodies such as the MHRA to improve patient safety.

We need to consider what powers the Patient Safety Commissioner will have and the challenges that these powers bring to the role. A lot of the Patient Reference Group's discussion focused on the lack of trust in the NHS and the Government, and on people feeling let down.

A major challenge for the Patient Safety Commissioner will be to work with others to continue to create a safe space for those working in the health service to admit faults or mistakes without fearing repercussions, so that they and others can learn from these mistakes. Achieving this culture of openness and learning is one of the key principles of the organisational Duty of Candour legislation, and continues to be a focus for organisations such as HIS, through programmes of work such as the Improvement Hub (iHub), which incorporates the Scottish Patient Safety Programme (SPSP), and Health Boards' reporting adverse events using the HIS Adverse Event Framework (see 5 below).

⁵ Learning from adverse events through reporting and review - A national framework for Scotland: December 2019 (healthcareimprovementscotland.org)

Question 11: Do you think that the Patient Safety Commissioner role should be established in law?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Chapter 6: Impact assessments

As we develop proposals for a Patient Safety Commissioner role for Scotland we will be carrying out impact assessments.

The aim of these assessments is to identify issues which may affect some groups more than others, and to consider how we might deal with these issues. For example, some people could find it challenging to access the Patient Safety Commissioner, or to get information about the support they provide, due to a language or communication barrier.

Question 12: What are your views on how creating a Patient Safety Commissioner might affect the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 13: The Fairer Scotland Duty places a legal responsibility on certain public bodies in Scotland to actively consider how they can reduce inequalities caused mainly by people's financial situation. What are your views on how having a Patient Safety Commissioner might affect this inequality?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 14: If you live in an Island Community, what are your views on how having a Patient Safety Commissioner might affect access to safe, high-quality public services where you live?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 15: What are your views on how having a Patient Safety Commissioner might affect respecting, protecting and fulfilling the rights of children and young people as set out in the UN Convention on the Rights of the Child?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Chapter 7: Final comments

Question 16: Do you have any further comments on the Patient Safety Commissioner role that you haven't covered in your responses to the previous questions?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Annex A: Summary of questions

Question 1: Do you agree that the Patient Safety Commissioner role should first focus on medicines and medical devices, as set out in the Cumberlege Review?

Yes
No
Don't know

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 2: If the role were to expand in the future, which specific aspects of patient safety do you feel the Patient Safety Commissioner should focus on?

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 3: Do you believe that the Patient Safety Commissioner should be independent of the Scottish Government?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 4: Do you believe that the Patient Safety Commissioner should be independent of the NHS?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 5: Who should the Patient Safety Commissioner be accountable to?

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 6: How much do you know about existing policies and organisations already in place (listed in table 1 on page 11) to support patients' voices to be heard within the healthcare system?

- | | |
|--|--------------------------|
| Very aware (I have heard of all of them) | <input type="checkbox"/> |
| Quite aware (I have heard of most of them) | <input type="checkbox"/> |
| Not very aware (I have heard of a few of them) | <input type="checkbox"/> |
| Not aware at all (I have not heard of any of them) | <input type="checkbox"/> |

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 7: In your view, despite the existing ways patients can make their voices heard (listed in table 1 on page 11), why do you think people still feel that this is not happening?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 8: In your view, what should the main functions of the Patient Safety Commissioner be?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 9: What skills and expertise do you think the Patient Safety Commissioner needs to carry out their role?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 10: What support do you think the Patient Safety Commissioner would need?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 11: Do you think that the Patient Safety Commissioner role should be established in law?

- Yes
- No
- Don't know

Please give reasons for your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

Question 12: What are your views on how creating a Patient Safety Commissioner might affect the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sex?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

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Question 14: If you live in an Island Community, what are your views on how having a Patient Safety Commissioner might affect access to safe, high-quality public services where you live?

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Question 16: Do you have any further comments on the Patient Safety Commissioner role that you haven't covered in your responses to the previous questions?

Please give your response in the box below. Please be as specific as you can, and include any resources or references to evidence on this topic that we should consider.

ANNEX B: RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
 No

* Plain English Campaign's Crystal Mark does not apply to this page.



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