

A Patient Safety Commissioner role in Scotland consultation response

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?

Our research and experience show that patients struggle to navigate the healthcare complaints landscape. There is an acknowledged need for better communication between the different parts of the healthcare system as well as with other bodies with an interest in providing safe healthcare. Identifying the gaps, enhancing communications, and working collaboratively across organisations that aim to support patients raising concerns will improve the patient experience and help to resolve this widely acknowledged frustration.

The General Medical Council (GMC) helps safeguard the safety of patients and the public, we ensure their voices are heard and we deal with concerns that relate to a doctor's overall fitness to practise. We investigate when we believe a doctor poses a serious risk to patients or has [significantly or repeatedly failed to meet our standards](#).

Most of the concerns that the public raise with us do not meet our Fitness to Practise thresholds or are not issues that the GMC can address and would instead be better placed with another organisation. In 2019, 69 percent of all concerns that we received were from members of the public, but from those, 81 percent were closed without further action, meaning they did not progress to provisional enquiry or full investigation.

This has been supported by a piece of research – [Why do many public concerns that would be better directed to another organisation come to the GMC?](#) – which was commissioned to help us understand why patients and the public may make a complaint about a doctor to the GMC, as opposed to, or in addition to, other organisations within the complaints landscape. The research found evidence on why this was the case and what could be done to help direct patients to the right organisation in the first instance.

Consequently, we have established our Better Signposting programme, which aims to support the public to understand and navigate the healthcare complaints landscape and improve patients' experience by ensuring they raise their concerns to the right organisation and get the earliest possible resolution. New guidance has been produced to improve signposting to other organisations who may be better placed to deal with a concern. In December 2020, we published a revised [online complaint form](#) and [signposting](#)

[decision tool](#), making it more user-friendly, informative and clear for patients to understand what the GMC can and cannot do.

The GMC also launched a pilot of the Local First project in 2020. This encouraged local resolution of complaints with the assurance of quality and consistent local systems, supporting the efficient closure of cases, reducing the impact on doctors, and achieving more timely resolution of complaints for patients.

Both projects aim to continue to improve patient and public understanding of the GMC and to prioritise better collaboration with our regulatory partners. Nevertheless, further consideration needs to be given to enhancing communications between the listed organisations and creating mechanisms that ensure an effective understanding of each other's functions in order to effectively signpost patients who wish to raise a concern.

Encouraging collaboration across the listed organisations to help guide patients through the healthcare complaints system in Scotland will improve patient experience and help them find resolution to their concerns.

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?

We note that through the course of its work, the Commissioner may receive evidence which highlights a particular concern with the delivery of care that reflects an underlying systemic issue or may suggest impaired fitness to practise on the part of a health and social care professional. In such cases, and for the purpose of public protection, it will be essential to ensure that such information is disclosed in a timely manner to the relevant regulatory body to enable it to investigate these concerns further, where appropriate to do so. Equally, during the course of their investigations, regulators may in turn identify thematic issues that might be helpful to the Commissioner.

Therefore, we would welcome further clarification on how the Commissioner will interact and share relevant information with regulatory bodies and the arrangements that will be needed to support this. We would be happy to continue to work with the Scottish Government and/or the Commissioner to consider this.

Finally, we welcome the opportunity to respond to this consultation. Given our expertise, our response has only focused on answering questions 7 and 16, as we believe other organisations are best placed to inform other aspects of the Commissioner's role that are featured in this consultation. However, we look forward to continuing to inform and support the creation of a Patient Safety Commissioner in Scotland through our membership in the Specialist Reference Group.