

Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU



3 August 2021

Dear Sirs

### **Consultation on the Appointment and Operation of the Patient Safety Commissioner**

While we appreciate that the remit of the Patient Safety Commissioner has now been enshrined in legislation, we remain disappointed that the scope of the Patient Safety Commissioner role will not be broader. Although the patient safety areas that are the focus of the “First Do No Harm” report – defective medical devices and products - are important, there is a need to look at patient safety as a whole throughout the entire healthcare system. The NHS Patient Safety Strategy estimates 11,000 deaths per year resulting from patient safety incidents<sup>1</sup>. Clearly, there are deep-seated issues that need to be addressed - the “First Do No Harm” report found that the healthcare system is disjointed, siloed, unresponsive and defensive<sup>2</sup> – but with such a narrow remit, we question the effectiveness of the Patient Safety Commissioner in improving the experience for patients. The need for patients and their families to understand what happened to them and why, and to ensure that it does not happen to others, is a primary focus for the majority of patients who have suffered harm, not just those who have suffered as a result of defective medical devices and products. It is important that solutions are found for the system as a whole, not just a niche group of litigants. In order to drive real change, the Patient Safety Commissioner role must cover patient safety throughout the entire healthcare system.

In relation to the appointment and operation of the Patient Safety Commissioner, it is vital that the Commissioner is independent of the NHS and political influence and has statutory powers to enforce the duty of candour. This will also enable them to hold the Government and the NHS accountable for failings in patient care and be a champion for those affected by adverse effects and avoidable harm.

### **Proposals that Secretary of State should fund the operation of the Patient Safety Commissioner and the Patient Safety Commissioner should provide accounts to the Secretary of State**

The Patient Safety Commissioner should be completely independent of the government, and should be accountable to parliament in a general way, rather than accountable to the Government or any political party. The Commissioner must be free of political influence to

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<sup>1</sup> Pg 4 IPPR “Better than Cure” Injury Prevention Policy

<sup>2</sup> Pg 4 First Do No Harm – The report of the Independent Medicines and Medical Devices Safety Review

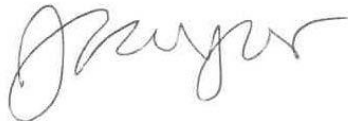
hold the Government and its agencies accountable, and make real change to improve healthcare services for the public.

**Proposal that the Patient Safety Commissioner may appoint an advisory panel, whose members will have a broad range of relevant interests, such as experience and/or knowledge of the health system, sectors and types of patient experiences**

We suggest that the advisory panel to support the Patient Safety Commissioner should include those who have experience and knowledge of the health system, sectors and types of patient experiences, those who have analytical experience in order to assess data and establish trends of adverse effects to investigate. It would also be beneficial if the supporting team had some legal knowledge, although a well-defined and easy to follow legal structure should be available to assist the Commissioner with driving and enforcing change.

We hope that our comments prove useful. Any queries about this response should be directed to Alice Taylor, [alice.taylor@apil.org.uk](mailto:alice.taylor@apil.org.uk) in the first instance.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Alice Taylor', written in a cursive style.

Alice Taylor