**[Patient Safety Commissioner](https://www.gov.scot/publications/consultation-patient-safety-commissioner-role-scotland/)**

Scottish Government

April 2021

**This consultation seeks views on what the Patient Safety Commissioner role should look like, who they should report to, and how the role should interact with existing legislation and policies.**

**Do you believe that the Patient Safety Commissioner should be independent of the Scottish Government?**

Yes

**Do you believe that the Patient Safety Commissioner should be independent of the NHS?**

Yes

**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.**

We believe the Patient Safety Commissioner should be appointed by and accountable to the Scottish Parliament in the same way the Children and Young People’s Commissioner is.

**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?**

Quite aware (I have heard of most of them)

**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.**

For older people to be able to have their voices heard a range of methods in which they can do so must be available. However, as a starting point access to independent information and advice that is available face to face, by telephone, by paper, and online is essential. Indeed figures from the latest Scottish Household Survey suggest around 44% of over 60s do not use the internet[[1]](#footnote-2) highlighting the importance that services should not be digital by default.

Information must also be accessible and in a variety of formats such as British Sign Language, audio, braille, easy read, and should be dementia friendly. This will help to enable older people to have their say by making the process as accessible as possible.

We know from our helpline, which provides free information, friendship and advice, that in many cases people are afraid to raise complaints about the standard of care they receive, either in a care home, in the community, or in hospital in case it will impact the support and services they receive negatively. This is potentially an area where a Patient Safety Commissioner can act as a neutral and independent body where they can provide reassurance that by raising a concern there will be no consequences for doing so.

**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.**

Age Scotland believes that the main functions of the Commissioner should be to protect and enable patient rights as well as investigate instances where concerns about patient safety have been raised. These should be the guiding principles to their work and any case work that they pursue.

**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**

While there may be a benefit for the Commissioner to have a legal or medical background, what is essential is that their values are based on the principles of dignity and respect and that they are able to show empathy when working with patients who have raised safety concerns.

**Do you think that the Patient Safety Commissioner role should be established in law?**

Don’t know

**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.**

It could have a positive impact on older people who, for reasons outlined earlier, would have a stronger route to action and be able to highlight their experiences without concern that the support or services they receive would be impacted. It could also help older people navigate the wide range of agencies and organisations available for different purposes and cut through the communication challenges which arise with so many parts of the healthcare system.

**Want to find out more?**

As Scotland’s national charity supporting people over the age of 50, Age Scotland works to improve older people’s lives and promote their rights and interests. We aim to help people love later life, whatever their circumstances. We want Scotland to be the best place in the world to grow older.

Our Policy, Communications and Campaigns team research, analyse and comment on a wide range of public policy issues affecting older people in Scotland.

Our work is guided by the views and needs of older people themselves.

**Further information**

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[www.agescotland.org.uk](http://www.agescotland.org.uk)

1. <https://www.gov.scot/publications/scottish-household-survey-2019-key-findings/pages/9/> [↑](#footnote-ref-2)