Framework for involving patients in patient safety

Response to consultation questions

1. What is your name?

Name: **Heidi Wright**

2. What is your email address? If you enter your email address, then you will automatically receive an acknowledgement email when you submit your response.

Email: **Heidi.wright@rpharms.com**

3. Are you responding as: An organisation? **Yes**

 4. If responding on behalf of an organisation, which organisation do you represent?

Organisation name: **Royal Pharmaceutical Society (RPS)**

5. Does the draft Patient Safety Partner Framework provide sufficient guidance about supporting patients to be involved in their own safety?

- **Yes (broadly)**

If there are any additional approaches you would like to share, please use the box below:

- **Overall, the document is more weighted to the new PSP role. We think more guidance could be added on how to the support PATIENTS to be involved in their own safety.**

- **There seems to be more emphasis on reporting actual safety incidents that have resulted in harm than in reporting circumstances that could have led to harm. Much can be learned from patients about lower severity incidents and near-misses.**

- **While all the recommendations about patients being encouraged to be proactive are excellent, this will not happen unless health care staff are trained to facilitate it. Too often we hear staff are rushed and do not always encourage patients to ask questions, or they may conduct a consultation in a public area where it would not be easy for the patient to ask questions that need clarification or share additional concerns.**

- **We believe the document should place greater emphasis on organisations having a patient-centred environment which facilitates patient involvement, and a more proactive approach to encouraging patients to put concerns in writing. Managing complaints verbally means things are not escalated, which is good, but does not keep an audit trail or allow people to learn (including individual staff to hear any concerns expressed).**

- **We felt that there should be a greater emphasis on patient safety in community settings and have signposted an example under question 15.**

6. Are there any challenges to involving patients more in their own safety that we have not recognised?

- **Yes**

Please use this box to provide any details:

- **See some of the comments under Q5 above.**

- **The diversity of safety issues may be quite wide ranging, which may be challenging to manage in terms of the PSP expectations and understanding.**

7. Do you agree with the principles of how Patient Safety Partners should be involved in an organisation's patient safety work?

- **Yes (but see comment below)**

Would you suggest any others?

- **It needs to be recognised that there may be variations depending on the individual's interest and degree to which they want to be involved. The role description and term need to be adaptive to be able to accommodate this; that may have implications for financial planning.**

- **Consideration should be given tor how this role overlaps that of Patient Governors. Is this a rebadging or in addition to existing roles?**

- **Some organisations have involved patients in safety research and improvement activities as partners and on a co-design principle. This may be an option for organisations with mature patient safety partner involvement.**

8. Do you agree generally that organisations should not appoint employees as Patient Safety Partners?

- **There are differing views on this (see below)**

Please use this box to provide any further comments

- **Some members believed that PSPs who were employees could find it difficult to maintain independence, since a PSP needs to be able to have full freedom to be able to raise any issues, whenever they believed it necessary.**

- **Other Group members felt that felt it would be inappropriate to ask PSPs to carry out the roles as described in role 3 of appendix 4 (page 49) for only out-of-pocket expenses, and to ensure PSPs felt valued and an equal part of the team they should be formally recognised and paid accordingly.**

- **A third view was that either approach was feasible, and perhaps the organisation should be able to decide.**

- **The Involve guidelines produced by NIHR were cited as example of a helpful policy on covering payments and expenses members of the public and could possibly be relevant to PSP reimbursement**
  https://www.invo.or g.uk/wp-content/uploads/2016/05/INVOLVE-internal-payment-policy-2016-final-1.pdf

9. Does the draft framework provide sufficient guidance to help organisations to introduce Patient Safety Partners in order to support their patient safety work?

- **No**

If not, what is missing?

- **The Yellow Card Scheme (run by the Medicines and Healthcare Products Regulatory Agency [MHRA]) for reporting suspected adverse drug reactions is an important and valuable component of patient (medicines) safety and can be used by patients, carers and HCPs. It is not mentioned in the framework but should be included in training and induction of PSPs.**

10. Do you agree it is achievable for organisations to have two Patient Safety Partners (PSPs) on each safety related clinical governance committee (or equivalent) by April 2021?

- **No**

Please use this box to provide any comments

- **This timeline could be difficult to achieve in the present circumstances in the NHS.**

- **The answer also depends on definition of *each* safety related governance committee [does this mean organisation-board level?] as larger organisations may have multiple committees, and this aspiration might not be practically or financially sustainable.**

- **At some stage, a recruitment process with clear timelines will be needed to encourage volunteers.**

11. We estimate organisations may need to invest around £6,000 per year in Patient Safety Partner work. Do you agree with this estimate?

- **Yes (broadly) but see comment below.**

Please use this box to provide any comments

- **This seems a reasonable estimate, although some of us felt it might sometimes end up costing more (even up to £12K.), depending on the size of the organisation.**

12. Is this investment of resources reasonable and achievable for trusts/providers?

- **Yes**

If yes, how do you think this could be funded?

13. The draft framework identifies a number of elements of training that we think Patient Safety Partners would benefit from. Do you agree with these?

- **No**

Are there any other elements of training you would suggest?

- **Training about the Yellow Card Scheme (see response to Question 9).**

Roles for Patient Safety Partners

We have identified a number of potential roles for Patient Safety Partners to support an organisation's patient safety work, these include:

- membership of safety and quality committees, including the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards
- involvement in staff training
- participation in investigation oversight groups.

14. Do you agree that these are appropriate roles?

- **Yes**

Please provide any comments or further suggestions:

15. Are you aware of/is your organisation taking any additional approaches to involving patients and the public in patient safety work?

Please share any examples:

- **Imperial – involving patients in research**

https://www.imperial.ac.uk/patient-safety-translational-research-centre/patient--public-involvement/

- **GOSH – patients raising safety concerns**

https://www.gosh.nhs.uk/parents-and-visitors/advice-when-you-stay/if-you-see-it-say-it-raising-concerns-about-your-child

- **Bangor – patient powered safety**

    https://www.eventbrite.co.uk/e/patient-powered-safety-tickets-97086443165?aff=erelexpmlt

- **Wessex AHSN**

Wessex AHSN - https://wessexahsn.org.uk/projects/143/patient-engagement-working-with-patient-partners-co-design

- **NIHR GM PSTRC**

A community pharmacy approach to prompting patients to ask questions when collecting their prescriptions from the pharmacy

https://gmpstrc.wordpress.com/2016/10/18/community-pharmacy-patient-safety-collaborative-involving-the-patient/

- **Manchester Framework: Capturing Patients' Perspectives on Medication Safety. The Development of a Patient-Centred Medication Safety Framework**

https://journals.lww.com/journalpatientsafety/Abstract/publishahead/Capturing_Patients__Perspectives_on_Medication.99268.aspx

16. Outside of NHS trusts, some individual sites, branches or practices are part of larger groups or chains of healthcare providers. In your view, should the following types of organisation appoint Patient Safety Partners at each individual branch/site or to support patient safety work across the whole group?

	Community pharmacy, including those in groups (e.g. Boots, Lloyds etc.)	Care home (including those in groups)	General practice	Dental care/similar small practices (ego podiatry)
Patient Safety Partners appointed at each branch/site	☐	☐	☐	☐
Patient Safety Partners appointed to represent the whole group	☑	☑	☑	☑

- **We also believe homecare services should be added to this list**

17. Please use the box below if you have any other comments on our draft Framework for involving patients in patient safety.

- **The document states (Page 24) that**

  "Before an organisation recruits PSPs, its most senior managers should consider if they are ready as leaders to provide an effective culture for PSPs. Tokenistic attempts to introduce PSPs are likely to be detrimental overall. As an example, boards could consider the patient stories they have heard over the previous few years and ask whether they can identify relevant, effective and sustainable improvements from these. If the answer is no, the organisation is unlikely to be ready to recruit PSPs".

  It would be helpful if the document could signpost here some of the steps that should be taken to ensure organisations build up to a culture which value PSPs?