

## RNIB Scotland response to the Scottish Parliament Health, Social Care and Sport Committee Call for Views on the [Patient Safety Commissioner for Scotland Bill](https://www.parliament.scot/bills-and-laws/bills/patient-safety-commissioner-for-scotland-bill/introduced)

## About you

### 1. Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.

[Privacy notice](https://yourviews.parliament.scot/ecyp/disabled-transitions-detailed-call-for-views/#pasted-question-163352812831-52166-163352812844-46704)

[A privacy notice for young people submitting their views to committees is available to read here](https://www.parliament.scot/about/information-rights/data-protection/privacy-notices/committees-submitting-your-views-to-a-committee-young-person).

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(Required) I would like my response to be published in its entirety

If you do not want your response to be published in its entirety and would like to discuss your options, please contact the Committee before making your submission: [HSCS.committee@parliament.scot](https://yourviews.parliament.scot/health/patient-safety-commissioner-for-scotland-bill/HSCS.committee%40parliament.scot%20%C2%A0)

### 3. What is your name?

Dr Catriona Burness, Parliamentary & Policy Manager, RNIB Scotland

Kirstie Henderson, Policy Officer, RNIB Scotland

### 4. 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 (Required)

catriona.burness@rnib.org.uk; and kirstie.henderson@rnib.org.uk.

### 5. Are you responding as an individual or on behalf of an organisation?

 Individual Organisation

### 6. Name of organisation

Name of organisation (Required)

Royal National Institute of Blind People (RNIB) Scotland

### 7. Information about your organisation

Please add information about your organisation in the box below

The Royal National Institute of Blind People (RNIB) Scotland is the country’s leading charity working with blind and partially sighted people. We support children, young people and adults with sight loss and help them to live independent lives.

According to RNIB’s most recent estimates, in Scotland around 183,000 people live with a significant degree of sight loss. This number could eventually double unless we act to prevent avoidable sight loss. The rise of sight threatening conditions such as diabetes and an aging population will increase the number of people affected by sight loss unless action is taken.

RNIB Scotland welcomes the opportunity to respond to the Call for Views on the Patient Safety Commissioner for Scotland Bill. In this consultation, we have answered questions 8,9, and 12, regarding the role and responsibility of the Patient Safety Commissioner for Scotland outlined in the Policy Memorandum as well as the Bill itself.

## Questions:

### 8. What are your views on the establishment of a Patient Safety Commissioner to [scrutinise safety issues, deliver systematic improvements and amplify the patient voice in the provision of health care](https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/patient-safety-commissioner-for-scotland-bill/introduced/policy-memorandum.pdf)?

RNIB Scotland considers that it would be a positive development to establish a Patient Safety Commissioner for Scotland. The Commissioner could highlight safety concerns, whilst having the ability to ensure systematic improvements are made across health boards and healthcare settings.

Recent feedback from RNIB Scotland Eye Clinic Liaison Officers (ECLOs) suggested that different health boards have varied processes for managing patient information and records, which can impact on the safety of blind and partially sighted people in healthcare settings. Some examples given are below:

* It seems there is not a uniform marker to show on a patient’s record that they are registered as Severely Sight Impaired (SSI) or Sight Impaired (SI). In some health board areas, a label is placed on the front of patient files, whilst in other areas there is no obvious marker at all. This can have safety implications. For example, patients can be at risk of missing important eyecare appointments if letters or messages about these are not sent in accessible formats. It seems that it often falls to medical secretaries to highlight needs and to print out information in preferred formats, for example, large print black text on yellow paper. This is also contingent on them having resources and time to do this.
* Patients may receive a phone call, or voice message, to remind them of an upcoming appointment, or test results, but when this involves using a touch telephone keypad, some cannot identify which button to press on the telephone keypad and therefore miss vital information about their eyecare.
* In other cases, we have heard of a patient's Powers of Attorney (POA) receiving appointment letters, which may not always be a suitable point of contact for the patient.
* It has been suggested that an overarching system governing data collection, gathering and processing for patient records, would prevent discrepancies across health boards, and lead to better patient safety. Having one standard way of highlighting on a person’s health record that they have a visual impairment could ensure a better patient experience and prevent misunderstandings. For example, there are accounts of inpatients being unaware of mealtimes, or of having meals served to them, whilst staying in hospital, due to no one notifying the inpatient it is there. Training and awareness are required to prevent misunderstandings and protect patient safety.

Ultimately, there should be a robust mechanism in place to enable the Patient Safety Commissioner to address patient safety at many different levels in medical and healthcare settings, including at community levels.

A joined-up approach to targeting patient safety would also help, for example, when dispensing medicines or treatments. Blind and partially sighted people often rely on aids or assistance to ensure the right treatment is administered at home such as dispensing eye drops with compliance aids or issuing medication in “Nomad” boxes. This is particularly important for elderly patients on complex treatment regimens to ensure medications and treatments are delivered safety.

### 9. What are your views on the proposed role and responsibilities of the Patient Safety Commissioner?

The Patient Safety Commissioner should be able to scrutinise safety issues, including examining factors which may have led to patient safety being compromised, as part of their remit.

For blind and partially sighted people, safety in healthcare settings is often dependent on the availability of Accessible Information, as well as practitioners having awareness of sight loss and its implications.

The picture remains patchy however, and the responsibility for requesting information in an accessible format, lies with an individual patient. This brings its own challenges as individuals may not want to be seen as burdensome or to be adding pressure in an already overstretched health service.

The consequences of not receiving medical or health information in accessible formats, cannot be understated. For instance, throughout the Covid 19 pandemic, blind and partially sighted faced difficulties in booking a vaccination appointment because they couldn’t read the telephone number, or reference number, on letters received in the post.[[1]](#footnote-1)

RNIB Scotland's research report “Communication Failure” [[2]](#footnote-2) highlighted the challenges of not receiving health information in accessible formats, when living with a visual impairment. Often, people with sight loss must rely on others to read out letters, information leaflets, etc, on their behalf. This automatically undermines patient confidentiality and can result in a reduction in their autonomy when it comes to making decisions about their care and treatment.

Not getting information in a suitable format can also have devastating consequences, for example, missing important eyecare appointments, which may result in irreversible deteriorations in eyesight, or even be potentially life threatening.

Other issues such as inability to access websites to book appointments, or access other health related services can often prevent blind and partially sighted people from getting timely support, services, and information.

Some existing systems intended to allow patients to offer feedback or raise issues of concerns - such as Care Opinion [[3]](#footnote-3) - also rely on being able to access digital technology. However, sometimes websites and online platforms are completely inaccessible to blind and partially sighted people. People can be put off wanting to request alternative routes as they don't want to add pressure on services so avoid asking for what they need.

Accessing online information, for example, filling in forms online, can be very time consuming or completely inaccessible.[[4]](#footnote-4) Visual barriers such as inconsistent font sizes prevent people with sight loss from accessing information with ease. One respondent to an RNIB Scotland report explained:

“Websites are very complex to navigate in general so when you have sight loss of any degree it becomes harder. It would be good to have a button to press so that the website becomes less busy and shows simple text.” [[5]](#footnote-5)

We would like to see the Patient Safety Commissioner take a whole systems approach to patient safety, including addressing existing barriers which may exist in the current system including feedback mechanisms, suggestions, as well as complaints procedures, to ensure these are made as accessible as possible.

The burden of responsibility to obtain accessible information should not depend on the individual blind or partially sighted person having to make continual requests to different practitioners in the health system for their needs to be met.

The Patient Safety Commissioner's remit must consider how to approach systematic issues, such as accessibility of information to patients, with clear and concise action.

### 12. Would you like to see any changes to the Bill? If so, what?

We welcome the requirement of Inclusive communication (1) in the Bill, including the definition: “The Commissioner must have regard to the importance of communicating in an inclusive way.” The subsection goes onto explain:

“Communicating in an inclusive way” means communicating in a way that ensures individuals who have difficulty communicating (in relation to speech, language or otherwise) can receive information and express themselves in ways that best meet everyone's needs.”[[6]](#footnote-6)

However, whilst blind and partially sighted people may not individually have difficulty in communicating, accessible information is crucial to their receiving vital information on their health needs and should be legislated for.

There are important legislative features of The Patient Rights (Scotland) Act 2011, which cites the responsibility of the NHS to provide accessible information, including the requirement that “Communication about a patient’s health and wellbeing is clear, accessible and understood.”[[7]](#footnote-7)

A Charter of Patient Rights and Responsibilities[[8]](#footnote-8) accompanied the 2011 Act. This summarised the existing rights and responsibilities of patients using the NHS in Scotland, setting out that “You have the right to be given information about your care and treatment in a format or language that meets your needs.”

At present, however, health boards are not dealing consistently with how information is sent to blind and partially sighted people. Requests for accessible formats are not being correctly managed or not logged centrally to enable consistency.

The effects of not receiving information in a preferred and accessible reading format should not be underestimated.

Ergo, we would like to go further and to make separate reference to Accessible Information in the Bill to establish a Patient Safety Commissioner for Scotland.

We saw strong action in the case of the Social Security (Scotland) Act 2018 where explicit mention of Inclusive Communication and Accessible Information are defined separately. Please see the definition outlined below:

“Recognition of importance of accessible information:

(1) In fulfilling their duty under section 3(a), the Scottish Ministers must have regard to the importance of providing information in a way that is accessible for individuals who have a sensory, physical, or mental disability.

(2) The steps taken by the Scottish Ministers under section 3(b) must include steps in relation to ensuring that—

(a)the information this Act requires the Scottish Ministers to give to an individual is given in a format that is accessible to the individual, and

(b) all information which this Act requires the Scottish Ministers to make publicly available is available in formats that are accessible to individuals who have a sensory, physical or mental disability.”[[9]](#footnote-9)

We would like to see similar recognition in the current Bill so that the Patient Safety Commissioner can ensure mechanisms are in place to protect patient safety at all levels, including the right to Accessible Information.

## Contact details:

For further information please contact either:

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or

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1. Post: “No alternative option for blind patient” (Care Opinion): available at: <https://www.careopinion.org.uk/824302> [↑](#footnote-ref-1)
2. Communication Failure? A review of the accessibility of health information for blind and partially sighted people, RNIB Scotland, 2020: <https://www.rnib.org.uk/scotland/reports-and-publications-rnib-scotland> [↑](#footnote-ref-2)
3. Care Opinion website available at: <https://www.careopinion.org.uk/services/nhs-scotland> [↑](#footnote-ref-3)
4. Communication Failure? A review of the accessibility of health information for blind and partially sighted people, RNIB Scotland, 2020 <https://www.rnib.org.uk/scotland/reports-and-publications-rnib-scotland> [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Patient Safety Commissioner for Scotland Bill (as Introduced) available at: <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/patient-safety-commissioner-for-scotland-bill/introduced/bill-as-introduced.pdf> [↑](#footnote-ref-6)
7. Patient Rights (Scotland) Act 2011, Scottish Government <https://www2.gov.scot/Topics/Health/Policy/Patients-Rights> [↑](#footnote-ref-7)
8. Your health, your rights - The Charter of Patient Rights and Responsibilities, Scottish Government, 2012 <https://www2.gov.scot/Resource/0040/00407723.pdf> [↑](#footnote-ref-8)
9. “Recognition of importance of accessible information: “Social Security (Scotland) Act 2018, Scottish Parliament, Part 1: Promotion of take-up, Section 5: <https://www.legislation.gov.uk/asp/2018/9/section/5> [↑](#footnote-ref-9)