



All-Party Parliamentary Group for First Do No Harm: In conversation with Dr Henrietta Hughes, Patient Safety Commissioner for England

Thursday 2 February 2023

Attendees:

LIST

- Dr Henrietta Hughes (Patient Safety Commissioner)
- Baroness Cumberlege
- Baroness Bennett
- Sarah Green MP
- Representatives on behalf of Saqib Bhatti MP

Apologies:

LIST

- Feryal Clark MP
- Emma Hardy MP
- Sharon Hodgson MP
- Baroness Ritchie MP
- Baroness Masham MP
- Baroness Jolly MP

1. Introductions & welcome

Baroness Cumberlege began with some brief introductory remarks thanking Dr Henrietta Hughes and parliamentarians for their attendance and giving some background to the IMMDS review recommendation to appoint a Patient Safety Commissioner.

2. Dr Henrietta Hughes Patient Safety Commissioner

Dr Henrietta Hughes noted her background as a practising GP, her experience in obstetrics and gynaecology as well as her career progression into medical management. She noted her expertise in quality improvement, failure and assurance and her role in setting up “freedom speak up guardians”.

She commented that the role of Patient Safety Commissioner is new, so she has started from scratch. Basic building blocks such as premises and a website still need to be put in place. She has a small but very effective team, and is seeking to add further staff.

During her first four months in post she has been listening to and meeting with patients involved in the IMMDS report as well as those who were not involved, she has visited hospitals and community care settings and is seeking to ensure that the patient voice is at the core of care, and that ultimately care is a partnership between patient and clinicians. There is some way to go to achieve this goal. She expects safety concerns raised by patients to be taken seriously, and investigated promptly by the system.

She commented on her disappointment and surprise at the 'heads down', culture she has seen among different parts of the system to reviewing or acting upon problems drawn to their attention.

Dr Hughes discussed continuing safety concerns relating to sodium valproate. A pregnancy prevention programme should be in place for all women and girls of child-bearing age, including the use of effective contraception. She expressed concern that sexual health clinics do not communicate with GPs about contraceptive removal, thus creating a risk that women continue to be prescribed valproate despite no longer using contraception. She also discussed her concerns about the breaking of original packs of 30 tablets into plain white box packs of 28 tablets to comply with a doctor's prescription. This resulted in the original pack warnings and patient information leaflets being discarded and the patient receiving the medication without written information about safety risks. Splitting packs was also time consuming for pharmacists.

She said that medicine has become too focused on cost, productivity and efficiency. It is industrialised when it should be humanised. She said that some organisations and individuals in the system are aligned with her thinking and her priorities but she was witnessing a lack of urgency.

Dr Hughes commented stating that “if you get culture right, then safety, then money follows”. She encouraged listening to patient experience noting that patient representatives are not on NHS Trust boards. She suggested that freedom to speak up needs to be embedded in all aspects of the system and she noted her intention to establish clear principles of better patient safety. She will listen to and reflect a wide range of views and opinions in this set of principles.

3. Q&A discussion

White box

Dr Hughes said that each pregnancy involving sodium valproate is different. She noted the need for system leaders to work better together to improve pathways and join up the different services involved in caring for women who are prescribed valproate. She noted that the white box issue is a visible example of how disjointed the system is.

Changing the legislative and administrative arrangements regarding the use of white boxes and split packs would be a positive step forward in freeing up pharmacists’ time and reducing waste in the future.

Conflict of interest

Dr Hughes called for more healthcare organisations to be involved in the DHSC pilot on declarations of interests. At present only two are participating.

Henrietta mentioned that doctors declaring their interests should be normalised and that this is good practice. Baroness Cumberlege mentioned that “we don’t have a lot of faith in pilots, we need something more comprehensive.”

Pelvic mesh

Dr Hughes commented that doctors need more support to recognise and understand symptoms of mesh complications. She noted her work with patient groups, charities and GPs to produce a guide for GPs not only on symptoms but also on referrals to mesh removal centres and other support.

On referrals to mesh removal centres, she noted that women's experiences are proving variable. She raised her concern about provision in the Midlands and plans to visit the mesh removal centre based at University College London Hospital to see the service and meet patients and staff.

Redress

Dr Hughes explained that following her calls for redress for those affected by the interventions examined in the IMMDS Review, the Patient Safety Minister has asked her to examine the issue and develop proposals on how redress might be taken forward.

Safety culture

Dr Hughes said we need to learn from the high safety industries and put barriers and controls in place to stop harm from happening, rather than only dealing with the aftermath of unsafe practice. She explained her desire to introduce process safety management into the health industry. She commented on the need for individual patient anecdote to be meaningful in the hierarchy of evidence.

She mentioned the need to design medicines and medical devices with patients saying what they want from them from the start to then stop the problems at the end. She said there should be an opportunity for surgeons to record and report issues, collate feedback and identify early signals. She stressed the importance of making the connections and getting the patient voice involved at the design stage.

Baroness Cumberlege thanked Dr Hughes and the parliamentarians in attendance and formally called the meeting to a close at 12:00.