

PSOW 24

Bil Ombwdsmon Gwasanaethau Cyhoeddus (Cymru)

Public Services Ombudsman (Wales) Bill

Ymateb gan: Cyngor Meddygol Cyffredinol

Response from: General Medical Council

## **GMC Response to Public Services Ombudsman (Wales) Bill Consultation**

Thank you for the opportunity to respond to the Public Services Ombudsman (Wales) Bill Consultation.

Before providing comments on the White Paper, we thought it might be helpful to reiterate the role of the GMC. We have an office in Wales and have done so since 2005. We are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

We are independent of government and the medical profession and accountable to Parliament. Our powers are given to us by Parliament through the *Medical Act 1983*.

Whilst many areas of the Bill fall outside of our role and remit, we have endeavoured to provide information where appropriate.

### **Accepting Oral Complaints**

- 1** The GMC supports the intention behind the proposal to allow the Ombudsman to receive and act on complaints made orally or in writing, including via electronic formats. This would make the Ombudsman more accessible to the public, thereby improving both the ability of the Ombudsman to act on any issues threatening patient safety, as well improving the potential for public services to be receptive to the need for change in light of increased reports of concerns.

- 2 The GMC's fundamental objective is to ensure that patients receive a high quality of care. Increasing accessibility allows for more opportunities for patients to take concerns over health services to the Ombudsman, and ultimately provides additional scrutiny of the quality of care being provided.

### **The Power to Undertake Own Initiatives**

- 3 The GMC supports the intention to allow the Ombudsman to have the discretion to carry out own initiative investigations, and recognises the motivation to strengthen the citizen voice and ensure the Ombudsman's work is citizen-centred. This is in line with our core guidance [Good Medical Practice](#), which stresses that patients are at the heart of our work by emphasising the need for doctors to make the care of their patients their first concern and that a doctor *"must treat patients as individuals and respect their dignity"*.
- 4 This move would remedy the existing situation where an investigation into a complaint about a health board may lead to concerns about systemic issues that could be present within other health boards. Under current legislation, for the Ombudsman to investigate the potential of such issues within other health boards, the complainant would need to make a separate complaint to the Ombudsman. This new power would allow the Ombudsman to be more proactive in this regard, increasing the opportunity for such issues to be identified and addressed, and thus for health boards to be providing a better quality of care for patients. This supports the core objective of the GMC.
- 5 The GMC would expect that prior to the Ombudsman initiating their own investigation in the relevant situations, the case for doing so would be published outlining their concerns and justifications for investigating practices in other public service bodies. We would also hope to be informed of any relevant concerns and issues within the health sector that arise as a result of any such investigations, that relate to our role as a professional regulator.

### **Investigate Private Medical Treatment Including Nursing Care in A Public/Private Health Pathway**

- 6 The GMC supports the intention behind allowing the Ombudsman to investigate matters relating to the private health services element of a complaint in a public private pathway. This would reflect the context of increasing integration of health and social care services, an agenda being actively pursued by the Welsh Government. This can be evidenced in the recent White Paper [Services fit for the future](#), which included proposals for joint investigations of complaints which span both the health and social care sector. Furthermore, our [core guidance](#) recognises the importance of continuity and coordination of care between the sectors, stating that doctors *"must contribute to the safe transfer of patients between healthcare providers and between health and social care providers"*.
- 7 The GMC also recognises that this would lead to a situation where the complaints process follows the citizen and is not constrained by sector. By

removing the need for members of the public to make separate complaints – to the Ombudsman and the private health provider respectively – where they had received health treatment in the public sector and had commissioned such services from private health providers, further scrutiny of care would be provided. It would ultimately ensure the patient voice isn't lessened in these cases, improving upon the current situation and addressing the reality of such complaints taking a significant amount of time to be addressed. As with the proposed new powers for the Ombudsman to undertake own initiative investigations, we would hope to be informed of any relevant concerns and issues within the health sector that arise as a result of any such investigations, that relate to our role as a professional regulator.

## **Undertake A Role in Relation to Complaints Handling Standards and Procedures**

- 8** The GMC supports the proposal to strengthen the Ombudsman's role in securing effective complaint-handling across the public sector through allowing it to publish a model complaints-handling policy for listed authorities. Our [core guidance](#) makes clear the importance of effective responses to patient complaints in stating that doctors "*must respond promptly, fully and honestly to complaints*". Additionally, our guidance [Raising and acting on concerns about patient safety](#) states that doctors have "*a responsibility towards those who raise a concern*" and must "*tell them what action has been or will be taken to prevent a recurrence of the problem*".
- 9** The current situation in Wales of voluntary adoption of the model complaints across the public sector has failed to achieve consistency across the public sector, and addressing this would increase the potential for learning and improvements in complaints handling. Additionally, the GMC is a supporter of the well-being goals and so we welcome the potential this has for supporting the well-being goal of a healthier Wales, as there would be a greater emphasis on learning more widely from complaints and therefore driving improvement within the health sector.
- 10** The GMC has enjoyed a positive working relationship with the Complaints Standards Authority (CSA) in Scotland, being involved in its recent consultation on a new standard NHS Complaints Handling Procedure (CHP). The Head of the CSA presented on the CHP to GMC stakeholders, providing a platform for the CSA to engage with both the GMC and health partners in Scotland. Our work with the CSA in setting up the CHP allowed the procedure to include greater emphasis on signposting and referral to healthcare professional regulators. It also facilitated our input to efforts by the CSA to provide more clarity on complaints processes regarding GPs and the role of health boards. We would hope to ensure that this input is also present in any move by the Ombudsman in the future, in order to clarify any similar issues that could arise and thereby ensure that any agreed procedure is fit for purpose in addressing

relevant complaints relating to the health sector. This would support our wider aim of maintaining and enhancing our partnership working with relevant complaints bodies and patient organisations, in order to improve signposting of complaints we receive that it is not in our remit to address.