

## Response ID ANON-26BV-DTQP-S

Submitted to **Draft Proposals for a 'No-blame' Redress Scheme in Scotland for Harm Resulting from Clinical Treatment**  
Submitted on **2016-08-12 08:02:33**

### Introduction

**Are you responding as an individual or an organisation?**

Organisation

**What is your name or your organisation's name?**

**Name/orgname:**

Guild of Healthcare Pharmacists

**What is your email address?**

**Email:**

scotsec3@ghpscot.org.uk

**The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:**

Publish response with name

**We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?**

Yes

### Page One

**1 Do you agree that it is appropriate to integrate the process for the redress scheme with the incident investigation, duty of candour and complaints processes to ensure consistency, improvement and shared learning?**

Yes

**If you disagree please briefly explain why::**

**2 Do you agree with the broad principles for the scheme?**

Yes

**If you disagree please briefly explain why::**

**3 Do you agree that eligibility should be structured around the notion of "avoidability"?**

Yes

**If you disagree please briefly explain why::**

**4 Do you support the proposal that the non-retrospective scheme should be restricted to harm which has been or is likely to be, experienced by the person for a continuous period of at least 6 months?**

Not Answered

**If no, please briefly explain why::**

It would be useful to understand why the limit has been set at 6 months instead of e.g. 1 month or 3 months. For some forms of harm, a shorter period may be more realistic.

What would happen if it was thought that a person would be affected for more than 6 months but, for whatever reason, the harm resolved in e.g. 5 ½ months? Would the person be expected to repay the value of any settlement?

**5 Do you support the proposal that the proposed non-retrospective scheme should in the first instance be restricted to clinical treatment provided by directly employed NHS Staff in Scotland?**

Not Answered

**If no, please briefly explain why::**

There is a risk that a two tier situation is created whereby anyone injured by directly employed NHS staff receives better compensation than anyone injured by independent contractors. Significant work has been done over the years to ensure that community pharmacies are considered part of the NHS and not just seen as individual businesses. Potentially, some of the successes of this work could be undone.

There could also be some confusion and inequity if similar staff are employed differently. e.g. if a GP practice pharmacist is employed by the Health Board to work in the practice, any harm caused would be covered by the scheme. Conversely, if the same pharmacist was instead directly employed by the GP practice, any harm caused would NOT be covered by the scheme.

**6 Do you support a cap of £100,000 on the level of award under the proposed scheme?**

Yes

**If no, please briefly explain why::**

This is reasonable but should be kept under review.

**7 Do you agree that levels of award should be based on the Judicial College Guidelines with patrimonial loss assessed on an individual basis?**

Yes

**If you disagree please briefly explain why::**

**8 Do you agree that the primary legislation should be flexible enough to allow the eligibility criteria and scope of the scheme to be extended at a later date?**

Yes

**If you disagree please briefly explain why::**

**9 Do you agree that the legislation should protect against "double dipping"?**

Yes

**If you disagree please briefly explain why::**

**10 Would you support the repeal of Section 2(4) of the Law Reform (Personal Injuries) Act 1948 in relation to continuing care costs providing, as proposed, the care package is independently assessed and quality care guaranteed in each case?**

Yes

**If no please briefly explain why::**

It is important that the care package be at least as good as, if not better than, private care.

**11 Would you support the development of a „fast track“ element of CNORIS, utilising existing expertise with independent medical expert input?**

Yes

**If no, please briefly explain why::**

**12 Do you agree that the creation of an independent appeal panel combined with independent medical input in consideration of the claim and award would provide the appropriate level of independence?**

Yes

**If you disagree please briefly explain why::**

**12.1 Do you agree that the independent appeal panel will meet the patient's right to appeal?**

Not Answered

**If no, please briefly explain why::**

To ensure that the panel will meet the patient's right to appeal, it is important that the result is binding and cannot be ignored.

## **Evaluation**

**Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)**

**Matrix 1 - How satisfied were you with this consultation?:**

Neither satisfied nor dissatisfied

**Please enter comments here.:**

**Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:**

Slightly satisfied

**Please enter comments here.:**