

No-Fault Compensation for injury resulting from medical treatment: Consultation Questions

1. The research team supporting the review reported (Farrell *et al*, 2010¹⁹) that previous research suggests that when an error has occurred, patients expect doctors to make a meaningful apology, provide an explanation and take steps to prevent the error from recurring. The findings of their research would appear to support the contention that for many, if not most, patients this is the primary aim, rather than a financial award.
2. The Scottish Public Services Ombudsman (SPSO) has published advice in relation to apology²⁰. This advice was referenced in the guidance issued to NHSScotland in March 2012 on the handling and learning from feedback, comments, concerns and complaints.

Question 1: What, if any, steps do you feel are necessary or appropriate to ensure that when an error has occurred, patients receive a meaningful apology?

Dentists are encouraged to apologise to dissatisfied patients and/or when they have made an error and to deal with and explain the situation as soon as possible. But in the past there has been an impression that an apology is inappropriate as it implies guilt. This is not necessarily the case, but the mindset takes time to change.

There has been a blame culture in the NHS and, although steps have been taken to change this, there is still a fear among staff that they cannot be forthcoming when errors have been made. It is important that management shows leadership in the proper handling of complaints and that frontline staff are trained, confident, empowered and supported in dealing with the first contact.

While it is true that patients are concerned that steps are taken to avoid the same mistake happening to others, there are those who are most concerned with redress or are encouraged to be so.

3. The Review Group considered that the following were essential criteria for a compensation scheme for injuries resulting from medical treatment:
 - The scheme provides an appropriate level of compensation to the patient, their family or carers
 - The scheme is compatible with the European Convention on Human Rights
 - The scheme is easy to access and use, without unnecessary barriers, for example created by cost or the difficulty of getting advice or support
 - People are able to get the relevant specialist advice in using the scheme;
 - Decisions about compensation are timely

¹⁹ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/No-faultCompensation/Volume-II-report>

²⁰ http://www.spsso.org.uk/files/2011_March_SPSO%20Guidance%20on%20Apology.pdf

- People who have used the scheme feel that they have been treated equitably
- The scheme is affordable
- The scheme makes proportionate use of time and resources
- The scheme has an appropriate balance between costs of administration (e.g. financial or time) and the level of compensation awarded
- Decisions about compensation are made through a robust and independent process
- The scheme has an independent appeal system
- The scheme treats staff and patients fairly/equitably
- A reasonable time limit is set for compensation claims.

Question 2. Do you agree that the principles and criteria set out above are essential in a compensation system?

Yes No

2.1 Are there any to which you would attach particular priority or importance? Are there any others you would add?

We would add that the existence of a scheme should not discourage full investigation of the cause of the error.

4. The Review Group identified a number of issues it believed were relevant to the likely success of any system and agreed that the following criteria were desirable, and considered and highlighted the importance of the wider issues detailed below:

Desirable

- The public in general trusts the scheme to deliver a fair outcome
- The scheme does not prevent patients from seeking other forms of non-financial redress, including through the NHS Complaints system
- The scheme encourages transparency in clinical decision-making
- The scheme contributes to rehabilitation and recovery.

Question 3: Do you agree that these criteria are desirable in a compensation system?

Yes No

3.1 Are there any others you think are desirable and should be included?

With regard to bullet 2, while we agree that the patient should have appropriate financial and non-financial redress, steps should be in place to ensure that a complainant cannot unreasonably prolong the matter or that processes are duplicated.

Wider issues

- The scheme contributes to:
 - organisational, local and national learning
 - patient safety
 - quality improvement
- Lessons learned can be used to influence organisational risk management in the future
- The scheme encourages and supports safe disclosure of adverse events
- The scheme does not put barriers in place for referral to regulators of any cases which raise grounds for concern about professional misconduct or fitness to practise.

Question 4: Do you have views or ideas on how a compensation scheme could more effectively contribute to the wider issues identified above?

We agree entirely that these are important. It is the culture in which the scheme is applied and the confidence of the staff in it that is crucial to its success.

5. When considered the Review Group's suggested essential principles and criteria against other schemes and the Swedish model came out on top. Based on this the Review Group offered:

Recommendation 1 - that consideration be given to the establishment of a no-fault scheme for medical injury, along the lines of the Swedish model, bearing in mind that no-fault schemes work best in tandem with adequate social welfare provision.

Question 5: Based on the background information on the system in operation in Sweden given in Annex A would you support the approach suggested in Recommendation 1?

Yes No

If not, why not and what alternative system would you suggest?

We agree that it should be considered as there appear to be clear advantages. But we note that the Swedish system operates in a very different social and insurance system. We are concerned about the affordability of a scheme.

Recommendation 2 - that eligibility for compensation should not be based on the 'avoidability' test as used in Sweden, but rather on a clear description of which injuries are **not** eligible for compensation under the no-fault scheme.

Question 6: Would you support the approach in Recommendation 2? This would mean for example that where treatment carries a known risk and the patient has given consent to that treatment it would not be eligible.

Yes No

If not, why not?

Clarity for both patient and the system would be essential and we would support such a definition, if it is possible to develop it. We believe it could be extremely difficult to do so, however. Would there be some (percentage) threshold of known risk that would be acceptable?

If yes, what other injuries would you consider should not be eligible?

6. The Review Group was of the view that any recommended changes to a no-fault system should cover all healthcare professionals including those not directly employed by the National Health Service. The group believed that fairness dictated that all patients whether treated by the NHS or privately should have access to an improved system if possible. If this proved impossible, the group nonetheless believed that there were benefits that could be obtained by a move to no-fault for NHS patients. The group's preference was that **all** patients should be covered by the no-fault scheme and offered:

Recommendation 3 - that the no-fault scheme should cover all medical treatment injuries that occur in Scotland; (injuries can be caused, for example, by the treatment itself or by a failure to treat, as well as by faulty equipment, in which case there may be third party liability)

Recommendation 4 - that the scheme should extend to all registered healthcare professionals in Scotland, and not simply to those employed by NHSScotland.

(As explained in the Cabinet Secretary's foreword we acknowledge that further work is needed to help in our understanding of the volume, level and cost of compensation claims handled by the Medical Defence Unions and private healthcare providers. We will seek to explore this further with the relevant stakeholders during the consultation period.)

Question 7: Do you support the view that, if introduced, a no-fault scheme should cover all clinical treatment injuries (e.g. private healthcare and independent contractors) and all registered healthcare professionals and not just those directly employed by NHSScotland?

Yes No

If not, why not?

7.1 What, if any, difficulties do you foresee in including independent contractors (such as GPs, dentist etc) and private practice?

7.2 What are your views on how a scheme could be designed to address these issues?

We agree that the ideal would be for the scheme to be fully comprehensive and not differentiate between type of patient, type of clinician or type of treatment. This would give clarity to the parties.

We can see that there could be significant difficulty in including independent contractors and private providers and ensuring that the costs of the scheme are fairly distributed. We believe, however, that the current service provided by the defence organisations is extremely valuable, certainly in dentistry, not only in helping clinicians in risk management and dealing with complaints and claims, but in ensuring that patients obtain redress in a timely and reasonable way. It is important that these advantages are not lost and we believe that the defence organisations should remain a part of the process in some way, if possible. This might ease the inclusion of independent contractors and private practitioners.

Question 8: The intention is that if introduced the no-fault system will not be retrospective. However, consideration will need to be given to when and how we could transfer to a new system and how outstanding claims could be handled if/when a no-fault system was introduced. What are your views on how outstanding claims might be handled?

We have no expertise in this area.

7. The Review Group did not favour the use of a tariff system for compensation, as it felt that this would not address individual needs and it was unlikely that people would buy into a system where compensation was based on a tariff. The group therefore offered:

Recommendation 5 - that any compensation awarded should be based on need rather than on a tariff based system;

Question 9: Do you support the approach in Recommendation 5?

Yes No

An assessment of need is essential to determining an award. However, it is not clear whether 'need' is intended to relate to need for remedial treatment and continuing care, for example, or need for assistance with these costs. It is also reasonable that

the financial circumstances of the individual should not be a factor in determining what costs need to be covered, if the system includes an element of redress.

If not, why not?

9.1 What are your views on the assumption that the level of payments will be similar to those settled under the current system?

We do not have sufficient knowledge or expertise to answer this question usefully.

8. The Review Group was satisfied that a no-fault scheme established as they describe would be fully compatible with the requirements of the European Convention of Human Rights, based in particular on the need – as in Sweden and New Zealand – to build in appropriate appeals mechanisms, with an ultimate right to appeal to the courts on a point of fact or law. In addition, retention of the right to litigate will ensure that those for whom the no-fault system is felt to be inappropriate will still be able to raise claims using this route. The group recommended:

Recommendation 6 - that claimants who fail under the no-fault scheme should retain the right to litigate, based on an improved litigation system

Recommendation 7 - that a claimant who fails in litigation should have a residual right to claim under the no-fault scheme

Recommendation 8 - that, should a claimant be successful under the no-fault scheme, any financial award made should be deducted from any award subsequently made as a result of litigation

Recommendation 9 - that appeal from the adjudication of the no-fault scheme should be available to a court of law on a point of law or fact.

Question 10: Do you support recommendations 6 – 9 as proposed by the Review Group?

Yes No

Recommendation 6: While we believe that claimants should not lose the right to litigate, it is important to avoid endless process, duplication and costs and attempts to obtain compensation.

If no, why not?

10.1 Do you have any concerns that the Review Group's recommendations may not be fully compatible with the European Convention of Human Rights?

We do not have sufficient expertise to respond.

Yes No

If yes, what are your concerns?

9. The Review Group offered suggestions for improvement to the existing system and these are reproduced in Annex B. The group recommended:

Recommendation 10 - that consideration should be given to our analysis of the problems in the current system, so that those who decide to litigate can benefit from them.

10. It is proposed that the suggested improvements will be taken forward as part of the forthcoming consultation on the Courts Reform Bill later this year by the Scottish Government Justice Directorate. In particular the Scottish Civil Courts Review²¹ recommended that pre-action protocols should be made compulsory and it is considered that this would assist in resolving many of the areas identified by the Review Group. In addition, Sheriff Principle Taylor's Review of Expenses and Funding of Civil Litigation in Scotland²², which is due to report at the end of the year will consider a range of issues.

Question 11: Do you agree with the Review Group's suggestions for improvements to the existing system?

Yes No

11.1 Do you have any comments on the proposed action in relation to these suggestions?

11. The Review Group also considered whether or not the establishment of a scheme specific to neurologically impaired infants should be created (in the event that a general no-fault scheme is not introduced). Members considered that this group of patients arguably represents a special case and certainly accounts for the most significant sums awarded in compensation and legal costs. The Group were of the view that this was worthy of consideration.

Question 12: Would you support the establishment of a scheme specific to neurologically impaired infants if a general no-fault scheme is not introduced?

Yes No

We do not have expertise in this area.

²¹ <http://www.scotcourts.gov.uk/civilcourtsreview/>

²² <http://scotland.gov.uk/About/taylor-review>

12.1 What are your views on the Review Group's suggestion that the future care component of any compensation in such cases could be provided in the form of a guarantee of delivery of services (both medical and social care) to meet the needs of the child, instead of by way of a monetary sum?

General Comments

We would welcome any further general comments you may wish to offer here.

We agree that there are significant difficulties for patients in following the current complex complaints procedures and a no-fault scheme is definitely worth studying in detail. It is important that it does not become complex because of exclusion of certain categories of care or provider and that staff are confident in the way in which it is implemented.

We are grateful for your response. Thank you.