

All-Party Parliamentary Group on Women's Health

Meeting with the Patient Safety Commissioner

Minutes of the Meeting held at 11:00am on 26th March in Portcullis House, Room T

Attendees:

Henrietta Hughes, Patient Safety Commissioner

Gill Furniss MP, Chair of the APPG on Women's Health
Officers and Members of the Women's Health APPG

Meeting:

1. WELCOME AND INTRODUCTIONS

Gill Furniss MP welcomed attendees and opened the discussion with a focus on patient safety and the current landscape for women's health.

2. OVERVIEW FROM THE PATIENT SAFETY COMMISSIONER, HENRIETTA HUGHES

The Patient Safety Commissioner emphasised the need to keep patients, especially women, at the heart of safety culture. This includes transparency, mitigation of risk, and a focus on health equity.

She reflected on the origins of her role following the Cumberlege Review (Primodos, pelvic mesh, and valproate) and noted the recent progress around Martha's Rule, enabling pregnant patients to access rapid reviews when concerns are raised.

The Patient Safety Commissioner welcomed a move to restorative practice in patient safety – moving away from adversarial approaches and toward partnership working, trust-building, and listening to both patients and staff. Drawing on international examples, she noted New Zealand's restorative approach where open dialogue is encouraged and blame is not assigned.

She highlighted the fragmented nature of patient voice in the system, noting the need for clear, joined-up pathways, especially for harmed patients.

The Patient Safety Commissioner shared that her team is guided by patient safety principles, and when those are followed consistently, real change is visible.

Jo Platt MP raised concerns about the impact of NHS England's abolition on accountability and transparency within trusts.

The Patient Safety Commissioner acknowledged the transitional risks and stressed the importance of continuing to horizon-scan for emerging gaps.

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3. INFORMED CONSENT AND ACCESSIBILITY

The Secretariat shared the APPG's upcoming report on informed choice and its overlap with patient safety.

The Patient Safety Commissioner confirmed that her office has published a strategy placing consent at its core and is working with NHS England and professional regulators on principles of consent.

She drew attention to her upcoming report *The Safety Gap*, which addresses the need for accessible information for those with vision and hearing impairments and calls for proper labelling of medicines and medical devices.

The Patient Safety Commissioner discussed the interdependent nature of patient safety across the whole pathway and stressed the importance of systems that do not let patients fall through gaps. By way of example, she praised work at the ICB level to track patients of childbearing potential on valproate, resulting in a decline in exposure.

4. JOINED-UP, PATIENT-CENTRED CARE

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The Patient Safety Commissioner and attendees discussed the need for joined-up, multi-disciplinary approaches that consider local leadership and community needs – e.g. scheduling clinics at times that work for patients. There was agreement that women's health services must look beyond gynaecology, including conditions like cardiovascular disease, and actively involve patients in design and delivery.

The Patient Safety Commissioner noted the importance of coordinated pressure from politicians, patient advocacy groups (PAGs), and the media. She shared that she had recently written to the Chancellor, reiterating the Government's responsibility to protect citizens and provide redress. A Westminster Hall debate was scheduled for the following day, with PAGs attending and welcoming the continued political attention.

5. ACTIONS AND NEXT STEPS

- The APPG will continue its focus on informed consent and transparency in patient safety.
- The Patient Safety Commissioner offered to assist in identifying system owners and contacts to support ongoing APPG work.