Whistleblowing
for a healthy practice

Whistleblowing: guidance for GPs
Dear Sir or Madam,

As a GP running a busy practice, you are all too aware of the many demands made on you. Whether from patients, colleagues, professional bodies, or the high standards you expect of yourself, these demands are all about delivering the best local healthcare possible.

Clearly, your staff play a key role in helping you provide quality care. But how sure are you that if one of your staff thought something was going wrong they would have the confidence to discuss it with you? Would they be wary of making further demands on your time or feel they are speaking out of turn? Yet, it may be vital that you learn of a concern before it becomes a real problem.

Public Concern at Work (PCaW), the independent charity promoting whistleblowing, accountability and good governance in the workplace, has developed this guidance in consultation with the NHS. It is designed to help you do your work and prevent problems from developing. It explains why it is best to address whistleblowing now not later. Even if things are as good as they can get in your practice, please read on as this information could be relevant to the advice you give one of your patients.

Yours faithfully,

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Whistleblowing is recognised as an important clinical governance tool.

There have been a number of well-reported and high-profile cases, involving some tragic incidents within the NHS. Investigations have revealed that in some of these cases staff had serious concerns about what was happening, but were too frightened or unsure of how to raise them. Likewise, failure to heed a warning has had devastating consequences for patients, families, staff and doctors. This is why whistleblowing is a real consideration in healthcare.

The practical and human dilemma about whether or how to raise a concern about wrong-doing can affect anyone in any workplace – large or small. The NHS has made a concerted effort to change the culture in secondary care and the signs are that this is working. The Shipman Inquiry, even though it dealt with wholly exceptional circumstances, has inevitably cast a spotlight on primary care. If people knew anything then, what did they do about it? If staff were worried about a serious risk in a GP’s practice today, would they speak up?

We know that in most practices, however busy, staff and doctors are operating effectively with the trust and confidence of patients and each other. Yet even here, it is worth reminding oneself of the dilemmas, distractions and diversions that can get in the way of clear thinking and sensible action. Remember, it is the culture that you create that will determine whether your staff will have the confidence to approach you or one of your colleagues. If you don’t provide a safe alternative to silence in your practice, you may never know there’s a serious problem until it is too late to do anything about it.

This simple, brief guide asks for half an hour of your time to read it. Its practical advice is designed to give you the confidence and ability to demonstrate to your patients, your staff, not to mention those outside looking in, that high standards of clinical care and governance are integral to your daily work.

Why does whistleblowing matter?
Step-by-step guide

Step 1
Read this document.

Step 2
You, or the colleague you have chosen, take charge of this issue, prepare to brief staff and liaise with the PCT.

Step 3
Arrange a team meeting to discuss risks, silence and whistleblowing. Use case studies and draft policy to help.

Step 4
Consult and agree policy, brief staff, display poster and notify the PCT.

The law

The Public Interest Disclosure Act (PIDA) protects the public by protecting individuals from workplace reprisals for raising a genuine concern, whether a risk to patients or other wrongdoing. The Act’s tiered disclosure regime – promoting internal and regulatory disclosures – encourages workplace accountability and self-regulation.

Essentially, under PIDA, staff in a GP practice are given virtually automatic protection for raising a concern at a senior level in the practice or under a whistleblowing policy. Protection is also readily available for disclosures to prescribed regulators. In certain circumstances wider disclosures (for example to the media) may also be protected.

To help make your whistleblowing policy work and to avoid unnecessary damage, you should ensure your policy authorises and informs all staff – not just health professionals – about whom they can contact at the PCT.

Public Interest Disclosure Act 1998

Chapter 22

An Act to protect individuals who make certain disclosures of information in the public interest, to allow such individuals to bring action in respect of victimisation, and for connected purposes.

The law as amended by the Public Interest Disclosure (Amendment) Act 2003 and the Public Interest Disclosure (Consequential Amendments) Act 2003.

Section 1

Public interest disclosures

A public interest disclosure is a disclosure that is made in circumstances where:

1. the disclosure is in the public interest;
2. it contains information that would be an improper or unlawful disclosure if it were made in the course of official or public functions.

The disclosure must also meet one of the following conditions:

(a) that a criminal offence has been committed, is being committed or is likely to be committed;
(b) that a person has lied, is lying or is likely to lie in respect of any legal obligation; or
(c) that a criminal offence has occurred, is occurring or is likely to occur.
Implementation briefing

Preparation
Even if yours is a small practice, a simple policy identifying key principles and contacts will be helpful (see draft policy, page 8). You should also ensure that your employment contracts and other procedures reflect a similar message (see facing page).

A whistleblowing policy is of no use unless staff understand what it means for them in their daily working lives. It will be helpful to set aside some time to discuss whistleblowing. A team meeting will give staff and managers the opportunity to:

- identify risks
- discuss the value of an open and accountable workplace
- make all staff comfortable and confident to raise a concern about patient safety or other risks
- commit to dealing with concerns fairly and professionally and protecting staff who raise a genuine concern
- understand the importance of a safety valve when the usual channels of communication do not work for whatever reason.

To prepare for the meeting, read the draft whistleblowing policy and case studies. If there is staff-side representation, tell them what you are working on and ask if they would like to attend the meeting. Contact your PCT and explain that you are responsible for whistleblowing in your practice. Ask who will be the contact for staff at the PCT, and how concerns raised outside the practice will be handled. If you think it would be helpful, you can ask if the PCT can support the internal process – i.e. provide a facilitator.

Implement whistleblowing in your practice
- Display the poster prominently.
- Inform the PCT of your practice’s approach to whistleblowing and/or provide a copy of your whistleblowing policy.
- Make whistleblowing part of induction and ensure new staff see the poster.
- Refresh whistleblowing arrangements at least once a year.

Question
What’s the difference between a whistleblowing concern and a grievance?

Answer
Generally, whistleblowing is honestly conveying information about a risk or danger affecting others to someone who can address it – being a witness.

A grievance is seeking redress for a wrong or problem affecting oneself – being a complainant.

Team meeting
Case studies
Choose a case study and ask staff to read it. Ask staff to consider the following questions:

Q. What went wrong?
Q. Why?
Q. What could or should have been done differently?
Q. Would a pre-existing policy, on how and to whom a concern can be raised, have helped?

Discussion
The following questions can help you guide the discussion:

Q. Do people think their colleagues (receptionists, nurses, health visitors, locum GPs etc.) would speak up if they were concerned about something going wrong in the practice?
Q. Has anyone had a patient, family member, or friend who has blown the whistle on a concern at work?
Q. Why could it be important to speak up early even if wrong?
Q. Why might someone initially want to speak in private about a concern?
Q. What difficulties can arise for the practice or for staff when a concern is not raised openly?
Q. Why should we say staff can tell someone who can address it – being a witness.
Q. Why could it be important to have an open and accountable workplace?
Q. Why might someone initially not know what risks the practice faces.
Q. Should we tell staff they can seek independent confidential advice – from Public Concern at Work, for example?
Q. Where should the poster be displayed?

Agree policy and brief staff
Tailor the draft policy to your practice and ensure employment contracts do not send a contrary message. Staff may have identified particular risks worth incorporating but remember not to be too prescriptive as you may not yet know what risks the practice faces.

- Select a few members of staff from different areas to read the policy. Ask them if it is clear and if they know what to do.
- Ensure PCT contact details are correct for the poster.
- Consider how to regularly convey the simple messages of acceptable conduct, good practice, and early and open communication.
- Agree the final whistleblowing policy and deal with any loose ends at the next team meeting.

Staff employment contracts
Please ensure that your employment contracts do not give a contrary message to your whistleblowing policy. If employment contracts contain a confidentiality clause, we suggest that you state that this is “subject to the Public Interest Disclosure Act” and refer to your whistleblowing policy.
Draft whistleblowing policy for general practice

Health warning: This policy will not work unless people read it, understand it and incorporate its principles into the working culture of the practice.

Introduction
All of us at one time or another have concerns about what is happening at work. Usually these concerns are easily resolved. However, when you are troubled about something that involves a danger (to patients, public or colleagues), professional misconduct or financial malpractice, it can be difficult to know what to do.

You may be worried about raising such an issue, perhaps feeling it’s none of your business or that it’s only a suspicion. You may feel that raising the matter would be disloyal to colleagues, to managers or to the practice. You may have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what, if anything, to do next.

We have introduced this policy to enable everyone to blow the whistle safely so that such issues are raised early and in the right way. This practice welcomes your genuine concerns and is committed to dealing responsibly, openly and professionally with them. We know that to provide the best local healthcare we must all try to deal with issues on their merits. Without your help, we cannot deliver a safe service and protect the interests of patients, staff and the practice. If you are worried about something, please raise it when it is just a concern rather than wait for proof.

If something is troubling you which you think we should know about or look into, please read and use this policy. If, however, you are aggrieved about your personal position, please use the grievance procedure or speak to the practice manager about what to do. This whistleblowing policy is primarily for concerns where the interests of others or of this practice are at risk.

If in doubt – raise it!
This applies to you whether you are a permanent employee, an agency or temporary staff member, or a volunteer.

Our commitment to you
Your safety
We are committed to this policy. You will not be at risk of losing your job or suffering any form of retribution for raising a genuine concern under this policy. Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concern. So please do not think we will ask you to prove it. Of course, we do not extend this assurance to someone who maliciously raises a matter they know is untrue.

Your confidence
If you want to discuss your concern in private with someone first, please say so when you approach them. While we hope this policy and these assurances will give you the confidence to raise your concern openly, we recognise that you may nonetheless be anxious. If you ask us not to disclose your identity, we will do our utmost to respect your request. However, in any organisation people may well deduce who has raised a concern and for this reason we think it is generally in everyone’s interest if concerns are raised openly.

Anonymous concerns
Clearly it is in the interests of the practice that concerns can be raised openly and dealt with fairly and professionally. Remember that if you do not tell us who you are, it will be much more difficult for your concern to be investigated and for us to protect your position or give you feedback. Accordingly, while we will consider anonymous reports, this policy is not well suited to concerns raised anonymously.

How we will handle the matter
Once you have told us of your concern, we will look into it to assess initially what action, if any, should be taken. This may involve an informal review or a more detailed investigation. We will tell you who will handle the matter, how to contact them and whether your further assistance may be needed. At your request, we will write to you summarising your concern and setting out how we propose to handle it.

When you raise the concern we may ask you how you think the matter might best be resolved. If you do have any personal interest in the matter, we ask that you tell us at the outset. If your concern falls more properly within the grievance or other procedures we will tell you.

How to raise a concern
If you have a concern, we hope you will feel able to raise it with your line manager so it can be resolved quickly and effectively.

If you don’t feel raising it with your line manager is appropriate or it hasn’t worked, please raise the matter with the practice manager or [insert name of the lead or designated GP and direct contact details]. Please say if you want to speak privately so that they can make appropriate arrangements.

NHS-PCT
If you are unable to raise the matter internally, or it has not been dealt with properly, we would rather you raise it with the PCT than say nothing at all. The contact at the PCT is [insert name and direct contact details].

Independent advice
If you are unsure whether or how to raise a concern or you want advice at any stage, you may contact:

• your trade union or professional association
• the charity Public Concern at Work on 020 7404 6609. Their lawyers can give you free, independent, confidential advice at any stage about whistleblowing.

External contacts
While we hope that this policy gives you the confidence and reassurance you need to raise your concern with us, we recognise that there may be circumstances where you can properly report matters to outside bodies. This may be to a specific regulator, such as the Health and Safety Executive. Where you believe our response has been inadequate or there is an on-going risk you may also contact a body like the National Clinical Assessment Service or the Healthcare Commission. Public Concern at Work and your union will be able to advise you which route is appropriate in your circumstances.

While we cannot guarantee that we will always respond in the manner you might wish, we will do our best to handle the matter fairly and properly. By using this policy, you will help us to achieve this. If there is an on-going malpractice, please remember you can raise your concern with the other bodies listed in this policy.

For a digital version of the draft policy, please send an email to GPsPolicy@pcaw.co.uk
Handling whistleblowing: practical tips

**Practise what you preach**

☑ Staff need to know what conduct is unacceptable. If in doubt, they should be encouraged to ask if something is appropriate before – not after – the event.

☑ When you find wrong-doing (whether by staff or another GP) or a potential risk to patient safety, take it seriously and deal with it immediately.

**Responding to a concern**

- Thank the staff member for telling you, even if the concern proves to be mistaken.
- Respect and heed legitimate staff concerns about their own position or career.
- Remember there are two sides to every story.
- Determine whether there are grounds for concern and investigate if necessary as soon as possible.
- Always remember you may have to explain how you handled the concern.
- Feed back any outcome and/or remedial action you propose to take to the whistleblower.
- Consider reporting to your PCT the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed.

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**Contact us**

Public Concern at Work
www.whistleblowing.org.uk
helpline@pcaw.co.uk
Tel 020 7404 6609

NHS Employers
www.nhsemployers.org
E-mail: enquiries@nhsemployers.org

This document is available in pdf format at www.nhsemployers.org