

Patient and public engagement forum, 16 May 2013

The Patient and public engagement forum met at 23 Portland Place, London on 16 May 2013.



Welcome from the Chair

Once again, thank you very much for taking the time to come along to our patient engagement forum. I can't stress enough how important this regular event is for the NMC.

As most of you know, our new Council started on 1 May 2013; I know some of you met members over a light lunch on that day. Council is made up of six lay members and six members who are nurses or midwives. Council members come from a wide range of backgrounds and specialities including law, diplomacy, health, business and accountancy. Our nurses and midwives members come from all four countries and represent a mix of nurse specialists. Council's first meeting took place on 23 May 2013.

Council's key challenge over the next three years is to make sure the NMC stays on track and continues to improve. The importance of patient and public engagement is recognised and embraced by the Council and Stephen Thornton, one of our new Council members is keen to attend forum events.

The NMC Corporate Plan

We have recently published our new [Corporate Plan](#), a copy of which you have all received. This sets out our goals for the next few years. I hope you will agree that the Plan makes clear our primary goal of protecting patients and the public, and how we intend to engage with everyone who has a stake in how we do our job properly.

Mark Addison, Chair

The Francis Report - update

Chief Executive Jackie Smith, told members of the forum that the NMC will formally respond in July this year to the recommendations contained in the Francis Report into the events in Mid Staffordshire.

Responding to the Chief Executive's update, the group discussed the Government recommendation that student nurses should spend time as a healthcare support worker before working as a nurse. The importance of students having practical experience was generally agreed but a shared concern was that it may only be for a short period. Some forum members were not aware that NMC standards already require 50 per cent practice and 50 per cent theory in training.

Once again we were reminded of the need to raise awareness of our standards for education.

Members of the forum shared some of their NHS experiences. There was concern that senior nursing staff were not good enough role models and lacked compassionate interaction with patients. One of our group commented that they had asked a nurse for a urine bottle and was told by the nurse that they had not trained for three years to do that.

Thank you all as usual for your comments and a lively discussion.

Jackie Smith, Chief Executive



You said, we did

At the last forum we asked you to help us make the NMC website more user friendly for patients and the public. Following that discussion we have: prepared a strategy which outlines how we will improve our website; changed the name of the general public section to 'Patients and Public'; added new images; and made the 'How to complain' link easier to find. There is plenty more to do and we will come back to the forum when we have more to report.

You wanted us to work more with Healthwatch. We attended the Healthwatch launch on 11 April 2013 and invited Local Healthwatch groups to join our Patient and public engagement forum – thank you to those who took up our invitation. We will provide information to Healthwatch for inclusion in the Local Healthwatch members' newsletter and website.

You said that we use too much jargon and acronyms in our communications which make them confusing to patients and the public. We are working now on our plan to ensure Plain English accreditation and the Crystal Mark on as many of our publications as possible. We will keep you informed on progress.

You said that information about the Patient and public engagement forum needs to be prominent on our website. We will look at doing this.

Lindsey Mallors, Director of Corporate Governance

Get involved in Fitness to Practise listening events

We run listening events which are an opportunity to discuss changes to Fitness to Practise processes. These events start with a presentation on the process in question, followed by a discussion. We want to make the group as wide as possible and involve stakeholders in processes which affect them. We will invite forum members when we next hold a listening event.

Peter Lynn, Head of External Liaison, Fitness to Practise

Over to you

Forum members have been invited to lead sessions at the Patient and public engagement forum. It's great to welcome Roger Goss from Patient Concern as our first guest speaker.



The gap between patients and the public and regulators' mindsets

Conflicting mindsets

Roger talked about the conflicting mindsets, objectives and agendas between patients, health professionals and regulators. Public, patients, healthcare professionals and regulators might all think differently about the same issue. For example, patients might be interested in the religious beliefs of a healthcare professional as they might feel this could affect their treatment. However, a regulator would not share this information as it is personal data.

Working together

Roger shared an experience of working with an organisation on a document about anaesthetics. Staff there wrote the document and then had it approved by their Council before showing it to patient groups.

The patient groups felt their views did not matter as they were shown the document at the end of the process. The result was that they stopped engaging. The organisation then decided to recruit six lay volunteers. These volunteers researched what material to include and worked on creating a guide with the project team from the organisation. The project manager was able to mediate between the needs of the patient advocates and the needs of the organisation. The message here is that patients and the public, healthcare professionals and regulators will all approach an issue from different points - but it is possible to meet in the middle.

Roger Goss, Patient Concern

As a result of Roger's contribution, you discussed how important it was for patients and the public to co-produce leaflets. You commented that you have not seen posters or leaflets about the NMC in any healthcare settings.

We discussed how the NMC needs to talk to the right people, at the right time, which is why working closely with patient representatives is so important. You also told us that having a leaflet from each regulator was not very helpful. It would be better to have something that would guide patients and the public through the whole complaints system. The representatives from Local Healthwatch said that being able to signpost effectively was a key priority for Healthwatch.

You reminded us that you want to see plain English used in spoken as well as written communications.

Making it easier to complain

You discussed the idea of a single point of contact to raise concerns and make complaints. The idea of a complaints hub is still being discussed by regulators. This could be a service to simply signpost or it could be a more comprehensive service which takes details of complaints and then directs them to the right organisation.

Our commitment to engagement and delivery plan

We have made a [public commitment to engagement](#) which sets out who we need to engage with, why and when. Our commitment explains that we need to be clear about what we do, and also what we don't do.

We are engaging with patients by:

- Holding this forum!
- Listening to you and wherever possible acting on your advice.
- Planning a Patient and public engagement forum in Scotland.
- Working with Healthwatch, Patient Advice and Liaison Service, National Childbirth Trust, National Voices and Action Against Medical Accidents.
- Working with the Richmond Group of Charities.
- Working with other regulators to find better, more effective ways of reaching patients and the public.
- Making our website more public friendly.

We need to understand the impact of our engagement activities. We also need to show how your contribution leads to changes and improvements. In the long term we want to see if the type of complaints we receive changes and if the number of complaints goes up or down. The group asked if we expected to see more complaints as a result of our engagement activity. We expect to see a short term increase but then a decrease in the longer term. So, it is work in progress and with your help I'm sure we will see a difference.

Lindsey Mallors, Director of Corporate Governance



Assuring the quality of nursing and midwifery education

What we do

We set standards for training providers to make sure the courses they offer would enable a nurse or midwife to join our register when they qualify. Our role is to make sure minimum standards are met. It is the role of other organisations to push for improvements in education. We cannot decide how many courses are run, that is up to providers and commissioners.

Quality assuring education protects the public in a number of ways. It ensures that suitable applicants with the right behaviours and values are accepted onto courses. We set the standards of what a nurse or midwife needs to know in order to get on our register. We ensure that nurses and midwives get real world training as part of their course.

How we do it

We have a series of visits planned to check on programmes but we have left the door open for extraordinary visits if we think there might be a problem. The Professional Standards Authority wants us to be more focused when we do visits and to concentrate on the areas most likely to have problems.

We do not judge the quality of practice settings because there are other regulators who do that. However, if we saw a potential problem we would report it to the Care Quality Commission.

Part of our standards for education set 'do not pass go' points. These are parts of a course that must be completed successfully for a student to continue. We set these standards but it is the job of the university to enforce this.

We approve programmes not institutions so every time a university runs a new course they need to provide us with all the same background information. We want to get to a point where we look at the provider once and then concentrate on the course itself. The new framework we are introducing will help us do this as well as making the whole process more transparent.

We need to make sure that we engage patients and the public in our education work.

Emma Westcott, Assistant Director Education and Standards

Next steps

We will:

- Ask for your input into our revalidation work at a workshop event on 4 June 2013.
- Invite you to our joint event with GMC and The Richmond Group of Charities.
- Invite you to visit Old Bailey and learn about how hearings work at our next forum event on 7 August 2013.



The next meeting of the Patient and public engagement forum will take place on 7 August 2013 from 13:00 to 16:30 at the Nursing and Midwifery Council, 20 Old Bailey, 20 Old Bailey, London, EC4M 7LN.

Attendees

Guests	NMC
<ul style="list-style-type: none"> • Malcolm Alexander, Healthwatch and Public Involvement Association • Abi Begho, Ovarian Cancer Action • Janet Clarke, Macmillan • Danny Daniels, National Association for Patient Participation • Elizabeth Duff, National Childbirth Trust • Elsie Gayle, Healthwatch and Public Involvement Association • Tom Gentry, Age UK • Roger Goss, Patient Concern • Jan Green, Healthwatch Luton • Valarie Harrison, Healthwatch Hertfordshire • John Hunt, Healthwatch and Public Involvement Association • Margaret Jeal, Action for Sick Children • Andrew Leitch, Scottish Health Council • Clare Lucas, Mencap • Chris Miles, PoHWER • Michael Osborne, Integritas Advocacy • Francesco Palma • Russell Prestwich, Advocacy for All • Gavin Terry, Diabetes UK • Martha Vickers, Healthwatch Berkshire • Nicola Wilson, Doula UK 	<ul style="list-style-type: none"> • Mark Addison, Chair • Jackie Smith, Chief Executive and Registrar • Michelle Alexander, Corporate Communications Officer • Kyle Christie, Web Content Officer • Jemma Godel, Team Administrator • Katerina Kolyva, Director of Continued Practice • Susan Law, Corporate Communications Manager • Peter Lynn, Head of External Affairs • Lindsey Mallors, Director of Corporate Governance • Janice Muir, Head of Communications • Laura Oakley, Events Officer • Sarah Page, Director of Fitness to Practise • Muhammed Parker, Corporate Communications Officer • Emma Westcott, Assistant Director Education and Standards