Summary of patient and public engagement forum, 23 August 2012

1 The patient and public engagement forum was held at 1 Kemble Street, London.

Guests	NMC
• Bridget Baker, Doula UK • Beverley Beech, Association for Improvement in Midwifery Services • Rosalind Bragg, Maternity Action • Sanober Fasihi, AvMA • Lavinia Fernandes, Parkinson's UK • Gillian Fletcher, NCT • Elise Gayle, NALM • Roger Goss, Patient Concern • Tom Gentry, Age UK • Christopher Hall, Patients Association • Jean Hardiman Smith, CPSA / NPC • John Hunt, NALMS • Robert Johnson, National Voices • Andrew Leitch, Borders Health Council • Clare Lucas, Mencap • Steve McBride, LTCANI • Paula Reid, Rethink	• Judith Ellis, Interim Chair • Lorna Jacobs, Council Member • Beatrice Teuten, Council Member • Jackie Smith, Acting Chief Executive and Registrar • Sarah Page, Acting Director of Fitness to Practise • Lindsey Mallors, Director of Corporate Governance • Katerina Kolyva, Acting Director of Registration and Standards • Andy Jaeger, Assistant Director Policy and Communications • Lucinda Joyce, Personal Assistant • Laura Oakley, Events Officer • Phil Evans, Public Affairs Officer • Marie Saldanha, Public Involvement and Consultations Officer • Angeline Burke, Head of Public Involvement and Consultations

2 Lynn Strother, Age UK was unable to attend the event but sent comments which are included in the summary below.

3 Judith Ellis introduced the event by thanking guests for coming and focusing the direction of the session on our desire to engage differently, listen, find common

ground and develop ongoing relationships. Judith went on to talk about our core regulatory functions which are quality assurance of education, maintaining the register, setting standards for nurses and midwives and fitness to practise.

4 Lindsey Mallors talked about the findings of the CHRE report, and focused on three recommendations which deal with building confidence and developing stakeholder engagement. She summarised where we are now in addressing the issues raised by CHRE.

5 Jackie Smith introduced the discussion session. The following is a summary of key points raised by the discussion groups in answer to two questions:

What do patients and the public expect from an effective and efficient regulator?

6 Understanding what the regulator does

6.1 Patients and the public need a better understanding of what the NMC does. There is particular confusion about the different role of regulators and the royal colleges. There is also confusion over the core functions of the regulator which needs to be clarified.

6.2 Patients need a better understanding of the cases the NMC deals with to help them know when to refer. More media coverage of cases would help raise awareness of what the NMC does. The public need to know the NMC is acting and being accountable.

6.3 The NMC should communicate more with patients. This could include producing posters and leaflets for use in healthcare settings and working more closely with PALs. Nurses and midwives also need to take a role in raising awareness of the NMC among patients and an information leaflet them to hand to patients would be useful. Voluntary groups can also distribute information through their newsletters and magazines. The NMC need to think about at what stage and when patients need to learn about what they do.

6.4 The NMC needs to raise its profile with help lines and advice lines that offer signposting. They would benefit from more information, especially case studies which show real life examples.

6.5 Patients are discouraged from referring because the nurse or midwife continues to practice. They need to understand why this happens. Many also want an apology and feel frustrated when this doesn't happen.

6.6 For some older people the term 'fitness to practise' means that a person is qualified not necessarily that they are competent.

7 Be accessible and approachable

7.1 The NMC need to communicate in a clearer way and make it easier for patients and the public to contact them. The website needs to be more user friendly and easier to navigate.

7.2 Raise awareness that the public can look at the online register to see if a nurse or midwife is there. It can be difficult to find the right person on the register especially if they have a common name. It would be more helpful to patients and the public if you could search by employer as well.

7.3 It needs to be as simple as possible to refer to the NMC. Patients wanting to refer can be very stressed and vulnerable and put off by complex process and what it might mean for them in the future. Some patients fear they will receive worse care if they refer while others are concerned about how much they will be required to do.

7.4 Those who refer want to be kept up to date on the process of the case and to have a named contact they can talk to.

7.5 Having a Facebook page and being on Twitter is good because that's increasingly how people are communicating. However, it should be remembered that not everyone finds computers easy to use.

8 Act quickly and be fair, just, open and honest

8.1 The NMC needs to act faster, and have more efficient processes. Patients are discouraged from referring because the process takes so long.

8.2 The needs of the patient and the nurse or midwife both need to be taken into account. Cases should be progressed quicker but must still be fair.

8.3 The NMC needs to show more clearly what gets someone struck off and how it knows panels are competent to make decisions. If in the course of a hearing another nurse or midwife's competence comes into question then this must be followed up or an explanation giving as to why it is not being followed up.

8.4 Midwives have supervision while nurses don't. Would like to see a similar system for nurses but understand the difficulty in offering supervision to a much larger group.

8.5 There is due regard in hearings but it does not take into account different types of practice within the same field, for example midwifery which is community or hospital based. Committees can ask for experts to come and advise on specific areas of practise but they may not be doing this as much as they should.

8.6 The NMC need to show that they have seriously considered a complaint. People who refer need progress updates and also to be told if the complaint has been passed on to someone else to look at. The NMC needs to remain accountability and not just pass the buck to a systems regulator, such as CQC, or back to the employer.

8.7 The NMC needs to talk about nurses and midwives being a danger rather than talk about fitness to practise being impaired. Fitness to practise does not mean anything to most people.

9 Ensuring standards are maintained

9.1 The Code needs to be concise and easy to understand. It's about getting the basics right rather than setting a gold standard.

9.2 Is having one Code for nurses and midwives and then additional rules and standards for just midwives right? Should the Code be based on values and behaviours, rather than focusing on compliance and conduct? The relationship between the Code and fitness to practise needs to be clearer.

9.3 Patients and the public need to have more confidence in nurses and midwives coming from overseas and how the NMC ensures the quality of their practice.

9.4 Education needs to be informed by the types of cases going to Fitness to Practise in order to stop them happening over and over again. If education is right then there will be more efficient and effective nurses and midwives Help patients to understand what to expect from nurses and midwives

10 Patients and the public need to understand what they should expect from a nurse or midwife.

10.1 Patients and the public expect nurses and midwives to be fit to practise and assume that employers would have checked they are registered and competent.

10.2 Patients and the public need to understand that the NMC do not regulate healthcare support workers. Patients are often confused as to the roles of the different people who care for them, and this makes it even harder to report when something goes wrong.

10.3 There needs to be a better understanding of what revalidation is compared to re-registration. Revalidation needs to be proportionate and in line with other regulators. Some of the group felt revalidation is not as much of an issue for nurses as it for doctors, while others felt there should be parity between regulators.

11 Work with other organisations

11.1 The NMC needs to work with employers, especially in better management of alerts and whistle blowing. Action needs to be taken proactively before things go wrong. Employers need to take more responsibility for apologising when things go wrong.

11.2 The NMC needs to work more closely with systems regulators. Where organisational cultural issues arise from NMC investigations they need to be passed on to the relevant regulator. The NMC should not just pass the buck and should follow up on what other regulators are doing to respond.

11.3 Employers need to understand better when they should be referring to the NMC and when they need to deal with issues themselves.

What will the NMC need to do to restore public confidence?

12 Be open about what went wrong

12.1 The NMC need to stand up and say they got it wrong, this is what happened, this is what they are doing now and this is what success looks like. They need to feedback in public – 'you said, we did' and show how responding to CHRE report.

12.2 NMC needs to be open about why apparently bad FtP decisions have been made in the past and what it is doing to improve.

13 Get what they do right

13.1 The confidence of nurses, midwives and the public can be regained by getting FtP and core functions right. People will respect the NMC when they do their role right. There needs to be better customer service and complaints management.

13.2 The NMC need to speed up hearings. Taking years to hear a case does not help public confidence. Registrants also need to be confident in then process to refer.

13.3 The NMC need to demonstrate how re-registration indicates ongoing fitness to practise and professional development.

14 Embed patient voice

14.1 Patient centred care is important in healthcare and should be the same for the regulator. The NMC need to talk about 'putting patients first' rather than say it is 'protecting the public'.

15 Show how working with other organisations

15.1 NMC should promote its memorandums of understanding and explain what these mean to show how they are working with other organisations. They need to develop better relationships with local healthcare providers.

16 Ensure nurses and midwives take responsibility

16.1 Nurses and midwives should be proud of their profession and want to know other colleagues are safe and competent. They need to be more accountable and responsible in raising concerns about their organisations or colleagues.

16.2 Nurses and midwives have lost ethos of compassionate care and empathy. A dignity pledge should not be required, it should be inherent. Nurse and midwives need to treat patients exactly according to what the code says.

16.3 Re-registration should be about checking nurses and midwives are still good to practise as well as about paying fees. Revalidation should be similar to GMC, but understand this is difficult as more nurses and midwives than doctors. Employers need to assess fitness to practice as well.

16.4 The Code is only as strong as its application at a local level. The Code should be proactively applied and managers held to account when its not.

17 To end the meeting Andy Jaeger summarised the next steps which are to share the output of the forum with the group and others, arrange further meetings (3-4 times per year) and extend the reach of the group by asking existing members to suggest anyone else who might be interested in attending future meetings.