Patient and public engagement forum, 7 August 2013

The Patient and public engagement forum met at 20 Old Bailey London on 7 August 2013.

How hearings work

We had a tour of 20 Old Bailey, which is used to hold fitness to practise hearings. We looked at the different types of rooms for hearings as well as those for witnesses, respondents and staff. Hearings are also held at our Aldwych offices and in Belfast, Edinburgh and Cardiff. Currently we hold 32 hearings a day.

A number of different people are involved in any hearing:

The panel – which is made up of the chair, who is a part of the panel and responsible for the proceedings, plus at least two other panel members. At least one member of the panel will be a nurse or midwife from the same part of the register as the person under investigation. There will also be at least one lay member on the panel, meaning they are from outside the profession and not on the NMC register. All panel members are independent.

A Panel secretary – who helps make sure that the chair follows the correct procedures.

A Legal assessor – who advises the panel on points of law and helps the panel to draft their reasons for their decision.

the Case presenter – who acts as prosecutor in the case on behalf of the NMC.

A Shorthand writer – who records the proceedings.

The Respondent – this is the nurse or midwife who has been called in to answer the charge. They can bring a legal representative or friend with them for support.

Witnesses – who are asked questions about what happened.

Observers – members of the public can attend to observe. Apart from Health Committee hearings, all fitness to practise hearings take place in public

Before a case gets to a hearing it will have gone through three stages. There will have been a screening process to make sure this is a case that the NMC should deal with. Then an investigation takes place to see if there is a case to answer. Finally, if there is a case to answer, a hearing will be held.

Hearings normally take one to three days, although in exceptional circumstances they can take as long as 20 days. The length of a case depends on the number of charges and the number of witness who will need to be called to give evidence.

We have been doing lots of work recently to improve our Fitness to Practise processes. These include working towards hearing cases within 18 months, improving the witness experience and improving quality of decisions and the decision making process.

Over to you

Forum members have been invited to lead sessions at the Patient and public engagement forum. It was great to welcome Clare Lucas from Mencap as a guest speaker.

Understanding healthcare of people with a learning disability

Clare explained that a learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people.

A learning disability occurs when the brain is still developing – before, during or soon after birth. A learning disability can be diagnosed at any time. A child may be diagnosed at birth, or a parent or professional may notice a difference in their development during early childhood. For some people it may be many years before they receive a diagnosis – while others may never receive a diagnosis at all.

People with a learning disability are more likely to suffer from poor health than the general population.

- People with a learning disability are **at least twice as likely** as other people to go into hospital in a year.
- Those who go into hospital are **twice as likely** to be admitted **three times or more** that year.
- Also, their hospital stays are roughly **25 percent longer.**
- People with a learning disability are **58 times more likely** to die before their 50th birthday.
- Mencap has had **almost 100 avoidable deaths** reported to them by families and carers since 2002.

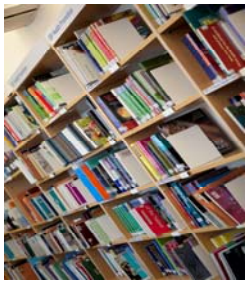
There are common problems that people with a learning disability experience when accessing healthcare including poor communication, lack of basic care, delays in diagnosis and treatment, failure to recognise pain, not involving people in decisions about their care and failing to make reasonable adjustments.

Mencap wrote the ‘Death by indifference’ report in 2007, which highlighted the devastating consequences of what can happen when healthcare goes wrong for people with a learning disability.

Good healthcare would include having hospital passports, providing information in easy read formats, making reasonable adjustments, being treated with dignity and respect and training staff on learning disability awareness. Mencap launched the ‘Getting it right charter!’ in 2010 to help NHS staff treat people with a learning disability better.

There are things that nurses and midwives can do to improve the care of people with learning disabilities:

- Take time to get to know patients as people – find out about their history and what they like and do not like.
- Think of any reasonable adjustments that can be made, such as spending longer talking to the person.
- Check if patients have a hospital passport or health action plan.
- Use accessible language in written and spoken communication.
- Listen to the person and their family or carers.
- Learn about Mental Capacity Laws and put them into practice.



Creating a leaflet on quality assurance of education for patients and the public

We discussed developing a leaflet about the quality assurance of education, which is the process we use to check the quality of nursing and midwifery education programmes.

The leaflet will include patients and the public role in nursing and midwifery education, supervision of midwives and in quality assurance.

This was a very useful discussion and helped us to realise we need to explain in more detail the terms we are using and what they mean.

We will continue to work on this leaflet and share our progress with you.

Reflecting on the first year of Patient and public engagement forums and moving forward

Over the last year we have covered a lot and want to say a big thank you to everyone who has been involved.

We have asked you about:

- What patients expect from an effective regulator.
- What needs to be done to restore public confidence in the NMC.
- What the patient's experience is of referring to the NMC.
- What does good customer service mean.

You have told us how we can make our materials more user friendly for patients and the public. We have looked at:

- Complaints against nurses and midwives: Helping you support patients and the public leaflet.
- Referral form for patients and the public.
- NMC website.
- Patient and public newsletter.

We have updated you on:

- Our response to the Francis Report.
- The progress we are making on our Improvement plan.
- Our engagement commitments and delivery plan.
- The quality assurance of nursing and midwifery education.
- Our new Council (who some of you met over lunch on 2 May).

We want to reach more people in the future and have been working with the Health and Social Care Alliance to establish a Patient and public engagement forum in Scotland. We will be setting up similar groups in Wales and Northern Ireland next year.

Next steps

We will:

- Discuss with you how we can develop the forum in the future when we meet on 19 November 2013.

- Share with you the progress we are making with the quality assurance of education leaflet and ask for your comments.

The next meeting of the Patient and public engagement forum will take place on 19 November 2013 from 13:00 to 16:30 at the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ.

Attendees

Guests	NMC
• Beverley Beech, Association for Improvements in the Maternity Services • Abi Begho, Ovarian Cancer Action • Janet Clarke, Macmillan • Viv Cooper, The Challenging Behaviour Foundation • Elizabeth Duff, National Childbirth Trust • Lavinia Fernandes, Parkinson's UK • Tom Gentry, Age UK • Roger Goss, Patient Concern • Jean Hardiman Smith, National Pensioners Convention • Margaret Jeal, Action for Sick Children • Robert Johnstone, National Voices • Clare Lucas, Mencap • Chris Miles, PoHWER • Michael Osborne, Integritas Advocacy • Francesco Palma • Russell Prestwich, Advocacy for All We were also joined by NMC council members Stephen Thornton and Amerdeep Somal Colleagues from the General Medical Council also attended this meeting to observe.	• Lindsey Mallors, Director of Corporate Governance • Loraine Ladlow, Assistant Director of Adjudication • Edina Ojeifo, Hearings Manager • Lucia Owen, Standards Compliance Officer • Daniel Regan, Case Manager • Emma Willis, Head of Screening • Andrew Wood, Head of Adjudications • Michelle Alexander, Corporate Communications Officer • Laura Oakley, Events Officer