

Patient and public engagement forum, 5 February 2014

The Patient and public engagement forum met at 23 Portland Place, London on 5 February 2014. Thank you to everyone who attended the meeting on 5 February; bad weather and a tube strike meant we were a smaller group than usual!



Update

Mark Addison, Chair, picked up on a discussion on strategy started by Council member Stephen Thornton at our last meeting. Strategy discussions have been ongoing and will be presented to Council in the summer. We will seek feedback from stakeholders in the autumn and winter of 2014, and our final strategy will be published in spring 2015. The key areas our strategy needs to cover are:

- Being clear about the fundamental purpose of the NMC, and our role in public protection.
- Improving our core functions which include fitness to practise, registration and education. We need to make sure that we are doing these better, but for less. Currently 80 percent of our budget goes on fitness to practise so we need to make sure we are doing this as effectively and efficiently as we can.
- Working more closely with others, which Francis and other recent reports have been clear that we must all do.
- Being sure that our decisions are based on evidence and that we understand the risks. We need to make much better use of research, for example, what are the most common reasons that nurses and midwives are referred to us? We can then make improvements based on what we learn.
- Finally we need to ensure that our people and systems are strengthened and supported.

Mark went on to talk about his priorities for the NMC in the coming year. These include making sure that we accelerate cases through our system and specifically that case progress through the adjudication stage is within six months. We are currently consulting on revalidation, which will be introduced in December 2015. This is one of the biggest projects that the NMC has undertaken. And financial stability is essential to the organisation and is a key current priority.

Mark will be Chair until December 2014 and we are already thinking about the recruitment of the next Chair. Mark asked the group to help by thinking about some of characteristics it would be important for a Chair to have. These included:

Communication skills
Listening skills

Being proactive and responsive
Leadership skills
Advocating for the public
Diplomacy
Integrity
Experience of the health service, but not necessarily a nurse or midwife.

Revalidation

Revalidation is the process by which registered nurses and midwives are required to regularly demonstrate to the NMC that they remain fit to practise. It aims to protect the public, increase public confidence in nurses and midwives and helps those on the NMC's register to meet the standards required of them. Revalidation will take place every three years at the point of renewal of registration.

In the proposed revalidation model, the nurse or midwife will be required to declare they have received confirmation from someone well placed to comment on a nurse or midwife's practice. This confirmation will be based on the revised NMC Code (the standards for good nursing and midwifery practice) and they will need to reflect on the feedback they receive so can use this feedback to improve or confirm their practice.

Forum members were asked to think about some of the challenges for patients in giving feedback and here's what you said:

- Patients might feel worried about giving negative feedback out of a fear it could affect their care. However, negative feedback is important as it offers more opportunity to learn and improve.
- While patients can comment on the care and respect they received, it would be more difficult to comment on clinical aspects of care. Patients need to understand the Code and know what to expect from a nurse or midwife.
- Patients might not spend sufficient time with a nurse to be able to give feedback, for example they could be in A&E for four hours or could be in a surgical setting and not even meet the nurse.
- Sometimes patients don't want to give negative feedback because they can see how busy staff are and don't want to blame an individual.
- Patients often don't know how to give feedback and it's not made easy for them. In fact only half of the forum members at this meeting would be confident that they know how to raise a complaint.
- It is important that feedback is representative and comes from more than one source.



The Code

The Code is the standard of good nursing and midwifery practice. Last reviewed in 2007, it was due to be looked at, not least because it underpins revalidation. The draft Code will be considered during phase two of revalidation consultation, from May 2014, and we will have a new Code by December 2014. This is an opportunity for us to make improvements and put patients and the public at the core of the Code.

For the first time we are looking at including information on what patients should expect from a nurse or midwife in the Code. The General Medical Council have produced a leaflet

on What to expect from your doctor and the General Dental Council have a Code which shows what the standard is, alongside what the patient should expect.

We are going to be asking stakeholders to comment on the content, language and tone and weaspire to get a Crystal Mark for the Code.



Have your say on revalidation and the revised Code

This is part one of a two-part, six month public consultation, which will run from January until July 2014. The consultation as a whole will address revising the Code (the standards of good nursing and midwifery practice) and implementing revalidation.

In part one, which runs from 6 January until 31 March, we are focusing our consultation on how the proposed model of revalidation can be implemented in a variety of employment settings and scopes of practice. This will help ensure the model we launch in December 2015 is flexible and fit for purpose. We will also use this part of the consultation to gather information to draft a revised Code and develop guidance for revalidation.

You can take part in the consultation on our website at

www.nmc-uk.org/Get-involved/Consultations/Consultation-on-revalidation-and-the-revised-Code

The Patient and public engagement forum can help us to raise awareness of the consultation through their own networks, so please pass it on!

Working together



We have been sharing what is important to us and have asked the Forum members what matters to them. From this we have identified some common themes that we can discuss in more detail at future meetings. These include:

Midwifery – You told us that midwifery is an area of interest. We will add this to a future agenda and invite members of the midwifery committee to join us for this discussion.

Education – There are several issues that you raised that can be discussed in the context of education and the pathways into nursing and midwifery. You told us that nurses and midwives must be compassionate and caring, no matter how they trained. You also raised issues around staffing levels. It is the role of a Board of a hospital trust to set staffing levels, however we set standards in education and practice.

Mental health nursing – Mental health can be a challenging setting to work in. An aging population and increase in the number of people with dementia, along with other complex conditions, makes it even more challenging.

Medicines management – We will be discussing the prescribing and medicines management consultation with you at a future meeting.



The next meeting of the Patient and public engagement forum will take place on 7 May 2014 from 13:00 to 16:30 at the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ.

Attendees

Guests	NMC
<ul style="list-style-type: none"> • Bridget Barker, Doula UK • Lavinia Fernandes, Parkinson's UK • Elsie Gayle, HAPIA • Jan Green, Healthwatch Luton • Sue Harle, Volunteer • Robert Johnstone, National Voices • Michael Osborne, Integritas Advocacy • Francesco Palma • Debra Ridley • Martha Vickers, Healthwatch Berkshire 	<ul style="list-style-type: none"> • Mark Addison, Chair • Katerina Kolyva, Director Continued Practise • Laura Oakley, Events Officer • Alan Tipping, Revalidation Liaison Manager • Karen Dignan, Business Analyst (Revalidation) • Roxanne Burns, Project Manager • Chris Bell, Standards Development Officer