

Summary of Patient and public engagement forum, 5 June 2014

Since August 2012 we have held a Patient and public engagement forum meeting quarterly in London. The forum is made up of patient advocates, health charities and members of the public. Patients and the public can help us design, deliver and evaluate our projects and help us to raise awareness of our role. In order to make sure we hear from patients and the public in all four countries we have started to hold meetings in Scotland. Our first meeting was held in Glasgow on 25 April 2014. We followed the same agenda at this event as we did in Glasgow.

Introduction to the NMC



We exist to protect the public. All nurses and midwives must be on our register to legally work in the UK. We set standards of education, training, conduct and performance for nurses and midwives. And we have clear and transparent processes to investigate and take action against nurses and midwives who fall short of our standards.

Education

We set standards for education, to make sure nurses and midwives have the right skills and qualities when they start work. We also quality assure NMC approved programmes of nursing and midwifery education through robust processes of approval, self-assessment and reviews.

While studying, nurses and midwives spend 50 percent of their time in practice. We make sure that the practice settings support students and giving them proper mentorship.

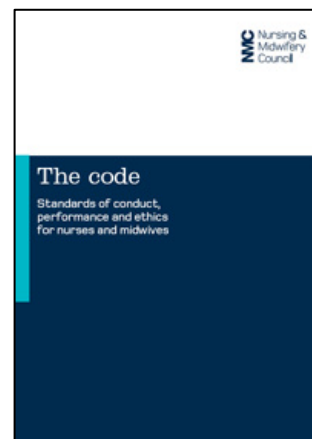
Registration

We keep a register of all nurses and midwives in the UK. It is illegal to work as a nurse or midwife without being on the NMC register. Nurses and midwives must pay a yearly fee and prove that they fulfil our requirements for keeping their skills and knowledge up to date.

There are over 670,000 nurses and midwives on our register. We are the largest healthcare regulator in the world.

Setting standards

The Code: Standards of conduct, performance and ethics for nurses and midwives is the foundation of good nursing and midwifery practice and applies to everyone on the register. It is the fundamental care standards that nurses and midwives must follow. These are the behaviours and values that a nurse or midwife must demonstrate. This is not about the tasks that a nurse or midwife might do; these would be set up by an employer in their policies. The Code applies to all nurses, whatever level they are and wherever they work.



The Code is available on our website to members of the public as well as nurses and midwives. However, we know that not many patients and members of the public use it at the moment. We are in the process of reviewing our Code, and part of this work is looking at how we can make it more useful for patients and the public.

Fitness to practise

Anyone can make a complaint to us about a nurse's or midwife's behaviour or competence. We will investigate and, if necessary, act by removing them from the register permanently, or for a set period of time. Most complaints come from employers but we have seen a rise in the number from patients and the public. We also get complaints from other nurses and midwives, other healthcare regulators, the police and organisation such as universities. We deal with complaints about individuals. There are other organisations, such as Care Inspectorate in Scotland or the Care Quality Commission in England, that regulate healthcare systems. Only 0.6 percent of the nurses and midwives we register are investigated for their fitness to practise. In 2012–13:

- We imposed 864 interim orders – these stop a nurse or midwife practising while we investigate. Interim orders are used when there is a serious concern about nurse or midwife.
- 163 nurses or midwives received a caution order. These can last between one and five years and are shown on the register on our website.
- 160 nurses or midwives had conditions imposed on how they can practise. For example, they might have to work in a hospital, rather than alone visiting people's homes.
- 232 nurses or midwives were suspended from the register.
- 589 nurses or midwives were struck off the register.

Our plans for the future

We want to be an effective and efficient regulator and we have been working on a new strategy to help us do this. We want to make sure that our focus is right and that we do what we do as efficiently as we can. Public protection must be our key focus and we

want to make sure that we work closely with others, including patients, other regulators, employers and nurses and midwives.

Introducing revalidation

Revalidation is the process by which registered nurses and midwives will demonstrate to us that they continue to remain fit to practise. It aims to protect the public and increase public confidence in nurses and midwives. It will aim to help nurses and midwives to meet the standards required of them. Revalidation will take place every three years at the point of renewal of registration and will start in December 2015.

Nurses and midwives currently need to declare that they have done 450 hours of practice and have kept their skills and training up to date. When revalidation begins they will also need a reviewer to confirm that they have done this. Revalidation will also look at how nurses and midwives use the feedback they receive from colleagues and patients. The focus will not be on whether these are positive or negative comments, but will look at how the nurse or midwife has learnt and improved as a result.



Our Patient and public engagement work so far

Patient and public involvement in our wider work

We have lay members (who are not nurses or midwives) on our Council and also on our Fitness to Practise panels. Local Supervising Authority reviews involve lay reviewers and use feedback from service users, and lay people are involved in the Education quality assurance. Our register is available on our website and can be checked by anyone.

Members of the public can refer a nurse or midwife to us.

Our engagement activity

We have a monthly newsletter that is aimed at patients and the public. Anyone can sign up to this through our website.

We work with groups like Healthwatch in England and are starting to build relationships with groups in Scotland, Wales and Northern Ireland.

We have been holding lots of events about revalidation. These have been attended by patient groups as well as employers, nurses and midwives. Our leadership team have spoken at many conferences and we have had stands at events (such as at the Citizens Advice conference).

We have been talking to politicians too, and have attended reception events in Scotland and Wales and will be attending one in Northern Ireland in the summer.

And of course our Patient and public engagement forum is a way for us to hear directly from patient groups, health charities and individuals.



Update from the Chair

Mark Addison, Chair gave an update on some of our recent work. We have been working on a strategy for 2015–20. This includes:

- Making public protection our key focus.
- Improving our core functions.
- Working more closely with others: patients, other regulators, employers, nurses and midwives.
- Making better use of research and making decisions based on risk.

Patients and the public are involved in our wider work in a number of ways. We have lay members (who are not nurses or midwives) on our Council and also on our Fitness to Practise panels. Local Supervising Authority reviews involve lay reviewers and use feedback from service users, while lay people are involved in the Education quality assurance. Our register is available on our website and can be checked by patients and the public.

Members of the public can refer a nurse or midwife to us.

We have a monthly newsletter that is aimed at patients and the public. Anyone can sign up to this through our website.

We work with groups like Healthwatch in England and are starting to build relationships with groups in Scotland, Wales and Northern Ireland.

We have been holding lots of events about revalidation. These have been attended by patient groups as well as employers, nurses and midwives. We have revalidation events coming up in Cardiff on 26 June and Glasgow on 11 June.

Our leadership team have spoken at many conferences and we have had stands at events (such as at the Citizens Advice conference).

We have been talking to politicians too, and have attended reception events in Scotland and Wales and will be attending one in Northern Ireland in the summer.

And of course our Patient and public engagement forum is a way for us to hear directly from patient groups, health charities and individuals.

We are continuing our work to re-develop our website to make it more accessible to patients and the public. Some members of the forum took part in a card sorting workshop. This involved sorting cards with the names of different pages of the website into topic groups. This will help us to understand how people would move around in the website.



What is important to you?

We asked the members of forum about what was important to them and their organisations and what topics they were most interested in discussing or getting involved in in the future. These are the areas that were discussed:

Training and education

Members of the forum would like to know more about how nurses and midwives are trained. They would like to know about how we make sure nurses and midwives take the time to listen to patients and carers.

Members also said they would like to be able to advise on standards and share their expertise.

There were specific comments on training such as training nurses who work with those with eating disorders to treat both physical and psychological aspects of the condition.

In remote and rural areas there are limited numbers of staff so patients may see an adult nurse when in other areas they would be able to see a children's or learning disabilities nurse,, so inclusion of training on specific conditions and training on treating and communicating with children and young people is important.

There was concern among the group that there may be inconsistency in the pre-registration nursing curriculum across the UK.

Complaints

The forum would like to know more about confidentiality and how information is shared. They are also interested in how patient feedback can inform the complaints process.

Members talked about wanting to explore how the NMC and advocacy groups can share patterns and themes they identify.

The forum also wanted to know more about guidance offered to whistle blowers.

Standards

The forum would like to know more about the standards of different organisations such as Care Inspectorate, Healthcare Improvement Scotland and the health professions regulators, and how these link so that patients and the public better understand what each organisation does.

Communications

The forum offered their talent and expertise to help us think about the materials we produce.

They are also interested in how effective communication can be ensured between patients, nurses and midwives and the health service.

Patient-centred care

This was an important topic for the group and they would like to spend more time on making sure carers are seen as equal partners in care, making sure that nurses and midwives understand the rights of children and young people, and about a human rights based approach to care.

Encouraging self-management and supporting patient choice were also important issues.

Advocacy

Forum members would like to explore the role of advocates and benefits of advocacy and how this can be used by the NMC.

Practice areas

The forum would like to know more about mental health nursing, community nursing and palliative care.



The next meeting of the Patient and public engagement forum will take place on 9 July 2014 from 13:00 to 16:30 at the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ.

The agenda will be shared in advance and members in Scotland will be able to feed in comments. We will share the notes from all meeting held. Going forward we are exploring other ways of keeping you involved through interactive sessions online.

Attendees

Guests	NMC
<ul style="list-style-type: none"> • Fiona Barrett, Parkinson's UK Scotland • Shaben Begum, Scottish Independent Advocacy Alliance • Fiona Byrne • Fiona Collie, Carers Scotland • Brandi Lee Lough, LGBT Youth Scotland • Natalie Frankish, Genetic Alliance UK • Jane-Claire Judson, Diabetes UK Scotland • Karen Kilpatrick, Arthritis Care Scotland • Jackie Knowles • Karen Martin, Carers Trust Scotland • Elizabeth May, Action for Sick Children Scotland • Margaret McDonald, Carers Scotland • Owen Miller, Alzheimer Scotland • Wendy Mitchell, Patients First • Hazel Muir, Arthritis Care Scotland • Derek Neilson, Citizens Advice Scotland • Susan Siegel, Marie Curie • Verena Throp, Linlithgow and Linlithgow Bridge Community Council 	<ul style="list-style-type: none"> • Mark Addison, Chair • Carol Shillabeer, Council member • Maura Devlin, Council member • Lorna Tinsley, Council member • Quinton Quayle, Council member • Jon Billings, Director of Strategy • Laura Oakley, Engagement Officer

- | | |
|--|--|
| <ul style="list-style-type: none">• Helen Welsh, Faith in Older People• Kathleen White, Patients First• John Whitfield• Diane Wilsdon, Parkinson's Scotland• Marjory Wood, British Heart Foundation Scotland | |
|--|--|