

Summary of Patient and public engagement forum, 7 May 2014

The Patient and public engagement forum met at 23 Portland Place, London on 7 May 2014.



Welcome

Mark Addison, Chair gave an update on some of our recent work. We have established a Patient and public engagement forum in Scotland because we wanted to make the forum more accessible, and we had only been holding meetings in London. We will look at how we can engage with Wales and Northern Ireland and how we can make sure we share information between the different groups. We held our first meeting in Glasgow on 25 April.

Attendees included Citizens Advice Scotland, Health and Social Care Alliance Scotland, Carers Scotland, Action for Sick Children Scotland and Psychiatric Rights Scotland. We talked to the group about our role and asked them about the topics they were interested in. They were interested in the review of the Code, the complaints process, involving carers and producing materials in formats such as easy read.

We have been undertaking an extensive programme of stakeholder engagement on revalidation across all four countries. We have events coming up in Cardiff on 26 June and Glasgow on 11 July.

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.

On 8 May 2014 we launched our fee consultation. The fee increased to £120 required 2 years ago. However, we received a £20 million grant from government which allowed us to hold the fee down to £100. We fully appreciate that the possibility of a fee increase comes at a bad time for nurses and midwives. However, it is in the interests of nurses and midwives that we have the resources needed to take swift and fair action against those who fall short of the high standards expected of the professions. The fee is our principal source of income and without sufficient funds we wouldn't be able to adequately protect the public.

We have produced an NMC Facts guide which explains more about what we do and how we use the registration fee that nurses and midwives must pay. A PDF is available on our website at <http://www.nmc-uk.org/Documents/Consultations/2014/The%20NMC%20fee.pdf>

The fee consultation is open until 31 July 2014 and we are keen to hear from patients and the public as well nurses and midwives. Take part in the consultation at <http://www.nmc-uk.org/Get-involved/Consultations/Fee-consultation/>

You asked: What happens if everyone says no in the consultation?

We said: The consultation asks several questions. We are open to suggestions about other sources of income or what services we could stop offering in order to keep the fee down. Ideas suggested the last time we consulted included offering phased payments and this something we are now exploring.

You asked: Why does the NMC need a reserve of £10 million?

We said: It is sensible for all organisations to have reserves. We are also a charity and the charity commission requires us to have reserves of between £10 and £25 million. Our current reserves are £7.5 million. This is not acceptable to the charity commission. The amount in reserves can dip but we must show that we have a plan to return to an acceptable level. Part of our commitments to the Department of Health, when they gave us the £20 million grant, was that we would rebuild our reserves by January 2016.



Update on our current work

Sarah Page, Director of Fitness to Practise gave an update on other areas we have been working on.

How we are improving

We have been working hard to improve the process and experience of fitness to practise. We:

- have cleared our historic caseload a year earlier than expected
- made £25 million worth of savings in the last three years
- are on track to meet our target of getting 90 percent of cases through to the first day of a hearing within 6 months of completing the investigation
- are holding 22 full hearings every day to get through all the cases we have
- are now doing 80 percent of investigations in house, which has resulted in significant savings

Revalidation

Part one of our consultation on revalidation has now closed. We received nearly 10,000 responses. Of those, over 3,000 came from members of the public. Part two of our consultation is now open until 11 August 2014. We are consulting on the draft revised Code and revalidation guidance.

Take part in the consultation at <http://www.nmc-uk.org/Get-involved/Consultations/Consultation-on-revalidation-and-the-revised-Code/>

Law commission

The *Regulation for health and social care professionals* bill would enable us to make some fundamental and much needed changes to the current system of delivering public protection. It would help us to be a more effective and efficient regulator and maintain our commitment to be transparent and accountable, continuing to publish outcomes and reasons on our website, even when there has not been a full hearing.

The draft bill was not included in the Queen's Speech and we are now calling for a first parliamentary session commitment from all political parties.



Introduction from Jon Billings

Jon Billings has recently joined the NMC as Director of Strategy. Jon joins us from the General Medical Council (GMC) where he led work in a number of high profile areas such as developing and launching medical revalidation and introducing English language checks for European doctors. He has a wealth of healthcare and healthcare regulation experience; he started his career in the NHS as a radiographer before going on to manage both medical and surgical services. Jon's regulatory experience includes senior roles at the

Audit Commission and Healthcare Commission.

In 2007 Jon became a director in Ireland's healthcare and social care regulator, where he led a number of investigations into health service failure, conducted inspection programmes and developed the first national standards for healthcare quality and safety.

In his role at the NMC, Jon will lead ongoing development of our strategy, planning, corporate governance and communication. Jon will also become lead director for the Patient and public engagement forum.

Duty of candour

Ben Scanlon, Standards Development Officer gave an update on duty of candour. This is already part of the Code and means telling patients when things have gone wrong. NHS England already has a duty of candour in contracts but this is not UK wide. The government wants the duty of candour to be on individuals across all health and social care professionals.

The Forum discussed the importance of professionals telling patients when things have gone wrong, but also of professionals telling their managers and employers when there have been near misses. This would ensure that there is reflection and learning and help stop mistakes from happening in the future. The draft revised Code includes candour, and nurses and midwives will be revalidated against this. Nurses and midwives should be declaring mistakes and showing insight and addressing issues when they arise.

Members of the Forum were supportive of the duty of candour and suggested that health could learn much from the culture of candour in the airline industry. There was some concern raised that employers may not respond to the complaints raised by staff or patients.

You asked: Could a lack of candour result in a Fitness to Practise sanction?

We said: The panel would look at what the nurse or midwife did at the time and whether they did or didn't raise an issue would be considered.



New leaflets for patients and the public

Thank you for your help in the creation of this leaflet. A PDF is now available on our website at <http://www.nmc-uk.org/Publications/Information-for-the-public/>

The Forum discussed where we could distribute these leaflets to ensure they reach patients and the public.

Suggestions included places where patients are such as hospitals, GPs, nursing homes and pharmacies. The group also suggested places where people go when they are unhappy including Healthwatch, PALs, charities and support groups. Other suggestions included where people for general information such as Citizens Advice, libraries and community groups.

Themes to explore in future meetings

We also discussed some themes that the Forum would like to pick up on at future meetings. These include:

- Inviting someone to speak about advocacy
- Inviting someone to speak about their experiences of making a referral and being part of the Fitness to Practise process
- More information on the role of mental health nurses
- A presentation on medicines management
- Inviting a nurse, midwife and health visitor to talk about their work to better understand the professional perspective
- Information on proactive Fitness to Practice and how we share information
- A discussion about fitness to practice reforms and public protection
- An update on the midwifery review

- Sharing examples of whistleblowing and where this has successfully made a difference.

Mencap have offered to invite a self advocate and learning disabilities nurse to speak to the Forum.



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.

Attendees

Guests	NMC
<ul style="list-style-type: none"> • Beverley Beech, Association for Improvements in Maternity Services • James Bolton, Mencap • Viv Cooper, Challenging Behaviour Foundation • Lavinia Fernandes, Parkinson’s UK • Kelsey Flott, Picker Institute Europe • Elsie Gayle, Health and Public Involvement Association • Roger Goss, Patient Concern • Jan Green, Healthwatch Luton • Robert Johnstone, National Voices • Andrew Leitch, Scottish Health Council • Michael Osborne, Integritas Advocacy • Lynn Strother, Greather London Older People’s Forum 	<ul style="list-style-type: none"> • Mark Addison, Chair • Sarah Page, Director of Fitness to Practise • Jon Billings, Director of Strategy • Ben Scanlon, Standards Development Officer • Laura Oakley, Engagement Officer