Health Professions Council – 27 March 2008

Reports from Council Representatives at External Meetings

Executive summary and recommendations

Introduction

The attached feedback forms have been received from the following members of Council, reporting back from meetings at which they have represented the HPC;

Christine Farrell
Jackie Pearce x 3
Annie Turner
Anna van der Gaag
Mark Woolcock

Decision

The Council is requested to note the document. No decision is required.

Background information

None

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

17 March 2008

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Christine Farrell**
Title of Conference/Meeting	**Involvement to Impact**
Date of Conference	**28 & 29 November 2007**
Approximate number of people at the conference/meeting	**200 approx**

Issues of Relevance to HPC

New legislation on patient and public involvement in healthcare.
The role of regulators in public engagement.

Report

The conference was opened by the Parliamentary Under Secretary for Health, Anne Keen. She emphasised the importance of the new, statutory, local structures for involving people in local decisions about health and social care provision (November 2007), now called LINks. These agencies will be responsible for implementing and encouraging public participation in health and social care planning and service provision.

There were two sessions on the role of regulation. They were useful in demonstrating some innovative ways in which regulation can inform and involve patients, carers and the public. The Healthcare Commission and the Social Care Commission have designed some interesting processes to achieve this involvement. These include: involving users in inspections: recruiting panels of ‘Experts by Experience’ (i.e. patients, carers) through voluntary organisations: involving people with learning difficulties in the redesign of a website which subsequently won an award for ease of access: developing on-line discussion groups in real time where the users are involved in setting the agenda as well as the discussions.

Two local initiatives of interest were: a Scottish Health Council development of a set of common standards for involvement and an advocacy initiative on the Isle of White (CAPCHAT) which uses multimedia tools with case studies for involvement.

The national Centre for Involvement has, in its first year, concentrated on setting up networks for sharing information and good practice in organisational development; establishing on-line Patient Citizen Exchanges. In the next year they hope to establish a ‘people bank’ for people involved in the education of health and social care professionals.

Christine Farrell

November 2007.

Key Decisions Taken

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Jacki Pearce**
Title of Conference/Meeting	**Information Standards Board**
Date of Conference	**28-11-07**
Approximate number of people at the conference/meeting	**17**

Issues of Relevance to HPC

- **Initial discussion on the need for a single Standard for Identity Management for staff working in the NHS, providing NHS services , and those involved in the regulation of NHS staff.**
- **The burden of Data collection about patients receiving cross-border NHS care.**
- **The need for the development of a Standard of record keeping for team based care, in electronic patient records, sponsorship of the developing Standard, involvement of all relevant Royal Colleges and professional bodies in such development.**
- **The application of patient safety risk management to the manufacture of health care software was discussed at length. There is a proposal that this will be developed as a Standard for the NHS in England but will initially be a technical specification in relation to EU or International markets for such software.**
- **18 week waits (referral to treatment time) where there is a transfer between providing bodies, and whether the system devised to allocate the correct proportion of Breach " penalty points" could compromise patient care.**
- **The need for a robust, universal, data dictionary definition of the term " Transfer of Clinical Care" with particular reference to 18 week waits.**

- **The need for practice guidance and a Standard on the issue of flagging sensitive addresses (e.g battered wives, refuges etc) when transferring patients between providers.**

Key Decisions Taken

N/A

I was alerted to the existence of an AHP Data Management Group convened by Karen Middleton, AHP Lead at DoH, and asked whether there was representation from HPC.

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FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Jacki Pearce**
Title of Conference/Meeting	**ISBHaSC Meeting**
Date of Conference	**27th February 2008**
Approximate number of people at the conference/meeting	**15**

Issues of Relevance to HPC

Revised terms of reference to agree that 40% of Board members present would make the meeting quorate. It was agreed to make no specification as to the mix of attendees within the 40%.

Care Records: The meeting acknowledged a requirement for a Standard across all Health care professions to insist that care notes are signed with the clinicians full name, clinical title and Regulatory body registration number. (In electronic patient records, entries will not be able to be tracked by identifiable handwriting, and it is important to be able to trace any activity back to the relevant clinician.) This is already a requirement for Drs, but those present admitted that they did not customarily use their GMC reference no.

Mental health Minimum Data Set: It was noted that the data set is not currently being submitted by all private providers contracted by the NHS to deliver services, although it is policy that this should form part of the contract. Compliance needs to be monitored in future.

GUM clinical activity Data Set:
Data collected for secondary/national purposes should not be identifiable except by clinic code.

The meeting heard a very useful presentation on de-identification of care records by Dr Paul Amos including definitions of cryptography, encryption, anonymisation and pseuonymisation, and scenarios in which each form of de-identification might be necessary.

J Pearce

Key Decisions Taken

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Jacki Pearce**
Title of Conference/Meeting	**NHS ISB Meeting**
Date of Conference	**30-01-08**
Approximate number of people at the conference/meeting	**25**

Issues of Relevance to HPC

- **Terms of reference are being updated to reflect Social Care (ISB for Health and Social care)**
- **Patients now registered to a GP PRACTICE not an individual GP. Has implications for speed of referral. Branch practice addresses will not be main contact point even if patient only uses branch surgery.**
- **Reciprocal agreement with Children, Schools and Families Dept in DoH to send observers to each other's meetings, and to share non confidential Board papers.**
- **Consideration of a Memorandum of Understanding between CSF and ISB HaSC is ongoing**
- **ISB Five Year review to be published on ISB website 01-02-08**
- **Data Dictionary definitions of NHS services need updating, Social services descriptors may also need to be added in future; however reference will need to account for situations where commissioners do not commission the full scope of practice of a particular service.**
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Key Decisions Taken

Feedback requested from Board members on several draft documents;

- **Interoperability within Health and Social Care systems**
- **Appraisal of Process Standards**
- **Appraisal of Record Content Standards**

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Annie Turner**
Title of Conference/Meeting	**Council of the College of Occupational Therapists**
Date of Conference	**13th December 2007**
Approximate number of people at the conference/meeting	**24**

Issues of Relevance to HPC

COT are revising both their Standards of Education and Training and their national Curriculum Framework. There was discussion around the relationship between the professional body's documents and parallel documents published by the HPC.

Key Decisions Taken

NA

Please complete as much of the above as you can and return by post to Alison Roberts, Council and Committee Secretariat, Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BU, or alternatively by e-mail to alison.roberts@hpc-uk.org

February 2008

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Joint Regulators PPI Meeting
Date of Conference	9 January 2008
Approximate number of people at the conference/meeting	**14**

Issues of Relevance to HPC

- **Strategic review of the PPI Group**
  The Group reviewed it work and began to formulate new workplan. All agreed that there were benefits to joint working and sharing good practice, and there was a sense that the work of the Group had influenced understanding of PPI and implementation of PPI within each regulatory body but there remained much to be done.
- **Importance of continuing to collaborate on PPI initiatives. Examples included joint work on public facing surveys, understanding and sharing information on local complaints mechanisms for private patients, working with voluntary organisations to gain expertise.**
- **Achievements of the Group included;**
  PPI Handbook (currently being evaluated)
  Joint information leaflet (being revised in 2008)
  Usability of register project
  Seminar series (two to date)

In addition to existing projects, new projects for 2008:

1. **Sharing information on forthcoming consultations**
2. **New topic for seminar series late 2008 on'Health and social care regulation and older people: what more can be done?**

Longer term there will be follow up work on PPI in education and possible collaborations on public facing surveys to avoid duplication
Other issues discussed:
David Taylor Early Day Motion on Citizens Council. The group agreed with CHRE response – a useful debate but the creation of a Citizen's Council not supported. PPI activities must be targeted otherwise there is a risk that involvement becomes token and without clear objectives. GMC is likely to phase out its Patient Reference Group in favour of a more targeted approach.

Key Decisions Taken

Unanimous support for proposal on Seminar series late 2008 on 'Health and social care regulation and older people: what more can be done? HPC proposing leading on this with support from NMC and GDC, subject to approval/discussion.

FEEDBACK SHEET TO BE COMPLETED AFTER THE MEETING

Name of Council Member	**Mark Woolcock**
Title of Conference/Meeting	**Joint Royal Colleges Ambulance Liaison Committee Meeting**
Date of Conference	**12th March 2008**
Approximate number of people at the meeting	**30**

Issues of Relevance to HPC

A paper was tabled at this meeting that discussed the future of a 'critical care paramedic' title and program. An assumption was made that registration would be offered to this new role. The paper was also referring to the HPC incorrectly.

All issues were addressed and the meeting was reappraised of the role that regulation has (protecting public) and that registration was not simply awarded to give the new role credence.

The committee also discussed issues that related loosely to the ongoing recertification needs of paramedics. A summary of Foster and Donaldson, with respect to revalidation, was presented and this assisted the committee (hopefully..)

A lengthy debate was held on the removal of core skills from paramedics; this in essence would mean that new paramedics would be unable to meet a large amount of the SoPs; this issue is being carried over to a future a meeting due to the complexity of the issue

Key Decisions Taken