

Professional Liaison Group for the review of the standards of conduct,
performance and ethics – 2 June 2014

Thematic review: Collaborative approaches to care

Executive summary and recommendations

Introduction

The first stage of the review of the standards of conduct, performance and ethics included a number of research and consultancy activities engaging a range of stakeholders about the standards.

The topic of collaborative approaches to care was identified as a key theme from the research findings given the prevalence of discussion by stakeholders around topics including the participation and involvement of service users in their care, individualised whole-person care and the values that underpin these approaches.

This paper sets out the background, research findings, our current approach and the approaches of other regulators to these issues. The paper also outlines a number of considerations for the professional liaison group's discussion.

Decision

The professional liaison group is invited to discuss the attached paper and consider the principles outlined by the Executive in section seven.

Background information

None

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

19 May 2014

Review of the standards of conduct, performance and ethics

Collaborative approaches to care

1. Introduction

- 1.1 The findings from research and consultancy activities undertaken during the first stage of the review of the standards of conduct, performance and ethics have been synthesised into a number of key themes.
- 1.2 These themes are to be considered by the Professional Liaison Group for the review of the standards of conduct, performance and ethics at its meetings between June and December 2014.
- 1.3 The theme we have identified as ‘collaborative approaches to care’ incorporates a range of topics that were drawn on by participants in the research, particularly by service users and their carers. This includes themes around the engagement and participation of service users and their carers in treatment and care, individualised and person-centred care and the values that underpin these approaches.
- 1.4 This paper sets out the background, research findings, our current approach and the approaches of other regulators to collaborative care and the principles upon which it is based. The final section of this paper sets out a number of key points for the professional liaison group to consider as part of its discussion.

2. Background

- 2.1 There has been a gradual paradigm shift in the health and social care sector away from viewing users of services as passive patients to service users with rights and responsibilities in relation to their care.
- 2.2 First championed by service user organisations, there has been a wide range of influences in this area over a number of years. The shift to focus on care as a partnership is evidenced in standards, guidance, policies and procedures throughout the sector, though this approach has only been consolidated in a legislative framework in recent years.
- 2.3 The personalised care agenda was recommended by the government for social care in its 2001 white paper Valuing People, which intended to allow social care service users more control and independence over their lives.
- 2.4 The personalisation agenda was adopted more generally by the government in its 2007 Putting People First white paper, which designed to give people

more choice, independence and control through high-quality personalised services, including in health and social care.

- 2.5 More recently, high profile failures of care have highlighted inadequacies in standardised pathways of care and a person-centred approach has been underpinned in the drive to integrate health and social care services.

3. Current approach

- 3.1 The standards of conduct, performance and ethics prioritise care in the best interests of service users. This first standard outlines that when providing care registrants must work in partnership with service users and involve them in care as appropriate. The standard also states that registrants must treat service users with respect and dignity.

'1 You must act in the best interests of service users.

'You are personally responsible for making sure that you promote and protect the best interests of your service users. You must respect and take account of these factors when providing care or a service, and must not abuse the relationship you have with a service user. You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat them or the professional advice you give. You must treat service users with respect and dignity. If you are providing care, you must work in partnership with your service users and involve them in their care as appropriate...'

The standards also emphasise the need for registrants to communicate appropriately with service users and those involved in their care.

'7 You must communicate properly and effectively with service users and other practitioners.

'You must take all reasonable steps to make sure that you can communicate properly and effectively with service users. You must communicate appropriately, co-operate, and share your knowledge and expertise with other practitioners, for the benefit of service users.'

The standards of conduct, performance and ethics are available in full on our website: www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/

- 3.2 The standards of proficiency, which outline what an individual must know, understand and be able to do in order to join our Register, have included a reference to working in partnership with patients since they were created in 2002. The way in which this issue is expressed varies according to profession but is most commonly articulated as 'be able to work, where appropriate, in partnership with service users, other profession, support staff and others' and is accompanied by a standard ensuring students 'understand the need to

engage service users and carers in planning and evaluating diagnostics and assessment outcomes to meet their needs and goals’.

The standards of proficiency for each profession are available on our website: www.hcpc-uk.org/aboutregistration/standards/standardssofproficiency/

- 3.3 The standards also require registrants to keep their professional knowledge and skills up to date. Our corresponding Continuing Professional Development standards reinforce a person centred approach to care by proactively encouraging personal reflection on practice in relation to how their development ‘has contributed to the quality of their practice and service delivery’ and ‘benefits the service user’.

The standards for continuing professional development area available on our website: www.hpc-uk.org/aboutregistration/standards/cpd/

- 3.4 We have sought feedback from a range of service users and their carers about the current standards. Through commissioned pieces of research and joint workshops with service user organisations and charities, we have sought to explore how well the current standards reflect the expectations service users’ and their carers’ have of health and care professionals and the services they provide.

4. Research findings

- 4.1 Research with a range of stakeholders across a number of research activities emphasised that people who use services expect to be involved in their care and the associated decision making. Drawing on their experiences of care, service users and carers were particularly engaged in discussion around this subject.
- 4.2 Commissioned research carried out by the Focus Group, Connect and Shaping Our Lives with service users and their carers in particular recommended that care as a partnership be more strongly conveyed in the standards. Findings from these research activities corresponded with feedback received about the standards in workshops and events held with different groups of stakeholders around the country.
- 4.3 Most service users and carers articulated a participatory approach to care in terms of personalised care tailored to the service user. Research carried out by the Focus Group found that it was important to service users and their carers that they were treated as individuals with particular needs and wishes. Though participants in this research considered that is reflected in standard 1 (quoted above) to some extent, they considered that individualised care needed to be further emphasised.

The Focus Group research report is available on our website: www.hpc-uk.org/publications/research/index.asp?id=733

- 4.4 Personalised care was expressed in a number of different ways by service user and carer participants. The Focus Group’s findings expressed this in

terms of two way communication and joint decision making between service users and professionals. Service users with aphasia and their carers in consultations carried out by Connect articulated personalised care more in terms of professionals listening to the needs and wishes of service users and checking service users' understanding of their care or treatment. These findings corresponded to feedback we received about the standards at workshops for servicers and carers held with charitable organisations such as Macmillan and Hearing Link.

The research report by Connect is available on our website:

www.hpc-uk.org/publications/research/index.asp?id=734

- 4.5 A number of participants across a range of stakeholders including service users and carers, registrants, employers and professional bodies recommended that the standards be more empowering to service users. Feedback from discussion at workshops and events highlighted that some participants were concerned about the language of standard one. They were concerned in particular that requiring registrants to act in the 'best interests' of service users may be problematic as service users and professionals may legitimately have different ideas of what consists of 'best interests'. Some participants were concerned that this may result in the voices and experiences of service users and their carers being lost.
- 4.6 Research findings from Shaping Our Lives expressed similar concerns and emphasised the way in which service users should be encouraged to 'be in control' of their care. They recommended that the standards explicitly reference that service users are experts in their own care, and have the right to make choices about their health and social care. This was articulated by service user participants in terms of full user in care and treatment and respect for service users' choices. Similar principles were also raised by service users and carers participating in workshops hosted with Macmillan and Hearing Link.

The research report by Shaping Our Lives is available on our website:

www.hpc-uk.org/publications/research/index.asp?id=735

- 4.7 There was a general acknowledgement by participants discussing these issues across a number of research activities that person centred care could only be facilitated when underpinned by certain core values. This is particularly reflected in findings from the Focus Group in which service users and their carers indicated that compassion, empathy and reassurance were essential to care and needed to be incorporated into the standards. Findings from service users involved in Shaping Our Lives and Connect research as well as those attending workshops hosted with charities additionally advocated for stronger references in the standards to patience, respect, disability awareness.
- 4.8 Some participants working in or with experience of social care settings involved in the Focus Group research considered that the language and tone

of the standards reflected a patient-practitioner model more commonly found in the health sector, and commented that this did not reflect the participatory model more widely adopted in social care.

5. Other relevant considerations

- 5.1 As part of our response to Ann Clywd MP and Professor Tricia Hart's review of NHS hospitals' complaints system, we have committed to considering the following recommendation as part of our review of the standards of conduct, performance and ethics: 'patients should be helped to understanding their care and treatment... it is always important to discuss diagnoses, treatments and care with a patient... where appropriate, their relatives, friends or carers may be included in discussions.' This is particularly relevant in relation to standard 7 (quoted above) about communicating properly and effectively with service users and other practitioners.

Our response to the Clywd and Hart review is available on our website: <http://www.hpc-uk.org/assets/documents/100045AEEnc02-AReviewoftheNHSHospitalComplaintSystemHCPCResponse.pdf>

- 5.2 The HCPC is represented on the Leadership Alliance for the Care of Dying People (LACDP) set up to address the recommendations of the Independent Review of the Liverpool Care Pathway (LCP). As part of the Alliance's commitment to personalised care, we have committed to continue to encourage this approach in our work. This involves publicising and disseminating the approach to replace the LCP developed by the Alliance, which is based on a person-centred approach to planning, implementing and delivering care, and ensuring that our standards and guidance are consistent with this approach.

More information about the work of the LACDP is available on the NHS England website: <http://www.england.nhs.uk/2013/08/30/resp-lcp/>

- 5.3 The Francis Inquiry into failures of care at the Mid-Staffordshire NHS Foundation Trust recommended that patients must be the first priority by ensuring that they receive effective care from 'caring, compassionate and committed' staff. The Francis report made a number of recommendations with regard to the recruitment, training and registration of nurses by advocating a values based approach focused on compassion and commitment to patient care. Though primarily focused on nursing staff, discussions about the values that underpin good practice have and continue to take place across the sector in the wake of this Inquiry.

More information about recommendations of the Francis Report is available on the Inquiry website: <http://www.midstaffpublicinquiry.com/>

6. Other standards and guidance

6.1 Other health and care regulators in the UK adopt different approaches to covering these issues in their respective sets of standards. The table below outlines the position of each of the other regulators.

Regulator	Approach on social media
General Medical Council (GMC)	Good Medical Practice includes requirements for doctors to treat patients as individuals and work in partnership with patients. This includes references to: being polite and considerate; respect and dignity; sharing information and making sure service users understand it; empowering service users to improve and maintain their health.
Nursing and Midwifery Council (NMC)	The Code includes a standard to ensure that registrants treat people as individuals and includes reference to respect, dignity, individual choice and social inclusion. The draft revised Code also includes numerous references to compassionate care and says that registrants must provide a high standard of practice and compassionate care at all times. The draft Code also requires registrants to support and empower people to make their own decisions regarding their healthcare needs and treatment.
General Dental Council (GDC)	The Standards for the Dental Team have recently been revised to include a section outlining the core principles of practice. The standards require registrants to take a holistic and preventative approach to patient care appropriate to the individual patient. This includes: taking patients preferences into account and being sensitive to their needs and values, treating patients with kindness and compassion, listening to patients and recognising their rights and responsibilities to make decisions about their care.
General Osteopathic Council (GOsC)	The Osteopathic Practice Standards contain a section on communication and working in partnership with patients. It outlines that registrants should work in partnership with patients and allow patients to make their own decisions about their care. The standards also state that registrants must listen to patients, provide information in a way they can understand and respect the concerns and preferences of patients.
General Chiropractic Council (GCC)	The Code of Practice Standards states that chiropractors need to respect patients' rights to be involved in decisions about their treatment and healthcare. They require patients' individuality to be respected and their views be listened to and acknowledged. They also state that registrants must be polite and considerate to patients and check that

	patients have understood the information provided.
General Optical Council (GOC)	The Standards in Conduct outline that registrants need to respect the rights of patients to be fully involved in decisions about their care. The standards also outline that patients should be treated politely and considerately, listened to and have their views and dignity respected. They should also have information given to them in a way they can understand.
General Pharmaceutical Council (GPhC)	The Standards of Conduct, Ethics and Performance contain a list of seven principles upon which care is based. They include: respecting others and encouraging patients and the public to participate about their care. Respecting others is broken into standards which include: treating people politely and considerately; respecting and protecting people's dignity. Encouraging participation includes; recognising the right of patients to be involved in their care; working in partnership with patients and the public to manage their treatment and care; listening to them and respecting their choices.
Pharmaceutical Society of Northern Ireland (PSNI)	The PSNI adopts a very similar approach to GPhC outlined above. The PSNI's Code of Ethics and Standards refers to treating people with personal and professional courtesy where that of the GPhC refers to treating them politely and considerately.
Care Council for Wales (CCW) Northern Ireland Social Care Council (NISCC) Scottish Social Care Council (SSCC)	<p>The code of practice for social workers in Northern Ireland, Scotland and Wales is currently the same across all three care councils and was previously in place for social workers in England under the General Social Care Council.</p> <p>This Code of practice outlines that registrants must treat each service user as an individual, respect and promote their individual wishes, support them to control their lives and make informed decisions and respect and maintain their dignity. The standards also state that registrants must strive to establish and maintain the trust and confidence of service users, which includes communicating in appropriate, open, and straightforward way.</p> <p>The NISCC are currently undertaking a review of their code of practice. This will include considering expanding on the relationship between service users and professionals and including principles that underpin care, such as compassion and kindness.</p>

6.2 A number charities have produced a range of publications and guidance for staff about person centred approaches to practice – i.e. Social Care Institute for Excellence, The Health Foundation and Joseph Rowntree Foundation.

7. PLG considerations

7.1 The standards of conduct are the high-level ethical principles that set out in broad terms the conduct we expect of registrants and provide guidance to registrants about our expectations. They are designed to apply to all registrants and cover a wide number of professions, settings and service users. Any approach we take to revising the standards must apply as far as possible across this range.

7.2 The standards are not designed to cover every ethical situation that a registrant may be faced with, but cover the underlying ethical principles that should be applied to their practice. When considering revisions to the standards, we want to ensure that this approach is maintained and that the standards do not become too specific.

7.3 Our standards currently cover several principles in relation to this topic.

- Registrants must act in the best interests of service users.
- They must work in partnership with service users as appropriate.
- They must involve service users in their care as appropriate.
- Service users must be treated with respect and dignity.
- Registrants must communicate properly and effectively with service service users.

7.4 Several of the principles drawn out above are provided for in the standards in detailed paragraphs expanding on one of 14 overarching standards. Many comments we received about the format of the standards, to be considered by the group at its second meeting, considered that existing principles could be made more prominent through the use of bullet points.

7.5 The standards do not currently explicitly cover the following principles included in the approaches by some other regulators and recommended by some research participants.

- Compassion and consideration should underpin care.
- Registrants must listen to service users' needs and wishes.
- They must check service users' understanding of their care.
- They should empower support users to maintain their health and wellbeing and make decisions about their health and social care.

7.6 The PLG may wish to consider the following questions as part of their discussion on this issue:

1. Should the principles currently in the standards be retained?
2. Should any of the principles in 7.4 be explicitly reference in the standards?
3. Are there any other areas in relation to this issue that the PLG considers appropriate for inclusion?
4. Does the PLG have any further recommendations for consideration on this issue?