UK Health and Social Care Regulators' Public and Patient Involvement Group

[Draft] Minutes of the PPI Group meeting of Thursday 12 January 2006 held at the General Chiropractic Council, 44 Wicklow Street, London, WC1X 9HL

Present

General Chiropractic Council (GCC)
Philippa Barton-Hanson, Executive Officer, Communications
Martin Caple, Lay Member (Chairman)
Paul Robinson, Communications Assistant

General Medical Council (GMC)
Sophia Bhatti, Strategy and Planning Officer

General Dental Council (GDC)
Caroline Abel Smith, Lay Member
Michael Lovibond, Head of Central Unit
Tara Phillips, Head of Communications

Nursing and Midwifery Council (NMC)
Angeline Burke, Consultation and Public Involvement Officer
Marie Saldanha, Assistant Consultation and Public Involvement Officer
John Leece Jones, Lay Member

Royal Pharmaceutical Society of Great Britain (RPSGB)
Eileen Neilson, Head of Policy Development

Council for Healthcare Regulatory Excellence (CHRE)
Elisa Pruvost, Policy Manager
David Smith, Lay Member

General Optical Council (GOC)
Kate Fielding, Communications Manager

General Osteopathic Council (GOsC)
Paul Sommerfeld, Lay Member
Sarah Eldred, Assistant Registrar

General Social Care Council (GSCC)
Suzanne Brady,

Health Professions Council (HPC)
Anna Van der Gaag, Lay Member
Sarah Dawson, Stakeholder Manager
Victoria Nash, Communications Manager

Other
Margaret Coats, Chief Executive & Registrar (GCC) (Item 4 only)
Rebecca Stone, Executive Officer, Market Research (GCC) (Item 4)

Apologies: Fiona Peel (GMC), Brigid Tucker (GOsC), Sally Williams (CHRE), Graham Ixer (GSCC)

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Minutes of the previous meeting: 6 October 2005

1. The minutes were agreed subject to one minor amendment to paragraph 11.

Matters arising:
Review of the growing work-plan: prioritisation and group members' capacity to contribute

2. The PPI Group considered its work-plan to prioritise projects and set achievable timetables for completion. The PPI Group agreed that it should take a realistic approach.

3. It was noted that the listed projects fell into two categories:
   - Developing guidance for the PPI Group's own practice; and
   - Undertaking policy initiatives and active PPI engagement.

4. The PPI Group agreed that the second category took priority. The subsequent amendments to the work plan agreed by the PPI Group reflect this approach. The revised work-plan is attached to this note at Annex A.

5. Key elements of the PPI Group's discussion about the work-plan were that:
   a) High priority fundamental PPI projects that are being actively worked upon will continue as before
   b) Focus must be upon projects with achievable outcomes
   c) Where possible the focus should be upon policy issues common to everyone and requiring PPI input
   d) Those projects that started as possible PPI initiatives but, following preliminary research, have evolved into possible projects for other fora (e.g. Communications Managers) should be referred on as, and when, appropriate
   e) Some medium to long term projects involving benchmarking and the production of guidelines should, in some cases, put onto the 'back burner', or should be covered by continuing work on the Good PPI Practice Handbook, or should be adopted as general principles of good practice for each project rather than projects in themselves
   f) The PPI Group will not collate and audit the financial cost of each member organisation's contribution but will instead conduct a PPI 'impact evaluation'
   g) Where appropriate, contractors should be used to undertake some aspects of the PPI Group's work-plan
   h) To bear in mind that staff within PPI Group member organisations with specific skills and experience could, where appropriate, be approached to contribute to specific projects
   i) The PPI Group noted, and expressed thanks, for Graham Ixer's contribution in identifying areas of the work-plan that are, or have been, addressed by other organisations
   j) Paul Sommerfeld (GOsC) sought clarification as to the role of CHRE to identify PPI good practice and how it impacted on the role of the PPI Group.

6. **Action point**: It was noted that the Consultation Institute has substantial guidance on consultation exercises. Further information to be sought by Suzanne Brady/Graham Ixer and details for relevant contact points to be obtained for the other organisations mentioned in Graham's briefing (GSCC).

7. **Action point:** clarification of the respective roles of the PPI Group and CHRE to be obtained. Martin Caple/PBH.

8. **Action point:** Each group member organisation to provide a brief evaluation of the impact the PPI Group has on its work during 2006. A template for completion is to be drafted and agreed. Sophia Bhatti (GMC) to do a first draft template for consideration at the PPI Group's September 2006 meeting. Michael Lovibond (GDC) to assist her. Group member organisations then to evaluate impact and complete template by the end of the year.

9. With regard to the element of the work-plan concerning 'policy design', the PPI Group agreed that it should help and support other joint projects undertaken by the regulators to obtain PPI input where appropriate. It was emphasised that key projects are owned by their project leaders – the PPI Group could provide support to those project leaders.

10. The PPI Group noted once more the four common policy themes/projects that it had identified following the October 2005 meeting:

a) Reviews of core publications, such as codes of practice, conduct, ethics and patient information leaflets. Including: guidance on professional boundaries/chaperones.
b) Identifying and embedding 'user friendly' complaints procedures (within statutory remits)
c) Access to registration information. To what information do the public need access and in what format? Now under PPI Group consideration (Item 4).
d) Europe: issues related to the freedom of movement of health and social care professionals – sharing fitness to practise information with other countries – what do patients expect? (Re. Qualifications Directive/draft Services Directive).

11. **Action point**: PPI Group Chairman to write to Chief Executives to offer assistance with PPI input in relation to projects such as those listed above.

A proposal: seminars

12. During discussion about the work-plan, Eileen Neilson (RPSGB) proposed that the PPI Group could invite a speaker to each meeting to share good practice on common policy issues. Follow-up notes would be produced and circulated as an outcome.

13. There was a mixed response to this suggestion from members of the PPI Group.

14. Reservations were expressed as follows:

a) That we would be sharing policy ideas rather than focusing on PPI
b) Would the right people be present i.e. public and patients and relevant staff? Concern was expressed that if we had a speaker or a seminar concerning, for example, chaperones or professional boundaries, it would be a glaring omission not to invite the public and patients

c) As it is we have insufficient time to complete an agenda - there wouldn't be time within a meeting
d) Perhaps we should look at having seminars separate from the PPI Group meetings that focus on issues related to completing projects within the work-plan.

15. On the other hand, some Group members stated that:
a) We must learn how to engage with disparate, hard to reach groups and heavy users of health and social care e.g. the elderly and children
b) We need to learn from the good practice of others
c) The PPI Group must understand how PPI works across the UK
d) Chaperone guidance is an issue for some and needs to be addressed
e) We should encourage a learning/support network for lay people

16. Further, during discussion of the work-plan, it was suggested that the PPI Group starts a seminar programme with public and patient input into the usability of the Register (item 4).

17. **Action point:** A Working Group to be established to research and develop the proposal and to prepare a paper at the next PPI Group meeting in April. Members: Eileen Neilsen (project lead), assisted by Anna Van der Gaag (HPC) and a CHRE representative.

18. **Action point:** CHRE to report back on the outcome of their conference in March 2006 where a specific element of the day will focus on support for lay people.

Access to Statutory Registers: seeking public views (referral from Chief Executives)

19. The PPI Group noted that an ongoing health regulators' joint project: '*Making the register more usable*' had identified a need for a strong element of public and patient involvement. The project is led by the Chief Executives who will be providing an update of progress made on the project to CHRE, in January 2006, as part of the annual regulators' performance review.

20. Margaret Coats (GCC Chief Executive & Registrar) explained that the Chief Executives' Registers Working Group had recognised that the PPI Group has identified the usability of Registers as one of four core policy areas in its agreed work plan. To ensure coherence and consistency in planning, and the allocation of resources, it was agreed that the PPI Group be asked to obtain public and patient input on the content and usability of statutory registers.

21. The PPI Group discussed the possible scope of the project and the likely timetable. It was suggested that:
a) The starting point would be to focus on why the public/patients would access a statutory register either a) to find a health professional to provide a particular form of treatment or b) to identify a health professional because a patient wished to make a complaint. The PPI Group acknowledged that there could be many additional reasons why people would wish to access a statutory register and these too should be considered by the Working Group.

b) Public awareness of health regulators and the statutory registers is low – research on the subject by some regulators has been undertaken. It could be possible to include within this project public and patient input on access to the registers and also their awareness of the registers and registration.
c) Hard to reach, heavy users of health and social care services such as the elderly, must have the opportunity to contribute.
d) Margaret Coats explained that the 'usability of registers' was a long term ongoing project. The PPI input to that project should therefore be thorough and not undertaken in haste. The PPI Group therefore generally leaned towards a realistic timetable of six to seven months.

22. **Action point**: the PPI Group agreed to establish a Working Group to research and develop a recommended project plan that sets out a methodology, objectives and likely costs for consideration at the Group's next meeting. The Working Group will comprise: Rebecca Stone (GCC), Victoria Nash (HPC), Sophia Bhatti (GMC), Caroline Abel-Smith (GDC), Angeline Burke (NMC) and a CHRE representative (Sally Williams via email and/or Elisa Pruvost)

PPI Good Practice Handbook: to sign-off draft and agree Working Group members for 1year pilot (to include audit of users' feedback, implementation and review of text)

23. The PPI Group considered the second draft of the *Joint Health and Social Care Regulators' PPI Good Practice Handbook* and noted that the suggested amendments proposed at the previous meeting had been made by Lindsay Mitchell. Members of the PPI Group were appreciative of Ms Mitchell's work and noted that the PPI Group's contract with her was now concluded.

24. The GSCC confirmed that, as previously indicated, given that the focus of the PPI Handbook was upon health they would not be contributing to costs and would prefer that reference to Social Care was removed from the title of the publication.

25. The PPI Group agreed
a) to sign-off the first (pilot) edition of the Good PPI Practice Handbook subject to some further minor amendments
b) to print the document in a slightly more polished style without incurring excessive costs
c) to set up a Handbook Working Group to: oversee the pilot year; review the outcome of audit of feedback forms on the use and effectiveness of the Handbook; propose updates/amendments and/or other relevant issues to the PPI Group at the end of the pilot year. **The Working Group will comprise:** Philippa Barton-Hanson (GCC), Paul Sommerfeld (GOsC), Sophia Bhatti (GMC), John Leece Jones (NMC)
d) that the Handbook would be distributed to PPI Group member organisations along with a covering letter signed by the PPI Group Chairman. It would be open to them to use, and to distribute it, as they think appropriate.
e) To note the invoicing arrangements (that were already underway and proceeding smoothly)

26. **Action point**: a) minor amendments to the Handbook to be taken in b) Handbook Working Group to meet to plan how to implement its responsibilities c) covering letter providing background information on the Handbook to be drafted.

Joint Leaflet: progress report a) result of pilot and b) distribution proposals and costs (the 2nd paper will follow in the New Year) *(Sophia Bhatti)*

27. Sophia Bhatti explained that the piloting of the leaflet was undertaken in partnership with the Commission for Patient and Public Involvement in Health (CPPIH). An introductory note and accompanying questionnaire had been distributed to patient forums across England using the CPPIH network. Copies of the documents were also made available on the CPPIH website and the pilot project was highlighted in the CPPIH's newsletter. Further, a small focus group was also convened to discuss the leaflet in detail. The pilot focused on the leaflet's design, content, clarity and overall usefulness.

28. The PPI Group noted the results of the piloting of the patient leaflet and the amendments made as a result. In short, a preferred design was chosen, the text for the contact details had been enlarged and its contents made easier to understand with the removal of jargon. The leaflet was considered to be useful.

29. Sophia Bhatti re-emphasised that the purpose of the leaflet is to act as a signpost to direct people to relevant regulators should they require more information – it is not intended as an information leaflet about complaints/concerns.

30. The PPI Group agreed to sign off the leaflet subject to some minor amendments concerning the registration of Social Care Workers.

31. The costs of phase one of the printing and distribution of the leaflet were also noted and agreed. The PPI Group noted that phase one is a limited 'test' distribution of 2000 leaflets across 90 distribution points. It was confirmed that hard copies of the leaflet would be available in English and Welsh and that a further 12 languages would be available in pdf format.

32. The PPI Group rejected a suggestion that different versions of the leaflet be drafted and targeted at the four UK countries on the grounds that the costs would be prohibitive.

33. On behalf of the PPI Group the Chairman congratulated the Leaflet Working Group on their hard work after the outcomes they had achieved to date.

34. The PPI Group were delighted to hear from Suzanne Brady (GSCC) that the Care Councils for Wales and Scotland had agreed to contribute £500 and £200 respectively to the costs of the leaflet.

35. **Action point:** the Leaflet Working Group to report to the PPI Group's next meeting a) the outcome of phase one of the leaflet distribution and, if appropriate b) a fully worked up specification for phase two of the project including costs and a list of agreed points of distribution.

A shared simple web-site: viability, purpose and costs *(Tara Phillips)*

36. Deferred to next meeting due to lack of time.

Web-sites: a standard introduction to links to each regulator's web-site. *Each member organisation to report progress*

37. Deferred to next meeting due to lack of time.

Any other business

38. The PPI Group noted the Notes *of a Seminar of the Concordat on User/Patient and Public Involvement*. The seminar was arranged by the Healthcare Commission and those who attended were: Independent Healthcare Forum, CHRE, DH, Commission for Social Care Inspection, GMC, HSE, HFEA, Audit Commission, Skills for Health and QAA.

39. The PPI Group agreed that Anna Coote, the Healthcare Commission's PPI lead, be invited to attend the next meeting of the PPI Group so that she can tell us of the Concordat's plans.

40. **Action point**: PBH to invite Anna Coote to the next meeting

41. The PPI Group also noted the Healthcare Commission's current consultation on PPI engagement. Many present had not had the opportunity of fully reading the document, so it was agreed that each member organisation would decide whether or not to respond independently.

Date of next meeting: Wednesday 5 April 2006

Date for subsequent meeting: Monday 3 July 2006

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