In each issue of the Journal of Community Nursing we investigate a hot topic currently affecting our readers. In this issue, as the NMC announces that patients are to help shape the future of nursing, JCN asks the question...

Is patient involvement in nurse regulation anything more than PR?

The internet has brought many good things into our lives — social media; online banking; even Grumpy Cat. But one of the more unwelcome aspects of the web is the constant requests for feedback — whether you’ve been for a weekend away, shopped online for your groceries or donated to a friend’s charity fun-run, at some point you will get that email asking for your views on the quality of service you received.

But while leaving online feedback usually means clicking a few buttons, being on the receiving end in the real world is a different matter entirely, particularly when it’s your job to look after people’s health and wellbeing — emotive subjects at the best of times.

The NMC has just announced that patients are being urged to have their say over what standards nurses and midwives should abide by as part of a new code of conduct (Help to shape the future of nursing and midwifery www.nmc-uk.org). The nurse regulator has decided to revise the existing code because of events such as Mid-Staffordshire, where poor care contributed to patient deaths and nurses were accused of a lack of compassion.

But does inviting the views of patients go far enough, particularly when the NMC has such a poor record of monitoring nursing’s ‘bad apples’? A report in 2012 by the Council for Healthcare Regulatory Excellence concluded that, the NMC has long-standing problems... including

One of the limitations of the NMC is that it exists to police nursing, but has no remit to police the circumstances nurses work in. Therefore, while it is obviously a good thing to seek patient feedback, particularly if it offers a foundation for improved practice, we need to be mindful of distracting from the systemic and economic struggles of nursing and pointing the finger at individuals. In terms of the Francis report, nursing’s failure has been to ask, ‘How can we help the struggling nurse?’ If we are going to be constructive in our use of patient feedback it needs to be underpinned by a spirit of helpfulness. In simple terms, ‘How can this feedback help us nurse better?’ rather than, ‘How can this feedback enable us to blame individuals?’

Mark Radcliffe
Senior lecturer,
Brighton University

Involving patients in our standards has the opportunity to really make a difference. However, seeking the views of patients is challenging and it is questionable whether any sample can be truly representative. This is always a challenge when seeking objective opinion, but the internet could be helpful in encouraging feedback. Having worked as a nurse for over 30 years, I am saddened by the NMC’s previous failings. As a profession we need a strong regulatory body — it is a key component of providing public accountability. It is essential that the profile of the NMC is raised and that it is regarded highly — the active engagement of the public can contribute to this. I fully support the NMC and if I have the opportunity to encourage public engagement I certainly will.

Jackie Stephen-Haynes
Professor in tissue viability, Birmingham City University and consultant nurse, Worcestershire Health and Care

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confusion about its regulatory purpose, weak governance, poor planning, unreliable management information, and inadequate information technology’ (Review concludes NMC is failing ‘at every level’ http://www.nursingtimes.net).

Despite long-standing reservations about the NMC’s own fitness to regulate nurses and organise its own affairs, the announcement of patient involvement in a new code has been widely welcomed by nurse representatives across the UK, with the chief nursing officers (CNOs) for Scotland, Wales and Northern Ireland all agreeing that the proposals are a good idea and Jane Cummings, CNO for England, commenting: ‘I am pleased that the NMC is seeking a wide range of views for the revised code, importantly including the patients and public we are here to serve.’

So far so good. And it is hard to argue with patients having some input into the regulation of nurses — after all, doctors already have to provide patient feedback as part of their GMC revalidation (www.gmc-uk.org/doctors/revalidation.asp).

However, as much as Mid-Staffordshire was a breakdown of basic nursing care, it was also the failure of an entire system, including managers, nurses, doctors, politicians and funding.

In his report on the scandal, Robert Francis QC argued that a chronic shortage of nursing staff was largely responsible for the substandard care (www.midstaffspublicinquiry.com). While condemning a lack of compassion among some staff, Francis refused to identify individual scapegoats, instead pointing to systematic failings in the trust’s board and the local medical community, as well as national bodies such as Monitor, the Healthcare Commission and the Department of Health (Mid Staffs failures: who is to blame? www.theguardian.com/society/2013/feb/06/mid-staffs-who-to-blame).

However, despite this, it’s hard to find any evidence that NHS managers or commissioners are inviting patients to help set their standards. Also, while the vast majority of nurses strive to provide compassionate high-quality nursing care, most of them do so against a backdrop of reducing healthcare budgets and rising expectations from both managers and patients. Are patients also to be invited into the board meetings where such decisions are made?

While the NMC’s proposals are obviously a step in the right direction, it is debatable if they actually go far enough and, in fact, could merely divert attention from more systematic failings. At best, patient involvement in nurse regulation is a good idea that brings nurses in line with medics; at worst, it’s a PR exercise that simply obscures the NMC’s own well-publicised failings. We asked our panel of readers for their views...

Incorporating patient feedback into nurses’ revalidation seems sensible, but thought needs to be given to how this would be achieved, i.e. how to ensure that the potential bias of any comments was taken into account?

Also, the most vocal patients may not be representative — the experience of patient satisfaction questionnaires shows that the way these are administered can alter the response.

Sandra Olive
Respiratory nurse specialist, Norfolk

Service user feedback is useful for monitoring services, and people’s opinions demonstrate the ‘lived experience’ of contact with health and social care professionals. More difficult is enabling people to reflect on healthcare systems, which are complex and subject to political, economic and technological change. But systems, as much as frontline staff, need public scrutiny. We hear a lot about accountability — now we need to see the action.

Sally Lee
Social worker, Dorset

Media watch

‘Help to shape the future of nursing and midwifery’ — according to the NMC website, it is seeking the views of patients, the public, nurses, midwives and other organisations or individuals. The revision has been informed by major healthcare reviews such as the Francis Report.

‘NMC code to be changed to reflect Francis report’ — Nursing Times writes that, ‘Nurses could in future be struck off if they breach new fundamental standards of care for NHS patients, the NMC has warned in its formal response to the Francis report.’

‘New nursing code: Patients asked to help shape draft’ — The BBC says that, ‘Patients and the public are being urged to have their say over what standards nurses and midwives should abide by.’