

Communications Committee, Wednesday 21 January 2009

'Be healthwise' older people campaign update

Executive summary and recommendations

Introduction

In November 2008 we launched a new campaign titled 'Be healthwise'. The campaign is aimed at raising awareness of the HPC amongst older people and those who care for them. The campaign came about after we commissioned Ipsos MORI Social Research Institute to undertake research amongst older people aged 70+. The research revealed awareness of the HPC amongst older people and those who care for them is very low. This is despite having used the services of HPC-regulated professionals.

The 'Be healthwise' campaign was launched at the National Care Forum conference in Bristol on 3 November 2008. We also attended the English Community Care Association (network of independent care homes) annual conference and will have a presence at the National Care Show in March 2009 as well as other conferences aimed at older people care providers across the UK in the coming months.

This month we will be conducting the direct-mail element of our 'Be healthwise' campaign to 22,000 care homes across the UK. This will consist of an introduction letter, poster, and leaflet pack which will contain a coaster for care home managers with our details. Following on from the direct mail we will then be focussing on our regional media campaign based on local case studies. The case studies will be with registrants and the older people they care for and will commence in Wales. We will then be targeting publications aimed at older people and their carers as well as regional and national press and affinity group publications.

We are also exploring ways of working with an affinity group such as Age Concern and the Communications Manager met with a communications representative from Age Concern recently.

On 25 November we hosted an event titled '*seminar on regulation and older people: what more can be done?*' The event was the third in the series of seminars organised by the joint UK regulators' PPI group and was chaired by the HPC President. The seminar was attended by 32 participants in London and six participants via video link in Cardiff. Participants included a mixture of older people from in and around the London area, Community Health Council representatives from Wales, representatives from voluntary sector bodies such as Counsel and Care, Helped the Aged, Justice for Health Network, and representatives from nine of the health and social regulatory bodies. The

question for the seminar was ‘what more can be done?’ and we came away with a number of key messages regarding communication such as making better use of publications aimed at older people. When working on policies and consultations, the older people at the seminar cited “nothing should be done about them without them. The event was successful and has influenced our strategy for our older people campaign. The full report for this event can be found in the below appendices.

Decision

This paper is for information only. No decision is required.

Background information

None

Resource implications

None

Financial implications

None

Appendices

1. ‘Be healthwise’ poster
2. Postcard leaflet for care homes with key facts about the HPC:
3. UK Health and Social Care Regulators PPI Group Report:
Seminar on regulation and older people: what more can be done?
25 November 2008

1. 'Be healthwise' poster



hpc health professions council

Older, wiser be healthwise

be sure your health professional is registered



Seeing a chiropodist, podiatrist, occupational therapist or physiotherapist?

Did you know that the Health Professions Council regulates these professions and more? We do this by keeping a register of health professionals who must meet our standards.

By using a registered health professional, you can be confident that the individual is genuine and meets national standards. You can also turn to us if you have concerns about your health professional's skills or behaviour.

For more information or to check if your health professional is registered call 0845 300 4472 or visit our website www.hpccheck.org

The 10 health professions we currently regulate are:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

The Health Professions Council – regulating health professionals to protect the public

2. Postcard leaflet for care homes with key facts about the HPC:



3. UK Health and Social Care Regulators PPI Group Report: Seminar on regulation and older people: what more can be done? 25 November 2008

This event was the third in the series of seminars organized by the Joint Regulators' PPI Group. This seminar aimed to focus on regulation issues and older people, recognizing that older people form a diverse group with wide ranging needs in terms of healthcare and information.

The seminar was attended by 32 participants in London, and a further 6 participants via video link in Cardiff. Participants included older people from in and around the London area, Community Health Council representatives from Wales, representatives from voluntary sector bodies such as Counsel and Care, Help the Aged, Justice for Health Network, and representatives from nine of the health and social care regulatory bodies, including the General Social Care Council for England.

There were two presentations from Lorraine Morgan, from the Open University in Wales, and Elizabeth McLellan from Help the Aged, followed by small group workshops and a plenary.

The initial discussion after the presentations highlighted the need to involve older people in consultations about policy and listen more proactively to older people when setting policy – **“Nothing about us without us”**.

If older people experienced discrimination, then **older people from black and ethnic minority backgrounds** experienced even more discrimination.

Nurses and other health professionals should think about how the person might feel and **treat older people as people**, and put their needs first.

There was also a need to think more carefully about the extent to which **nurse training** emphasized a values based approach to nursing (treating older people with dignity and respect was not an optional extra), and whether there needed to be more in the training of nurses about the needs of older people in particular, as well as more contact with older people during the training.

Summary of plenary session

The key question for the seminar was “What more can be done?” Whilst many participants acknowledged that there were examples of good practice, much more needed to be done to raise awareness and to build closer links. Bad practice, particularly identified in relation to the way older people were talked to and treated whilst in hospital or in care homes by professionals, needed to be highlighted more widely. There were strong feelings expressed through personal stories of abuse and poor treatment.

Messages for the regulators

Communication

All the regulators need to do more to **communicate** with older people and their advocates about regulation. Suggestions for how this could be done included;

1. Make use of **publications** for older people, eg Senior London, Housing Association newsletters, to publicise the work of regulators
2. Make better use of **older people networks** – LINKS, CHCs, London Forum, voluntary sector organizations like Counsel and Care, Justice for Health, Help the Aged, the CHC All Wales Advisory body, (and an example of good practice was the mobile service for older people in Croydon, which took information and advice to people in the Croydon area and could be used as a way of disseminating information).
3. There should be **one national complaints portal** for all the regulators set up through CHRE.
4. It would be helpful to have **one contact person** on the PPI group who could liaise with the groups for future communications.

Policy and consultation

1. All the regulators should have a **stronger patient voice** and more ordinary lay people on the Councils.
2. There should be more **authentic consultation** and involvement and **CHRE** should make this compulsory for all the regulators.
3. There should be more **sharing of good practice** between the regulators eg CSCI's service improvement boards, with older people represented could be used by the health regulators.
4. There should be more lay people involved in **inspection of care homes**.
5. There should be more **sharing of information** on complaints between national and local systems.
6. There should be more **proactive work with nursing students** on raising awareness of older people's concerns, particularly about being treated with dignity and respect.
7. The **Council of Elders** model in Wales would ensure greater involvement and representation of older people in policy making – this should be explored for all parts of the UK – a Council of Elders in every locality.
8. Health and social care were seen as too separate – for older people there was no dividing line and it was unhelpful to have such a gap between the two in policy and practice terms.
9. People should be given the opportunity to comment anonymously on the services they received through 'comments boxes'

Fitness to Practice process

1. There should be **more support** given to witnesses and complainants in the fitness to practice process. People often felt confused and frightened by the experience and this put them off taking part in any future complaint.

Future events

1. This was welcomed as an innovative and very worthwhile event. It should be followed up with other events using video links to other parts of the UK (a Scotland and NI link). **Funding** for older people and voluntary sector representatives needed to be given consideration.

Appendix 1 Summary of feedback and comments

- I felt the meeting was useful and hope we can progress.
- Great event, but workshop session needed more structure to be effective.
- Very useful and informative, of great benefit to our forum work and as an individual member of the public. Look forward to the follow up.
- Very informative, it was really helpful to share experiences and take ideas to build on those already produced.
- Very useful opportunity for regulators and patients/public to engage on face to face level.
- Extremely useful seminar. Would be great to capitalise on it and make sure we keep talking to each other.
- Could have been longer – full day!
- Representation from the BME communities was virtually invisible so were the grass roots representation. Please forgive me I may be wrong. How was the event advertised? Who was it targeted and aimed at? Need to learn some positive lessons for future! Overall a wonderful experience and I sincerely believe that I have learnt a lot and made some excellent contacts. Only time will tell how lasting, useful and beneficial to my organisation.
- Link to Northern Ireland and Scotland would be useful in addition to Wales.
- Useful discussions but as an employee not a regulator I recognise that the changes suggested by the members of the public may not be feasible – it's very difficult to change people's opinions.

Appendix 2 – summary of feedback from evaluation forms

1. Participants were asked to rate the following presentations:

	Poor	Fair	Good	Excellent
Anna van der Gaag			47%	53%
Lorraine Morgan		6%	47%	47%
Elizabeth Mclennan		7%	53%	40%

2. Participants were asked to rate workshop and discussion groups:

	Poor	Fair	Good	Excellent
Personal stories	6%	6%	56%	32%
Workshop discussions		12%	35%	53%

3. Participants were asked if they would feed back the information to colleagues, 100% said that they would feedback to colleagues. The average number of colleagues they would feed back to was 41.

