

Change ahead for CHRE and regulation

Welcome to this issue of CHRE-news. In it you will find articles about the Health Professions Council's work and from Patient and Client Council in Northern Ireland, the latter outlining the three top concerns for patients and the public in Northern Ireland. Douglas Bilton, our lead on Europe reports on new developments in European cross-border healthcare. These include adopting a directive on patients' rights to access healthcare in Europe and a current European Commission consultation on rules to regulate health professionals working across European member states.

The publication recently of the command paper **Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff** has set in train a substantial programme of work for CHRE. We need to prepare ourselves for our new roles, to ensure we have the right organisational capacity and skills and of course, to maintain our existing statutory responsibilities. In that context I can report that our audit of the initial stages of fitness to practice will be published at the end of March. During February our Scrutiny and Quality team also reviewed 270 final fitness to practise decisions, the largest number in any month since we were established.

We were pleased that the command paper, in setting out the strategy to reform and simplify the system for regulating health workers in the UK and social care workers in England, referred to our approach to **right-touch regulation**. This approach also attracted approval in an **editorial in the Health Service Journal**.

In anticipation of our proposed **accreditation scheme for voluntary registers**, we are meeting professional groups that currently hold or are creating voluntary registers. We are finding great interest from many who work in health and social care in setting good standards of competence and conduct and in working with us to define how voluntary registers could be accredited.

As always, we welcome your comments and suggestions for future articles.

Harry Cayton
Chief Executive, CHRE

Understanding patients' concerns in Northern Ireland

The [Patient and Client Council](#) provides a powerful, independent voice for people on health and social care issues in Northern Ireland. We actively engage with patients and the public. To do this most effectively, we gather people's views in a number of ways, including, but not limited to, visiting groups in the community; street interviews, providing advocacy support, exhibiting at shows, family days and multicultural festivals and by using innovative and exciting new technology.

We believe that there has never been a more important time for people to have a say in the future of public services. We recently surveyed 940 people across Northern Ireland regarding their perspectives on the future priorities for health and social care. Over 61 per cent completed a short questionnaire in one-to-one interviews during street consultations and over 38 per cent took part in small group discussions. From the results it was clear that people were unaware of the targets set by the Department of Health, Social Services and Public Safety (DHSSPS) each year, which are published in a Ministerial document called '[Priorities for Action](#)'. When respondents were informed about this document, they were keen to find out more about targets and the progress made in achieving them. Almost three quarters of people felt targets were important to the delivery of health and social care. They expressed the view that targets improved the efficiency, responsiveness and accountability in health and social care services. Patients particularly valued targeted reductions in waiting times in recent years.

Respondents were asked to prioritise three areas of health care and they nominated the following top three concerns; the protection of frontline staff – particularly nurses, dealing with increasing waiting times across the service and the care of older people (in particular, domiciliary care). We advised the DHSSPS of the priority requirements expressed in the survey. This was to help the Department with setting of future targets for health and social care.

Our ongoing programme of engagement and research with patients and the public includes a future programme for collecting views on domiciliary care, an important issue for older people. To find out more about the Patient and Client Council, please visit www.patientclientcouncil.hscni.net.

European mobility

Increasing numbers of patients and professionals want to move around Europe to be treated or to work. There have been important policy developments on two fronts reflecting this ever growing movement.

The first is the adoption of a directive on patients' rights in cross-border health care – in other words, accessing health care abroad. European citizens are increasingly aware of and attracted to the option of going abroad to seek treatment for health conditions. This includes people who are temporarily visiting another country, people living close to a border, people who have retired, people seeking healthcare abroad, and people sent abroad by their home country for treatment. The purpose of the directive is to clarify their rights. It sets out that EU citizens may obtain care where a hospital stay is not required in another country, without prior approval from their home country. Where a hospital stay is required, member states may establish a system of prior approval. Patients will be reimbursed up to the amount that the care would have cost, had it been received at home. There are also provisions for the recognition of prescriptions. More detail on the directive can be found [here](#).

Meanwhile, the European Commission is consulting on the Directive on the Recognition of Professional Qualifications – the rules that govern regulated professionals moving and working within Europe. The Commission is keen to promote economic recovery in Europe by removing unnecessary barriers to professional mobility. However, systems of regulation and definitions of what constitutes a profession in different countries are vastly different – there are 800 professions regulated in Europe, of which around 200 are only recognised in one country. The health professions are among the more commonly recognised and understood, and for some (doctors, nurses, dentists, pharmacists and others) automatic recognition of qualifications applies. We will support moves to improve the availability of information about health professional through regulatory bodies' websites across Europe, while strengthening systems by which regulatory bodies can communicate with each other, such as the Internal Market Information System. More detail about the consultation can be found [here](#).

The HPC, on its campaigns and expanding responsibilities

Established as the only independent UK-wide multi profession regulator, the [Health Professions Council](#) (HPC) regulates fifteen diverse professions and was set up to protect the public. It does this by keeping a register of professionals who meet its standards for training, professional skills and behaviour.

The HPC is the only regulator set up to take on new professions. In July 2009 the HPC opened its register to practitioner psychologists (including clinical, counselling, educational, forensic, health, occupational, practitioner, registered and sport and exercise psychologists) who became statutorily regulated for the first time. The HPC also took on private sector hearing aid dispensers on 1 April 2010 from the abolished Hearing Aid Council.

In the summer of 2010 the Government published a report '[Liberating the NHS: Report of the arms-length bodies review](#)' which stated that the HPC will take over the regulation of Social workers in England from the General Social Care Council (GSCC) following its abolition. The recent publication of the government's Health and Social Care Bill set out the new name for the HPC which, following parliamentary approval will be, the Health and Care Professions Council (HCPC). The new name will apply once social workers transfer next year.

Communicating the work of the HPC is an important part of our role. An example of this is our recent campaign which targeted GPs and referrers. Following research which revealed low levels of awareness of the HPC, we have teamed up with [Doctors.net.uk](#), the largest and most active network of doctors in the UK, to improve GPs' awareness of the HPC and to drive usage of our online register. We have also worked with the Nursing and Midwifery Council to highlight our role to practice nurses who make referrals.

Our public information campaigns continue with the dissemination of our public information materials to 5,000 of the largest GP surgeries, independent pharmacies, Patient Advice and Liaison Services, relevant advocacy groups as well as our targeted Yellow Pages advertising and our Google adword campaign.

For more information on our campaigns please [visit our website](#).

Ebony Gayle MCI PR, Dip CIPR
Media and Public Relations Manager
Health Professions Council