

Post Registration Standards Steering Group meeting note

Held on 25 June 2020 via Go To Meetings

Attendees: Angela McLernon; Barbara Morgan; Cheryll Adams; Clare Cable; Deborah Edmonds; Gill Knight; Jacqueline Reilly; Jane Harris; Obi Amadi; Owen Barr; Paula Holt; Scott Binyon; Su Chantry; Wendy Leighton; Wendy Nicholson; Yinglen Butt.

NMC: David Foster (chair); Andrea Sutcliffe; Geraldine Walters; Anne Trotter; Aditi Chowdhary-Gandhi; Chris Bell; Suma Das; Anne Bender; Rachel Craine; Caroline Kenny; Simon Grier; Shonali Routray; Veronica Ayitey; Liz Allcock; Wonu Abdul.

Apologies: Carmel Lloyd; Katerina Kolyva; Liz Fenton.

Meeting notes

Welcome and introductions (David Foster)

DF opened the meeting with a brief welcome and outlined how the webinar would progress. He welcomed new group members, offering them a one to one follow up discussion if helpful. He also reminded attendees regarding confidentiality obligations, and confirmed that slides would be circulated after the meeting.

Notes of previous meeting

No comments received.

Update (Geraldine Walters and Anne Trotter)

GW provided an update on the project aims. AT provided an update on how the project methodology had needed to be adapted in response to the Covid 19 pandemic; how co-production remained embedded within our methodology; sources of evidence; our planned wider stakeholder engagement; and the ongoing work of our various working groups.

AT confirmed that no standards had been drafted as yet.

It was noted that lots of organisations were collecting information on how Covid-19 had impacted on nursing and populations which will need to be considered as part of this project. As part of the project's equality impact assessment (EqIA) and evidence review we were looking at this literature and it will be brought to a future meeting for discussion.

DF added that there was an extraordinary amount of work going on in difficult circumstances, and that we should use this as an opportunity to change not only the way we work but how the nursing profession is viewed generally and importantly through this project.

Comments:

- Consulting with end point users and professionals would be essential to making these standards a success. It was confirmed that the NMC is running a series of round tables with advocacy groups during the early engagement stage of standards development, and that service users would become increasingly involved once we actually have draft standards to share and comment on. In particular we have already planned for increased qualitative focus groups and telephone interviews with service users, advocacy groups, hard to reach and seldom heard groups during the formal consultation period to capture their views. We are aware that many charities and country led groups such as Children and Youth Forums in Wales have a big interest in this agenda.
- Nurses and nursing has a very high profile at present due to the Covid-19 pandemic. Now is a great time to capitalise on that to focus on the future of community nursing and specialist practice. The crisis has highlighted many areas where specialist community nursing knowledge and skilled practice has been developed and advanced to a much higher level.
- Many Covid-19 related health outcomes that are emerging as the crisis progresses are showing a greater level of need and complexity. Future specialist community practitioners will have to accommodate and manage teams supporting needs and delivering care to people and families with these complexities that are in addition to the full range of wider person centred care and Covid-19 related acute care at home.
- It was suggested that it may be useful to look at the state of the world nursing reports to correlate themes.

SPQ (Geraldine Walters and Owen Barr)

GW updated everyone on recent SPQ meetings and the high level themes emerging from those discussions, including early proposals such as building on the structure of the Future Nurse standards.

OB updated everyone on the emerging vision for community nursing. This highlights autonomy and expertise, acknowledging the higher level of complexity involved in their work. It also highlights their pivotal leadership role in delivering community based care – this leadership may often be inter-disciplinary and can include carers and unregulated health and care staff. Nurses working in community roles should be recognised and valued for the work they do.

In terms of the question ‘What do we mean by going beyond pre-registration?’, consideration must be given to what would be the key aspects of the specialist community nursing role going forward, and what are the ‘golden threads’ that run throughout all specialist community practice. Examples of both were given.

Comments:

- The prescribing role in specialist practice needs to include social prescribing in relation to optimising health outcomes.
- Specialist practice requires confident and informed practitioners who always deliver evidence based care.
- The standards need to cover social care as well as health care.
- Population health and health promotion is going to be massively more important as a result of Covid 19. These areas therefore need to be enhanced within community practice. Practitioners need to be not just able to understand but also to influence population health and health promotion policies.
- There is much useful research and front line testimony that could be a useful resource in developing these standards.
- This is an ambitious and well-articulated approach.
- Going forward, community nursing needs to focus more widely on population health rather than being task focused on caring for the individual within a community setting.
- There needs to be a shift in emphasis and expectation as to what the clinicians do to and for people and what people can do to care for themselves.
- Health protection and IPC need to feature strongly as well as the other domains of public health.
- Community services are not regulated within people's own homes in the way they are by systems regulators in other settings, so regulation of the profession and raising the bar through enhanced standards is particularly important.
- Lots of discussions on appropriate words, narrative and taxonomy will be happening.

SCPHN (Anne Trotter, Jane Harris, Barbara Morgan and Deborah Edmonds)

AT set the scene for the SCPHN discussion, updating everyone on progress so far and looking at the emerging common themes across all fields of SCPHN practice. She also highlighted that the field specific SCPHN working groups will start their work soon.

JH presented the vision for the SCPHN core standards, which reflect the early thinking on what the core values are across all fields of SCPHN practice. BM then went into more detail on the emerging shared themes. And DE posed questions to everyone on any perceived gaps there might be in the emerging themes. This included whether 'autonomy' means the same thing across all SCPHN roles, and similarly whether

'population health' means the same thing across all SCPHN roles as context and the focus for practice varies.

Comments:

- Don't lose the overall high level themes of the old SCPHN standards, especially the need to influence local and national policies, as this is important. The need to review and update the standards is understood, but some parts have stood the test of the time for good reason.
- Health protection and IPC need to feature strongly.
- Standards could give community nurses more autonomy to act and confidence to lead.
- It would be helpful for the standards to also pick up that health visitors and school nurses work with undifferentiated caseloads. They go in cold to look for need and have to have the ability to manage any risk they find.
- Need to include employers in private and public sectors in stakeholder list.
- Important to find out what families and schools want and need from HV and SNs.

Next steps (Geraldine Walters)

GW outlined the assurance and governance measures we have in place to try and ensure we keep to our timeframes whilst delivering our project aims, maintaining co-production and democratising involvement in the development of the standards. This also focused on how we turn issues raised into regulatory standards.

She also shared our proposed timeline for developing and publishing these standards. With regard to the timeline, we are due to update Council in July, and currently have two options for consultation, before or after Christmas – the former would require draft standards to be ready by September.

DF commented that a September deadline was ambitious but achievable.

Closing remarks (David Foster and Andrea Sutcliffe)

DF invited AS to make some closing remarks.

AS stated that it was fantastic that this work had been able to continue so well despite the Covid 19 pandemic, and thanked all concerned for their efforts. The emerging themes and ongoing commentary are so interesting and relevant to the new world we are living in. The nature of nursing, particularly in the community, has changed dramatically, and we can use this as an opportunity to strengthen the contribution those in community roles can make. There is a need to continue the momentum, as this will provide the groundwork for other NMC projects, for example on advanced practice in the future. She also commented that we should consider expanding the consultation timeframe in order to straddle the Christmas period if that would help with deadlines.

In closing the meeting, DF commented that we needed to capitalise on the momentum that had been built up in this project despite the obvious problems caused to the way we were working by the Covid 19 pandemic. Any further contributions from attendees by email would be welcomed, and the group would continue to meet virtually.

Next meeting

The group will next meet virtually at a date to be confirmed in September 2020.