hpc health professions council

Communications Committee – Wednesday 21 May 2008

Campaigns update

Executive summary and recommendations

**Introduction**

Since October 2007, we have been rolling out a set of new-look public facing promotional materials as part of our ongoing campaign to raise awareness and the importance of using a registered health professional.
This is in line with article 3 (13) of the Health Professions Order (2001) which states:

*The council shall inform and educate registrants, and shall inform the public, about its work.*

The newly designed posters, leaflets and window stickers aim to let the public know about who we are and what we do and the benefits of using a registered health professional. They also give information on what steps to take if a member of the public is concerned about a health professional or wants to make a complaint. The promotional materials have been mailed to Practice Managers in GP surgeries asking them to display the material to raise awareness amongst patients. We have sent leaflets to Patient Advisory and Liaison Offices that are located in most hospitals in England and Wales. We have also written a publication aimed at people who refer to health professionals e.g. doctors and nurses. This leaflet and a letter have been sent to all the GPs across the UK to introduce us and let them know that they should be aware of the regulated professions when they refer their patients to one.

We have also sent leaflets and dispensers to 3,000 Numark pharmacies across the UK. We have taken out adverts in all the Yellow Pages across the UK under the headings for chiropodists / podiatrists and physiotherapists (these will be rolled out throughout 2008). In addition we have purchased a number of sponsored links on Google that have been a great success so far with approximately 400 people clicking on our HPCheck site per month. We have also got banners on Yell.com that direct the public to the HPCheck microsite. Advertising aimed at registrants has been appearing in physiotherapist and chiropodist/podiatrist professional journals encouraging them to get in touch to request the posters and leaflets for their surgeries/hospitals/clinics.

Flyers are also being sent out with all certificates encouraging registrants to request promotional materials and sign up to the e-newsletter.
The materials have been especially popular with registrants in private practice who want to advertise the fact that they are a regulated health professional.

Since October we have had a significant number of requests for the promotional materials from registrants. So far we have received over 1,100 requests with many registrants citing that they had either seen the advertisements in professional body publications or were prompted by the flyers sent out with renewal certificates.

The campaigns approach was decided upon based on a number of factors including the 2005 MORI research, feedback from registrants at listening events, evaluation of previous campaigns and 2007 focus groups with registrants, referrers and the public.

**Forthcoming campaigns**
This financial year will see new campaigns to increase awareness amongst the elderly and their carers. We recently commissioned Ipsos MORI's Social Research Institute to investigate the understanding and awareness of health regulation and the HPC amongst older people aged 70+. The research objective also included finding out the best way to reach these older members of the public. The results highlighted that those surveyed had a low awareness of the role of the HPC amongst older people and those who care for them. This is despite having used the services of HPC-regulated professionals. None of the participants in the group of older people or group of carers had heard of the HPC or the name of its predecessor, the Council for Professions Supplementary to Medicine (CPSM). Feedback from those surveyed in the older people research suggests focusing on increasing awareness amongst care organisations and cascading information through other organisations aimed at and who represent the older audience.

We are currently in the process of tendering for an advertising and design agency to assist us with our campaign aim specifically at this target audience.

We will also be running an internet campaign to make sure as many sites as possible link to ours. We are currently doing a review of the microsite www.hpcheck.org and will be refreshing it to be inline with the visual identity and to incorporate the feedback we received from the public during the market research done in December last year.

Another 2008 campaign will look at the use of our logo and the possibility of launching a 'kite mark' for registrants to show they are registered, similar to the corgi mark for gas fitters.

**Decision**

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

**Background information**
None

**Resource implications**
None

**Financial implications**
None

**Appendices**
Ipsos MORI's Social Research Institute report - Study amongst Older People aged 70+

# Health Professions Council – Communications Research

## Study amongst Older People aged 70+

Research Study Conducted for
Health Professions Council

February 2008

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# Introduction

This report presents the findings from qualitative research conducted among older members of the general public, specifically those aged 70+. The work also included qualitative interviews with those involved in the provision of care to older people: both informal carers, and managers of care organisations. The research was conducted by the Ipsos MORI's Social Research Institute on behalf of the Health Professions Council.

## Objectives

The objectives of the research among older people were:

- To explore understanding and awareness of health regulation and the HPC;
- To examine usage of health professionals, including the process by which people seek advice. Specifically, whether:
  - they go directly to a private practitioner;
  - they obtain a referral from their GP;
  - they receive home visits by health professionals;
  - these services are signposted to them by third parties; and
- Find out the best way to reach these older members of the public.

The objectives of the research among informal carers and managers of care organisations were largely similar, with some additional areas to explore, namely:

- How older people in residential and nursing homes, or sheltered care, access HPC-regulated professionals;
- If, and how satisfaction/dissatisfaction with health professionals is monitored;
- The procedures in place to deal with any problems or complaints from older people about the services of a particular HPC-regulated professional; and
- How information is signposted and most effectively communicated to older people in a care setting.

In addition to the research mentioned above, telephone in-depth interviews were also conducted with national charities/organisations providing advice or care for older people, in order to get their perspective on access to regulated healthcare professionals. These interviews were conducted to provide context for the overall research objectives, discuss key policy issues regarding older people and their access to primary health care services, and explore the most effective ways of targeting communications to older people as a distinct group.

# Methodology

The overall design of the research was to conduct the following:

- Older people aged 70+: 2 Discussion groups
- Informal carers of people aged 70+: 1 discussion group
- In-depth telephone interviews with Care Managers: 4 depths
- In-depth telephone interviews with national charities/organisations: 3 depths

## Older people aged 70+

Two discussion groups were convened, one with older C2DEs in London, and one with ABC1s in Manchester.

Participants for each of the two older people's groups were recruited according to quotas for: age, gender, living arrangements (whether living independently alone, with family, or in sheltered accommodation for example), and use of HPC-regulated professionals. All the older participants have used the services of one or more HPC-regulated professionals at least once within the last two years[1].

## Informal Carers

One discussion group was convened among informal carers in Manchester. Participants were recruited according to a mixture of characteristics of both the carer, and the person they care for[2]. A mixture was achieved of those who care for a family member, friend or non-relative, the types of problems that the person they care for has (mobility issues, hearing or sight-impaired, dementia etc), social grade. Again, all participants care for someone who has used the services of one or more health professionals within the last two years (all had used a health professional at least once).

## Local Care Organisations

In-depth telephone interviews were conducted with four managers of local organisations that provide care for older people.

Managers were recruited to achieve a balance of organisations providing residential/assisted housing care, both within the private and the public sectors.

## National Care Organisations

In-depth telephone interviews were conducted with Policy/Managerial staff from three national organisations involved with providing care and advice to older people. They were with Paul Cann, Director of Policy and External Relations at

[1] The recruitment questionnaire for the older people discussion groups can be found in the appendices.
[2] The recruitment questionnaire for the informal carer discussion group can be found in the appendices.

Help the Aged, Philip Hurst, Policy Manager – Health and Social Care, and Louise Gibson, Area Manager of Anchor Trust Homes, Yorkshire.

## Defining the terms of discussion

All participants were invited to a discussion group/to take part in a telephone interview on behalf of the Health Professions Council[3]. A list of the health professions regulated by the HPC was outlined to participants, and also on display for them to refer to. It comprised the 13 professions regulated by the HPC, namely:

- Art Therapists
- Biomedical Scientists
- Chiropodists/Podiatrists
- Clinical Scientists
- Dietitians
- Occupational Therapists
- Operating Department Practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and Orthoptists
- Radiographers
- Speech and Language Therapists

## Interpretation of Qualitative Findings

By its very nature qualitative research is designed to: give insight into issues, help test hypotheses and hear the language which participants use to recall experiences. It therefore helps understand motivations and attitudes. However, unlike quantitative findings, qualitative research can never be said to be statistically valid.

This study, like most qualitative research, involves far fewer people than quantitative research but explores attitudes and experiences in much more depth. The aim is not to generalise to the wider population in terms of the prevalence of attitudes or behaviours, but to identify and explore the different issues and themes involved. The assumption is that these issues and themes affecting the participants are a reflection of those in the wider population. Although the extent to which they apply to the wider population or to sub-groups cannot be quantified, the value of qualitative research is in identifying this range of issues and the way in which they can impact on people.

[3] Discussion guides can be found in the appendices of the report.

## Publication of Data

Our Standard Terms and Conditions apply to this, as to all studies that we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from Ipsos MORI research. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no-one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately, or misleading presented.

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# Awareness and Understanding of the HPC

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. None of the participants in the groups of older people, or group of carers had heard of the Health Professions Council – whether by its current name, or the name of its predecessor, the Council for Professions Supplementary to Medicine (CPSM).

> *"We've never heard of it."*
>
> Female 75+, ABC1 group, Manchester
>
> *"If we haven't heard of them, a lot of the older people haven't either."*
>
> Female informal carer, Manchester

Findings from Ipsos MORI's general public quantitative research for the HPC last October found that 15% of adults aged 16+ had heard of the HPC, rising to one in five (20%) of those who have had contact with an HP in the last year. Awareness in our quantitative study was one or two points lower among those aged 65-74 (13%) and 75+ (14%) compared to the national figure but the differences were not significant when compared to the total. Awareness of the HPC was however higher greater than average amongst those aged 55-64 (20%), and those who had seen a health professional within the last 12 months (20%).

In comparison, the majority of participants had heard of other regulatory bodies like the General Medical Council (GMC). Awareness of the GMC derives primarily from high profile disciplinary and fitness-to-practise cases publicised in local and national media.

Reflecting low awareness of the organisation, understanding of the HPC's role is very low. In order to ensure a full and fruitful discussion, participants were briefly told about the 13 professions which the HPC regulates, as well its primary functions at the start of the discussions. For the purposes of these groups, two key aspects of the HPC's public-facing functions were focussed on. These are: its role in helping the public to verify whether a health professional (HP) is registered or not, and in helping to find a registered HP within a local area; and the HPC's role in investigating complaints made against a health professional.

# Use of HPC-Regulated Health Professionals

All participants or the people they care for (in the informal carers group) had used the services an HPC-regulated professional within the previous two years.

Many participants had used the services of more than one of the thirteen professions, either on a one-off basis, or as part of on-going treatment. Several had used, and continue to use, the services of many of the thirteen professions:

> *"The physio, radiographer, and the occupational therapist."*
>
> Female informal carer, Manchester

> *"I've certainly used a few of these."*
>
> Female 75+, ABC1 group, Manchester

> *"Physiotherapist and radiographer are the ones I've dealt with."*
>
> Female 70+, C2DE group, London

Co-morbidity was frequently referred to, in that older people often have a number of conditions which each require specific treatment; and by definition might require the services of a number of different (HPC-regulated) health professionals.

> *"Within the last five years she's had cancer, diabetes, a heart attack, she's partially blind, she can't move about and she's having to rely on people."*
>
> Female informal carer, Manchester.

The professions used the most by participants include chiropodists/podiatrists, physiotherapists, and occupational therapists. Speech and language therapists and dietitian had also been used by a number of participants.

Radiographers and paramedics had also been used by several participants, although they crucially saw these professionals as part of emergency/hospital-based treatment, and so regarded them quite differently from other professionals like physiotherapists or chiropodists.

Most had used the services of an HP in direct response to a short-term illness or as part of treatment for long-term conditions. Frequency of usage therefore tended to be linked to the nature and severity of the condition being treated, with more complex and severe conditions requiring a greater frequency of usage.

Chiropodists and podiatrists are the HPs that older people come into contact with most regularly:

> *"Once every ten weeks I go"*
>
> Female 70+, C2DE group, London

A small number of participants, living in residential homes, use chiropodists who visit them in-home on a monthly basis. Others pay privately for regular chiropody treatment; whilst some access chiropody treatment three or four times a year as part of their entitlement as an older person via the NHS.

## Referral and Recommendation

The majority of older people use the services of an HP either via referral from their GP, or when in hospital as part of initial treatment or outpatient after-care:

> *"Well, after having an X-ray and they discovered I had a broken shoulder, I had to have physio."*
>
> Female 70+, C2DE group, London

A few participants were registered with GPs working in medical centres where other HPs were present, and so had quite easily engaged the services of an HP independently, or through an initial recommendation by their GP:

> *"I would go the medical centre and ask them for a recommendation to someone in whatever department I wanted."*
>
> Female 75+, ABC1 group, Manchester

> *"The only private people I've seen have been on referral or recommendation."*
>
> Female 70+, C2DE group, London

Most participants are happy with the referral they had been given and place a great deal of trust in their doctor to refer them to the right health professional. This reflects Ipsos MORI's longstanding work on trust in certain professions, which has always placed trust in doctors first[4].

Asked how they would go about finding an HP if had not been referred to one by their GP, the majority of participants were initially unsure how they would do so.

[4] Source: Ipsos MORI/RCP/BMA/Cancer Research Campaign/Sunday Times 1983-2007, c.2,000 British adults. On one occasion, in 1993, doctors came joint first with teachers (on trust to tell the truth).

Many would trust the recommendation of a family member or friend who had already used the services of a particular HP and been happy with them:

> *"I suppose somebody who's been, they can recommend somebody."*
>
> Female 70+, ABC1 group, London

For the majority of respondents however, using an HP is closely linked with GP referral or hospital-based treatment. One of the implications of this is that **many older people would not even think of checking whether an HP is registered or not**. As they are being referred by their GP, or receiving treatment within a hospital, they assume that the HP is registered, and that their doctor or hospital would be obliged to ensure that this is the case.

## Seeing a Local Health Professional

Accessing treatment from HPs locally is a key issue for older people. Many can no longer drive, some have mobility issues, and travelling long distances by public transport or relying on friends and relatives to take them to visit an HP can pose a number of problems.

> *"I would go to one local. I wouldn't want to go far out of my area. I wouldn't see the point in it, because there's hundreds of physiotherapists practising. You can usually find one in your area. Why go to one outside your area?"*
>
> Male 70+, C2DE group, London

Although several participants in the London group had mobility issues, they seemed to be quite independent and tried to arrange to access treatment by themselves, or with as little assistance as possible. This perhaps reflects the relatively good public transport system in London. By contrast, a number of the participants in the Manchester group relied upon family and friends to assist them, which could reflect the presence of more nuclear families outside, than inside London, as much as perhaps weaker transport connections outside London. Both groups however, placed considerable emphasis on accessing services as locally as possible.

## Home Visits

Some participants who live independently receive in-home treatment by health professionals:

> *"Well I've got arthritis but then I developed another condition, and my muscles were weak and she* [the physiotherapist] *came to the house about four times."*
>
> Female 75+, ABC1 group, Manchester

A couple of participants living in residential or assisted care also receive treatment in-home, as part of regular visits by a health professional who sees a number of older people at a time.

Home visits are not the norm for the majority of participants, however. Many would like to be able to access these services more via this method, but are pragmatic about having limited resources to enable them to do so.

Participants who have received home visits were happy with the treatment they had received.

## Seeing the Same Health Professional

Participants place a great deal of value on having continuity i.e. in seeing the same professional each time, although this is not the expectation for all of the thirteen different professions.

The majority of participants would want to see the same occupational therapist, speech and language therapist, or physiotherapist on each occasion– treatments where having an understanding of a patient's condition and a rapport between health professional and patient are seen as being an integral part of the treatment.

> *"I think it's very important to see the same person. You feel more at ease with the same person."*
>
> Male 75+, ABC1 group, Manchester

> *"My father has dementia and he's got a few problems. You can tell him six or seven times who you're going to see and it won't register, but when you get there, and it's the familiar surroundings, and the familiar face, it will eventually click, so for him I think it's very important."*
>
> Female informal carer, Manchester

Other participants distinguished between the importance of seeing the same professional according to the risk associated with the treatment being received. Chiropody for example, was seen by several participants as an area which did not require so much continuity in terms of seeing the same professional:

> *"I don't mind. I've never seen the same chiropodist when I go…They're all good."*
>
> Female 75+, ABC1 group, Manchester

> *"It doesn't really matter because they're all qualified, these guys that come in and do your feet. And I mean, there's very little conversation that goes on between you, and you'll know if he's not that good by the way he chops your feet around."*
>
> Female 70+, C2DE group, London

Most participants view treatment received by radiographers, paramedics, and operating department practitioners very differently however. Many felt that as these professionals were providing services frequently in a hospital or acute care

setting, but relatively rarely to each individual patient, that seeing the same professional was not something to be unduly concerned about.

# Checking if a Health Professional is Qualified or Registered

The vast majority of participants have never checked the qualifications or registration of the HP treating them. Most had never even thought about it, or felt that they should. Two key reasons for this emerged from the discussion groups, and depth interviews with managers of care organisations.

Firstly, as touched upon earlier, most participants access the services of an HP either via GP referral or through hospital treatment, and thus feel there is no need to check an HP's registration:

> *"You trust everybody that works in a hospital, you trust that they're registered or qualified. You think that's the hospital's job or whoever's job it is to check."*
>
> Female informal carer, Manchester

> *"I think you take them on trust, if you're recommended you wouldn't ask for* [qualifications/registration]*".*
>
> Male 75+, ABC1s group, Manchester

> *"Not at the hospital, you wouldn't even think to check".*
>
> Female 70+, C2DEs group, London

> *"You'd think they wouldn't be there if they weren't qualified"*
>
> Male 70+, C2DEs group, London

In this crucial sense then, many participants feel that one of the HPC public-facing functions – checking whether an HP is registered or not – is something that the healthcare establishment – the primary care or acute sector – will have taken responsibility of. In cases where someone has recommended an HP, checking their credentials is not something that would be uppermost in the participants' minds. Nevertheless, they do regard it as an important function more generally.

What also emerged on further discussion within each group was the sense of embarrassment about asking for an HP's qualifications. A sentiment expressed by one informal carer below, was echoed by many:

> *"I'd never dream of asking somebody."*
>
> Female informal carer, Manchester

> *"It's too embarrassing to go and say to somebody, well, 'I want to see your certificate'."*
>
> Female informal carer, Manchester

A few mentioned seeing 'certificates' on the walls in an HP's practice or clinic:

> *"But wouldn't you see a certificate on the wall when you went into the surgery?"*
>
> Male 75+, ABC1s group, Manchester

This in itself was enough to satisfy them about their HP's qualifications.

For many participants, this sense of embarrassment appeared to be quite embedded. Even after discussing the HPC's role and the importance of checking whether an HP is registered, many participants admitted that they would probably still not ask to check an HP's qualifications or evidence of registration with the HPC. It was something they felt should perhaps be addressed in other ways: the obligation resting with the HP, for example to communicate the HPC's role and functions, and the fact that they themselves are registered with the HPC.

# Satisfaction with Health Professionals

Satisfaction with the treatment received from the types of health professionals which the HPC regulates is generally high. Most participants do not have any criticisms relating to treatment received from any particular health professional. This is consistent with the findings from the general public quantitative research conducted by Ipsos MORI for the HPC in October 2007. Seventy-two percent of those aged 75+ who had used the services of a health professional[5] within the previous year had no concerns with their health professional, a significantly higher figure than the 62% among the public at large.

However, two participants cited problems relating to treatment which they had received, in one case from a physiotherapist and in another from a chiropodist, in the past. It is not possible though to determine whether the problem was related to their condition or the health professional themselves:

> *"I've had a bad experience with a chiropodist. I had an in-growing toenail, a big one, and the chiropodist; I won't let her touch me any more. She had to cut deep…and it bled a lot. 'Oh', she said, 'it'll be ok'. And I got infected and it went very bad so I had to go back. I wouldn't let her do me any more."*
>
> Female 75+ ABC1 group, Manchester

## Accessing Health Professional Services

Accessing the services of a health professional in the first place appears to be much more of an issue for participants. As with other primary care services, waiting times for appointments, cancelled appointments, or administration problems, are a cause for complaint for many trying to access these services through the NHS.

A few participants in each group receive NHS chiropody treatment via referral from their GP, for example. Although a couple of participants saw a chiropodist regularly every three or four months without any problems, others had to wait for much longer than they felt they could manage:

> *"It's terrible, a terrible service. I had to wait for months and months".*
>
> Male 70+, C2DE group, London

Eligibility for NHS chiropody treatment is not uniform across PCTs so some older people are entitled to access this purely because of their age, whilst others receive this treatment free of charge only if they have other conditions such as diabetes.

[5] Sixty percent of 75+s of who had ever used the service an HPC-regulated health professional had seen one within the previous twelve months.

Some participants have sought private chiropody treatment instead. Although they are mostly happy with the actual private chiropody treatment they have received, several members in each group felt the cost of private treatment can be prohibitive:

> *"If you're paying £14 or £16* [each time they visit the chiropodist] *then it's quite a bit of money, isn't it?"*
>
> Female 70+, C2DE group, London

## Provision of After-Care

Several informal carers within the carers' group discussion in Manchester raised the issue of after-care or continuity of care by HPs via the NHS as a particular area of concern for the older people that they look after:

> *"I've had to phone and push all the way to get my parents the help they needed".*
>
> Female informal carer, Manchester

> *"There's a problem with continuity of care".*
>
> Female informal carer, Manchester

> *"Well, depending when somebody's leaving the hospital for example, and the amount of care…to climb the stairs again. I think you sometimes have to massage the situation a little bit to make sure it's ticking along nicely".*
>
> Male informal carer, Manchester

Paul Cann of Help the Aged also cites this is a key concern:

> *"They* [older people] *get a certain amount of support, but providing they're not at death's door and they've reached a certain minimum ability to cope with life, then they're allowed to just get on with it really. They get very infrequent and inadequate support. When the support arrives of course, it's brilliant, it's just gold dust."*

Participants mostly highlighted these difficulties with regard to occupational therapists, physiotherapists and dietitian. This was also linked for some participants with the difficulties in securing home visits, which they see as being a crucial aspect of after-care.

# Complaining about a Health Professional

Most participants have never made an official complaint about a health professional. This is in part due to the generally high levels of satisfaction with the treatment which they currently receive. What also emerged from the groups from several older people was a general *tendency towards reluctance* to make an official complaint about what they might regard as poor service or treatment from a health professional, unless the issue was particularly serious.

> *"Well it's got to be life or death really, to complain about something."*
>
> Female 75+, ABC1 group, Manchester

> *"It would have to very drastic I think to do it."*
>
> Female 70+, C2DE group, London

> *"A lot of people don't complain, and the reason they don't complain is because they're frightened."*
>
> Female 70+, C2DE group, London

An older woman in the Manchester group for example, whose bad experience with a chiropodist was highlighted in the previous section, had not considered making an official complaint about the treatment she had received:

> *"I don't like doing that to be honest with you, because I don't want to get her into trouble. Up till then she did a great job on me, the only thing is she made a bad decision about not putting a dressing on it."*
>
> Female 75+, ABC1 group, Manchester

This kind of sentiment was shared by several participants in the older people groups. This was much less the case in the informal carers group where a few participants had complained (on behalf of the person they care for) about poor treatment or lengthy waits for treatment from a health professional.

## Grounds for Complaint

A general feeling emerged from the Manchester discussion group, and to a much lesser extent within the London older people's group, as to what might or should constitute as grounds for complaint against a health professional. As highlighted in the verbatim above and in the quotes that follow, there is a sense that poor outcomes of treatment do not necessarily automatically form grounds for complaint for older people, due to an inherent assumption that a health professional would never *intend* to cause harm to a patient.

> *"I would think it would have to be that you thought the actual practitioner just didn't care enough, or wasn't giving*

> *you enough attention that you were entitled to make a complaint about his behaviour. I think the treatment they give you, nobody, no doctor or any of these people set to give you the wrong treatment. I think their attitude may be wrong, but whether that's something to complain about or not I don't know."*
>
> Male 75+, ABC1 group, Manchester

As touched upon in the quote above, it is more the *attitude or behaviour* of a health professional, if perceived as being dissatisfactory, that is likely to form grounds for complaint:

> *"It'd be more the attitude of the professional that would make me personally complain than the actual treatment they gave me."*
>
> Male 75+, ABC1 group, Manchester

The sentiment above was mirrored to a lesser degree in the London group and the group of informal carers but will be one to consider perhaps in the content of communications materials aimed at older people.

## Complaint Processes

The issue of registering complaints was explored in greater depth with the small number of participants who *had* complained about a health professional, and was discussed hypothetically with other participants.

The process by which participants have complained in the past, or would complain if they needed to in the future, appears to be consistent across the older people and carer groups. Most would *go to the source of the problem first* – either by visiting the health professional themselves, or going back to their GP who had referred them initially to register their dissatisfaction.

> *"Well if it's at the hospital, I'd go to the hospital and complain."*
>
> Female informal carer, Manchester

A couple of participants in the informal carers group had done just this, and were happy with the outcomes they had received.

One carer, speaking with reference to unsatisfactory treatment received from a hospital-based physiotherapist by the person they cared for, had spoken to their local Patient Advice and Liaison Service (PALS) and said she had been dealt with well. They did acknowledge however that they had only found out about PALS due to family members who worked within the National Health Service who had told them about it.

Some participants in the London group did admit that hypothetically at least, complaining back to the source of the problem might not always be adequate:

*"See, what I feel is that if you're going to make a complaint, always start from the top."*

Female 70+, C2DE group, London

Whilst others felt that even 'taking it to the top' might not be enough:

*"I personally feel sometimes that if you complain even to the very top of the hospital, they will have to soften it because they can't afford to lose their staff, they can't afford to get a bad reputation."*

Female 70+, C2DE group, London

One or two of the older people in the London group did take this issue further and actually got as far as discussing taking a complaint to a governing body, but admitted that they would not know whom to approach:

*"Well you'd need to find out, wouldn't you? There's certain bodies aren't there, that govern them? And you'd need to go to them, wouldn't you?"*

Female 70+, C2DE group, London

*"You'd need to find out about it, wouldn't you? You'd have to do some sort of ringing around I expect to find out, wouldn't you? Otherwise you wouldn't know."*

Female 70+, C2DE group, London

# Care Organisation Findings

Four telephone depth interviews were conducted with care organisation managers of organisations in a local area. A mix of organisations providing varying levels of care from residential care, to assisted/sheltered housing was achieved. A mix was also achieved of organisations catering for elderly people who pay for their own care, and those whose care is paid for by the state. A telephone interview with Louise Gibson, an area manager of a number of Anchor Trust Homes across Yorkshire was also conducted, in addition to those with Paul Cann of Help the Aged, and Philip Hurst of Age Concern. Regarding older people living in care, this quote from Philip Hurst summarises the issue:

> *"How do we get…information to older people who live in care homes…who are in one way a captive audience and in another very isolated?"*

Philip Hurst, Policy Manager – Health and Social Care, Age Concern

The main findings from these interviews are outlined below:

- It is not the case that care organisation managers are aware of the HPC (whilst their clients are not). With the exception of Paul Cann and Philip Hurst, awareness of the HPC is equally low care organisation managers as it is amongst older people themselves. Only one had heard of the HPC, but knew nothing about it as an organisation.
- Finding a suitable health professional to treat an older person tends to be managed by the care organisation itself, rather than the individual older person.
- In most cases treatment would be provided via referral through the older person's GP, or by a GP who is linked to the care organisation itself. Suitable health professionals tend to either be suggested by the GP themselves, or appear on pre-approved lists provided to the care organisation by their management, or local council.
- Care organisations tend to have official structures and processes in place regarding procurement and monitoring of health professionals treating any of the older people in their care.
- Most of the care organisations arranged for professionals to come into the home/assisted housing organisation to provide treatment on-site. Treatment would be monitored on an ongoing basis to see if it was satisfactory and any minor issues would be flagged with management boards and the health professionals themselves. Older people who needed to visit a health professional off-site would be accompanied or assisted by people from the care organisation.

- Satisfaction with health professionals seems to be high. Most care organisation managers reported very few problems with any of the range of health professionals that the older people they care for use.

- In terms of dealing with any potential problems, this would be managed by the care organisation rather than the older person themselves. Most of the care organisations seem to have established procedures which they would trigger should any incident occur:
    - The issue would be reported and logged officially internally;
    - The GP or person managing the referral to the health professional in question would be notified and suitable action requested;
    - Depending on the seriousness of the issue it might be reported to CSCI (The Commission for Social Care Inspection), who would then take over and manage all further investigations/actions; and
    - If the complaint/issue was to have any criminal element to it, the police would also be notified.

- Care organisation managers seem satisfied with the current procedures which they have in place for both finding a registered professional and dealing with any potential problems.

- The care organisation managers were positive and enthusiastic at finding out what the HPC does, and what benefit they may reap from this. They felt it would be very useful to have more information about the HPC, both for themselves and for the older people in their care.

- Asked how awareness of the HPC might be best raised amongst the older people in their care, managers offered the following suggestions:
    - Focusing on increasing awareness amongst care organisations themselves, who in many instances have taken over formal responsibility for the people in their care (who are incapacitated, physically and/or mentally);
    - Having information and advice about the HPC cascaded centrally from CSCI to care organisations who can then disseminate this to the people in their care;
    - Creating posters and leaflets which could be put up/distributed in care organisations for older people and their friends/family/carers to see;
    - Using the health professionals who come into care organisations to promote the HPC and its role to protect the public;
    - Having public information campaigns on the radio/ television/ newspapers.

# Feedback on Current HPC Communication Materials

Participants in each group were shown current and previous HPC communications materials and asked to provide feedback on their initial impressions; whether they understood the material, whether they felt it covered all the necessary information, and any particular areas which they thought were good, or needed attention.

Health professionals must be registered so you can be sure...

- ✓ your health professional is genuine
- ✓ they meet national standards
- ✓ you can turn to the HPC with any concerns

High street or hospital, clinic or care home, by law these health professionals are regulated by the Health Professions Council.

They can prove HPC registration by showing you their current HPC certificate or ID card.

If in doubt you can call the HPC or check online.

0845 300 4472
www.hpcheck.org

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

Working with health professionals to protect the public

Checking for HPC registration

There are four easy ways to check and make sure your health professional is HPC registered:

**Check online: www.hpcheck.org**
Just select their profession and type in their surname or registration number. The online Register is updated daily.

**Check their certificate:**
All registrants have a certificate from us to show that they are registered. This will show their name, profession and registration number. It is valid for two years, so check the date.

**Check their ID card:**
All registered health professionals have HPC ID cards. These show their name, profession and registration number. It is valid for two years, so check the date.

**Check by phone: 0845 300 4472***
Our Registration Department will be happy to tell you over the phone if your health professional is registered.

**For more information on our complaints process,** please visit the complaints section on our website or contact our Fitness to Practise Department by writing to them at the address above, emailing ftp@hpc-uk.org or telephoning 020 7840 9814.

Several participants felt that the materials focussed heavily on the registration aspect of the HPC's public-facing role, with very little mention about them also being a regulatory body to approach with complaints:

> *"Yeah. Well that* [the fact that the HPC investigates complaints against HPs] *needs to be a lot bigger. The rest of it is just about being registered."*
>
> Female carer, Manchester group

This is particularly relevant for participants for whom checking that a health professional is registered is not a key concern, as they are primarily referred to them via a GP, or access them in a hospital environment. The current focus on 'checking whether your health professional is registered' was therefore felt not to be very relevant for some. Others felt that, owing to the lack of awareness about the HPC more broadly, it might be best not only to outline who the HPC *does* regulate, but also to be explicit about whom it *does not:*

*"I think it should be clearer that it doesn't refer to doctors and nurses."*

Female 75+, ABC1 group, Manchester

Many participants felt that much more space needs to be devoted to explaining how the HPC could help them if they had a complaint against a professional.

*"It's no good just saying a phone number, They'd have to explain what it's all about, what you need to do when you ring them up."*

Male 75+, ABC1 group, Manchester

## Using the HPC 0845 Helpline Number

Brought up spontaneously in the Manchester group by several participants was the fact that the number advertised for the public to ring the HPC with any queries, is not in fact a free-phone number:

*"I notice it's not a free number."*

Female 75+, ABC1 group, Manchester.

*"…in my mind, the way to improve this thing would be to put a free 'phone number as a first contact number"*

Female 75+, ABC1 group, Manchester

This was something that was felt to be crucial by almost all participants. Many felt that they would be unlikely to ring a number that they had to pay for, especially if they did not know how long they might be put on hold or have to wait before getting a response.

When this point was discussed with Philip Hurst of Age Concern, he commented:

*"Given that the Health Minister's now given the commitment that NHS Direct will not have an 0845 number in the future, I think it's something to think about."*

Philip Hurst, Policy Manager - Health and Social Care, Age Concern

Other participants flagged that although the helpline number was provided, there did not clearly appear to be any information regarding when someone could ring it and get a response:

"*.*[W]*hen do you ring? Do you ring at night time? It doesn't say. It doesn't give you any times on it"*

Male 75+, ABC1 group, Manchester

# Improving Awareness and Understanding of the HPC amongst Older People

What emerged from the groups is that older people, and those who care for them, do not view treatment from an HPC-regulated or non-HPC regulated professional as being materially different:

> *"The problem is there might be a number of different ones, I'm not sure, there isn't just one regulating body, there might be a number , we don't know which one's which."*
>
> Male informal carer, Manchester

The thirteen professions are viewed more generally within the broader context of NHS or private healthcare treatment, alongside any other regulatory bodies that may be relevant for doctors and nurses for example. For those with co-morbidity, receiving treatment from several different types of health professional as well as their GP, is likely to magnify the problem and make the situation more complex. Philip Hurst of Age Concern posits the benefits of having one central contact point for *all* health professionals, which could then re-direct people to the appropriate body for their query/problem :

> *"I think what would be really helpful is as far as older people* [are concerned] *and indeed anybody else, that they could find out about these things…through one single access channel…It would be very helpful to be able to go to one source of integrated information about all health professionals."*
>
> Philip Hurst, Policy Manager – Health and Social Care, Age Concern

Unlikely to be something which the HPC will have control over, it will be important instead to focus on effective and targeted ways to reach older people, via a variety of different methods. Participants in both the older people's and the carers groups were therefore encouraged to discuss more broadly the best ways that they felt older people might be targeted by the HPC as a key audience.

## Via Health Professionals

Several participants in the older people and informal carer groups, as well as two of the care organisation managers that we interviewed suggested that HPC-regulated health professionals themselves should be key in any efforts to raise awareness and understanding of the HPC as an organisation:

> *"I think another* [way]*might be through the professionals themselves, because if people are involved in seeing any of those* [the 13 professions]*and you usually get one audience with them at some point in proceedings, and at*

> *that point, if the specialist said, 'and by the way we are regulated by so and so'.."*
>
> Male informal carer, Manchester group.

## Certification Badge or Logo

Some participants suggested that an HP's registration with the HPC could be shown like a certificate:

> *"Well, shouldn't you put HPC on their professional card, especially if it's private?"*
>
> Female carer, Manchester group

Another participant suggested that putting information about the HPC on appointment cards that people receive from their professional might be a way to increase awareness:

> *"A lot of people get an appointment card, so that would be a way to get through to older people."*
>
> Male informal carer, Manchester group

One participant drew parallels with other professions which use recognisable certifications or logos to reassure the public:

> *"People know CORGI. People don't know HPC."*
>
> Male carer, Manchester group

These possible avenues were felt to avoid the embarrassment of a patient *asking* for a professionals' registration or qualification information, but would also be a way both to reassure the public and increase awareness of who the HPC is and how they can help the public.

## Local Face-to-Face Contact

The primacy of local face-to-face contact was emphasised by several participants in both the older people's and carers groups, and almost uniformly so amongst care organisations managers.

Paul Cann of Help the Aged also stresses the importance of face-to-face work within local communities in raising awareness amongst older people:

> *"Everyone just getting to the grassroots, getting there through local groups, peer support. We've done this with end of life care and other areas. Not only end of life care but getting older people to talk to other older people about advice on care. We've done a lot of work on that. On benefits claiming, this is a big problem, with older people telling other older people about benefits rather than remote methods of communication. So I think the word of mouth, using the community groups is what we're into, really."*

Paul Cann, Director of Policy & External Relations, Help the Aged

Tapping into carer networks was also suggested by Paul Cann:

> *"You could use, I think the carers' strategy and all the networks coming out of carers at the moment, carers are so much the policy of the moment, with the Prime Minister's Standing Commission on caring, so I think carers' networks will be a very strong way of getting the message across."*

Paul Cann, Director of Policy & External Relations, Help the Aged

# Third-Party Signposting

## Information Posters and Leaflets

Several participants in each group suggested that putting leaflets/posters in all types of places and venues where there are likely to be a high concentration of older people might be an effective way to raise awareness:

- GPs' surgeries
- Local community centres
- Faith centres/church groups
- Care homes
- Hospital wards
- In local council information pamphlets that are targeted towards older people and the services that are available for them.

## Trusted Third Parties

Philip Hurst of Age Concern, in highlighting the challenges faced with targeting older people suggests ways that organisations like Age Concern, which are familiar and trusted by many older people, can be used as a way of reaching this key audience indirectly:

> *"I suppose an intangible thing is that Age Concern is a name that's trusted by older people, and because of what we do and what we are. This is no slur on the HPC, it's just hard to think that the HPC would become a trusted source directly for older people, because they're not going to have the level of frequency of contact that they may have with other organisations."*

Philip Hurst, Policy Manager – Health and Social Care, Age Concern

Paul Cann of Help the Aged too highlights the role that charities like Help the Aged can play:

> *"We would love to help and talk to the HPC about how to raise the profile of these crucial professional groups, which make such a huge difference. There are doctors and nurses in the popular estimation, and they have their place in the general scheme of things, but these are disciplines which so often make the difference between exclusion and inclusion"*

Paul Cann, Director of Policy and External Relations, Help the Aged

# Media Campaigns

## Television

Many older participants and carers felt that television was something watched regularly and often for long periods by older people, and would therefore be a good medium to use for any awareness or communications campaign:

> *"It's a lifeline for anybody on their own, my lifeline the television."*
>
> Female 75+, ABC1 group, Manchester

Paul Cann from Help the Aged suggested however that measurable success of such campaigns can be difficult to gauge:

> *"They* [Help the Aged] *put Thora Hird on the box and it cost a lot of money for an awareness campaign. It was about eight years ago. It raised very little because it was just so remote, as opposed to getting down on the ground and funding direct face-to-face work."*

Paul Cann, Director of Policy & External Relations, Help the Aged

## Other Media

- Local free newspapers were suggested by several participants as something which older people were likely to read.
- Publications aimed at older people such as Saga were mentioned by a couple of participations in the London group
- Radio 4 and local community radio channels were also mentioned by a couple of participants in each group.

# Conclusions

Although no qualitative research can make claims about the prevalence and representativeness of findings within the population at large, this research highlights some key issues and attitudes which will be of key importance in tackling awareness of the HPC amongst older people.

## Which Health Professionals Do Older People Use Most?

- Chiropodists/Podiatrists and Physiotherapists are the professionals used most by older people. These professionals are used on an on-going basis as a reaction to any specific health problems, but also as part of long-term preventative health-care.

- Occupational therapists, Speech and language therapists and dietitian are also used, though to a lesser extent.
- Additionally, many older people have been treated by a radiographer or paramedic, as part of their acute care.

## How do Older People Access these Health Professionals?

- Treatment seems to be accessed primarily via referral from their GP, or via a hospital physician when receiving treatment in hospital.
- Few older people have sought private treatment themselves without using their GP to suggest a suitable professional. In these cases, recommendations of friends/family are viewed by most as being the best means of finding somebody suitable.
- Carers, and friends and family play an integral role in helping older people access these services – in terms of physically taking them to and from treatment but also arranging it, and dealing with any potential problems.

## Key Feedback from Older People about the HPC

- Awareness of the HPC is very low.
- The *importance* of checking if a professional is registered needs to be made in conjunction with informing older people about *how* the HPC can help them in doing so. As many older people access these services via referral, there is little perceived need to ensure that the professionals treating them are properly qualified and registered.
- Complaints: Some older people do not view poor outcomes of treatment as legitimate foundations for dissatisfaction with a health professional. This might be an area to explore further.
- While older are largely satisfied with the care they have received from the types of HP the HPC regulated, they are more likely to complain about the attitude or the behaviour of the professional treating them, than

about any problems with the actual treatment, should that arise. A number of the participants felt this was a key area of the HPC's function which needs to be emphasised more, relative to its role in helping people to check or a find a professional who is registered.

- The 0845 helpline number not being a freephone number is of concern to participants. This might be something to consider changing in trying to engage more with older people. They also felt that more information about *when* they could ring, and information about how their query would be dealt with would be of real benefit.
- Philip Hurst of Age Concern has also commented that having a central helpline number for *all* HPs, that essentially re-routes the caller to the respective registration body, would be of real value.

## How Best To Raise Awareness of the HPC amongst Older People?

- Via Health Professionals themselves: this seems to be a key issue for older people. Several felt that the onus should be on the *professional* treating *them* to communicate their registration with the HPC, and what the HPC could do to help them should they have any queries/problems.
- Health professionals having an HPC 'badge' or certificate which immediately identifies them as HPC-registered. One participant drew parallels with CORGI and stressed the reassurance that is derived from seeing a recognisable benchmark of quality. Raising awareness of what having an HPC badge would mean would be key to the success of pursuing this kind of communication strategy.
- Local face-to-face contact can be provided via local networks and places that older people congregate. This would include community centres, faith/church groups, local hospitals or doctors' surgeries, and local community or charity groups.
- 'Third party signposting' is recommended via organisations or networks which are already used and trusted by older people. This would include the age-related charities, carer networks, and care homes.
- Media campaigns: Participants felt that television would be an effective way of communicating with older people more broadly. Radio, free newspapers and publications aimed at older people were also suggested by participants, although to a lesser extent, in terms of their perceived effectiveness (though Paul Cann has commented on the ambiguous success of the Thora Hird TV campaign run by Help the Aged, and how other means might be more effective).

All in all, participants have raised a number of ways in which the HPC can raise its profile, increase its focus and maximise the assistance it can provide to older people in their liaisons with the HPs it is responsible for regulating.

# Appendices

Copies of all recruitment materials and discussion guides to be appended to the report when printed and bound to send out.