Updated standards of proficiency: Centralising the service user

This webinar will begin at 1.00pm

Fiona Campbell, Professional Liaison Consultant, Professional Liaison Service. HCPC
Some information about today’s session

#myhcpcstandards
@The_HCPC
Fiona Campbell, Professional Liaison Consultant (Scotland), HCPC

HCPC Registered Speech and Language Therapist
What examples of good practice in involving service users could I share with others?

www.slido.com
Event code: person1
Standards of proficiency (SOPs)

Why are they changing?
What has changed?

Centralising the service user

Registrants’ mental health

Equality, diversity & inclusion

Leadership at all levels

Digital skills & new technologies
2.2: promote and protect the service user’s interests at all times

2.5: respect and uphold the rights, dignity, values, and autonomy of service users, including their role in the assessment, diagnostic, treatment and/or therapeutic process

2.6: recognise that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances
6.4: understand the need to ensure confidentiality is maintained in all situations in which service users rely on additional communication support (such as interpreters or translators)
7.1: use effective and appropriate verbal and non-verbal skills to communicate with service users, carers, colleagues and others

7.4: work with service users and/or their carers to facilitate the service user’s preferred role in decision-making, and provide service users and carers with the information they may need where appropriate
7.5: modify their own means of communication to address the individual communication needs and preferences of service users and carers, and remove any barriers to communication where possible

7.6: understand the need to support the communication needs of service users and carers, such as through the use of an appropriate interpreter

7.8: understand the need to provide service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions
8.1: work in partnership with service users, carers, colleagues and others

8.5: identify anxiety and stress in service users, carers and colleagues, adapting their practice and providing support where appropriate
11.2: gather and use feedback and information, including qualitative and quantitative data, to evaluate the responses of service users to their care

11.5: evaluate care plans or intervention plans using recognised and appropriate outcome measures, in conjunction with the service user where possible, and revise the plans as necessary

13.11: engage service users in research as appropriate
Evidence suggests

• Involvement in individual care and treatment can increase self-esteem

• Outcomes are improved when people have choice and control over their treatment

• Perceptions of care quality are greatly enhanced.
Introducing Carly and Jan

Jan has aphasia, a language and communication disorder.

Carly is Jan’s daughter.

Aphasia affects more than 350,000 people in the UK.
Jan has a communication difficulty known as aphasia.

She kindly shared her experiences with us, supported by her daughter, Carly.
Jan and Carly share their experiences of interacting with health professionals.
Carly and Jan discuss some of the challenges Jan experiences when communicating with health professionals.
What simple changes might ensure that Jan wouldn’t experience some of the problems she has faced if she was interacting with you?

Do any of the ‘system’ issues exist in your service and how could you change those?
We discuss Jan’s experiences of people making assumptions about her ability to make decisions.
Jan and Carly discuss some of the assumptions health professionals make about Jan’s capacity
Jan and Carly discuss ways she can be better involved in her health care. They offer advice to a health professional who may feel nervous about their communication skills.
Jan and Carly reflect on how people with communication support needs could be better involved in their health care
How do you rate your own skills communicating with people with communication support needs, such as aphasia? How could you improve, or support others to improve? What would service users say that I do well?
Summary of changes

• Registrants already offering care in the best interests of their service users.

• Changes ask registrants to broaden how they think about those interests, and where service user’s needs might require closer scrutiny.

• Be mindful of the needs of people living with a disability or a health condition which impacts their ability to communicate.

• Registrants should consider what additional steps they can take to ensure that a service user remains fully involved in their care.

• Where a service user may not be able to be involved, registrants should document what steps they have taken to involve their carer, family member, and/or representative.
What examples of good practice in involving service users could I share with others?
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 May</td>
<td>13:00-13:45</td>
<td>Registrant’s mental health and wellbeing</td>
</tr>
<tr>
<td>23 May</td>
<td>13:00-13:45</td>
<td>Equality, diversity &amp; inclusion</td>
</tr>
<tr>
<td>07 June</td>
<td>13:00-13:45</td>
<td>Leadership</td>
</tr>
<tr>
<td>19 June</td>
<td>13:00-13:45</td>
<td>Digital skills &amp; new technologies</td>
</tr>
</tbody>
</table>
Consultation open

Please get involved with our consultation on revisions to the SCPEs.
Staying connected with us

www.facebook.com/hcpcuk

@The_HCPC
#myhcpcstandards

www.linkedin.com

@HCPCuk