BMA Patient Liaison Group

10th anniversary celebration

4 February 2014
The Patient Liaison Group (PLG) was set up in 2004 to provide an informed patient view on matters of interest to the profession, and to patients.
ABOUT THE PATIENT LIAISON GROUP

The Patient Liaison Group (PLG) was set up in 2004 to provide an informed patient view on matters of interest to the profession, and to patients. The Group works as an internal reference group for the BMA to ensure that the patient’s voice is represented on matters being addressed by the Association. It also highlights areas of patient concern to the Association. The Group comprises lay and doctor members and the Chair for the 2013-14 session is Catherine Macadam.

The PLG’s strategic aims are to:
• ensure BMA policies, policy development processes and other activities consider patients’ perspectives, views, interests, needs and concerns
• support the BMA in influencing government policies on patient issues from an informed patient perspective
• raise awareness of specific patient needs including those of minority populations in the development of health strategies.

These aims are achieved through:
• representation on key BMA committees including BMA Council
• contributing to BMA consultation responses and projects on matters requiring a patient perspective
• developing patient-focused resources on topics ranging from self-care to toolkits for doctors on patient involvement.
MEMBERSHIP OF THE PATIENT LIAISON GROUP
2013-2014

The PLG consists of people from diverse backgrounds, and draws on the expertise of lay members, including some with direct patient-based links. The Group has seats for 11 lay members and five doctor members who work on a voluntary basis.

Find out about some of our members…

Catherine Macadam PLG Chair
Catherine works as a coach/mentor and consultant for public and voluntary sector organisations, having worked for 23 years in local government. As a former carer and someone with a disability, she is interested in supporting unpaid carers and people with disabilities to achieve success in their lives. Catherine is ex-officio member of BMA Council, Political Board and Professional Activities Board.

Saima Tarapdar PLG Member
Saima has a personal and professional interest in healthcare. She has been a volunteer first aider, and a quality reviewer of care homes for those with dementia. Saima is a Government social researcher and her work has included research on children’s rights and wellbeing and the social exclusion and isolation of elderly people. Saima is PLG representative on the Consultants Committee for the 2013-2014 session.

Garry Brough PLG Member
Garry was diagnosed HIV-positive in 1991 at the age of 23. Having medically retired in the late 90’s due to AIDS-related illnesses, effective HIV medication facilitated a return to work in the field of HIV support, in both the NHS and voluntary sector. Garry co-founded a Patients Network at the Bloomsbury HIV clinic in 1999 and became the clinic’s first paid Patient Representative. He currently works at the Terrence Higgins Trust as their Membership & Involvement Officer. Garry is PLG representative on the BMA Board of Science for the 2013-2014 session.
“The PLG is a vital part of BMA policy development, ensuring that we’re not just doing what we think is in the best interests of patients, but addressing what is important to patients.”

Dr Paul Flynn, Chair of the BMA Consultants Committee
PLG ACHIEVEMENTS

The PLG has worked tirelessly over the past decade to ensure the patient voice is an integrated part of the BMA. The PLG is recognised at the Annual Representative Meeting (ARM) and has spoken on various motions, as well as being invited by other organisations to attend or speak at meetings and conferences. The following provides a snapshot of some of the PLG’s achievements over the past decade.

PLG resources
The PLG has produced a number of key resources for patients, doctors and members of the public in the past 10 years. These include:

Self care – a resource for patients
Not long after the Group was established, the topic of self care was considered and an online resource was produced in 2007. An updated, interactive, patient-friendly resource providing information on self care was published in 2012. The resource looks at self care holistically and considers the risks and the benefits. Details of when to self care and when to see a doctor are also provided. The resource can be accessed via: www.bma.org.uk/about-the-bma/how-we-work/professional-activities-and-special-interest/patient-liaison-group
Patient responsibilities – working together for better health – a resource for patients

The NHS belongs to everyone. It is, however, a limited resource and there are things that all patients can do to ensure it continues to provide high quality care. At its meeting in May 2010, the PLG held a series of working groups followed by a round table discussion on patient responsibilities. These discussions focused on the responsibilities patients have in helping the NHS to work effectively and ensuring its finite resources are used responsibly. The PLG produced an online resource to improve patients’ understanding of their role in this process, which can be accessed via: www.bma.org.uk/about-the-bma/how-we-work/professional-activities-and-special-interest/patient-liaison-group
Patient and Public Involvement – a toolkit for doctors

In recent years the NHS has been making strides towards engaging people in the design and delivery of services. The Health and Social Care Act sets out requirements for patient and public involvement (PPI). At its meeting on 10 February 2011, the PLG held a focus group session on patient involvement. The outcome of the session was that the PLG would develop a toolkit for doctors on PPI. This includes information on the different ways of involving and engaging with patients, as well as points to consider when setting up PPI systems. The toolkit can be accessed via:

www.bma.org.uk/about-the-bma/how-we-work/professional-activities-and-special-interest/patient-liaison-group

Dispensed but unopened medications briefing paper

The purpose of this briefing paper is to:
• provide an overview of the current rules governing dispensed but unopened medication in the UK.
• outline the current data on medicine waste in the UK
• identify the causes of medicine waste
• identify schemes in place to address the issue.

The briefing paper was published in 2011 and can be accessed via:

www.bma.org.uk/about-the-bma/how-we-work/professional-activities-and-special-interest/patient-liaison-group
Medical titles: a who’s who of doctors
This project began not long after the Group was established, and its aim is to inform patients about who’s who in healthcare teams in practices and hospital departments, what their roles are and how they might be identified. This is enabled through:
• a web-based glossary of medically qualified healthcare professionals and allied healthcare professionals
• a best practice guidance for Primary Care Trusts to enable patients to understand “Who’s who” in the clinical setting.

Patient Participation Groups in Primary Care
Patient participation can benefit both patients and practices. Having a patient participation group (PPG) creates a connection between the practice and its patients; allowing open, constructive discussion and analysis of service provision, and offering an alternative perspective on many of the topics relevant to general practice.

After producing a position paper in 2006 on public and patient involvement in healthcare, the Group went on to develop a web resource on PPGs. This provides practical advice for GPs, practice managers and patients who may wish to set up a PPG in order to involve patients in the running of the practice. BMA members contributed a number of case-studies to the resource that illustrate the benefits a successful PPG can bring to GP practices, as well as some of the challenges involved.
Disability equality within healthcare: the role of healthcare professionals

In 2007, the PLG worked alongside the Equality and Diversity Committee (previously known as the Equal Opportunities Committee) to publish: *Disability equality within healthcare: the role of healthcare professionals*. This report examines the provision of disability equality in the medical profession, looking specifically at the accessibility of medical careers to disabled people, and the support provided to disabled medical students and disabled doctors. The report can be accessed via: [http://bma.org.uk/developing-your-career/medical-student/disability-in-the-medical-profession](http://bma.org.uk/developing-your-career/medical-student/disability-in-the-medical-profession)

The Expert Patients Programme – a discussion paper

The NHS Expert Patients Programme (EPP) is a lay-led, generic training programme that has been developed to assist patients to self-manage their long term medical conditions. In 2005, the PLG published a discussion paper on the history behind the development of the EPP and on initial evaluations of the success of the pilot phase of the programme, judged by criteria such as improved patient wellbeing and the reduced need to access NHS services. The discussion paper also considered EPP from the GP perspective and how the programme could be more closely tied to mainstream primary care.
Representation on BMA Committees

The PLG works alongside other BMA committees to progress matters on behalf of patients. This is a two-way exchange of information working within the existing organisational structure of the Association. The PLG is represented on six key BMA committees:

- General Practitioners Committee (GPC)
- Consultants Committee (CC)
- Junior Doctors Committee (JDC)
- Committee on Community Care (CCC)
- Board of Science (BoS)
- Medical Academic Staff Committee (MASC)

Representation is decided at the first meeting of every session with special consideration to those Branches of Practice who specifically request PLG representation; namely GPC and CC. The PLG Chair also sits on Council and has a place on the Board of Professional Activities and the Board of Representational and Political Activities.
Feeding into BMA committee work areas

In addition to providing committee representation, the PLG has also fed into a number of BMA work areas over the past 10 years:

Medical Ethics Committee

*Withdrawal of life-prolonging treatment briefing paper (2013)*
At the PLG meeting in February 2013, members were asked to consider the briefing paper on the withdrawal of life-prolonging treatment, and how the PLG could assist with raising awareness among patients, in relation to the law on advance decisions refusing treatment. Following a suggestion from Catherine Macadam at the meeting, Professor Vivienne Nathanson discussed end of life decisions with ‘Yours Magazine’ and an article featured in their summer issue.

*Guidance on conscientious objection and on the disclosure of information in relation to ‘vulnerable’ adults (2013)*
PLG members were asked to consider the draft ethics guidance on conscientious objection and on the disclosure of information to ‘vulnerable’ adults, produced by the BMA Medical Ethics Committee.

*Organ donation briefing paper (2012)*
The BMA has long advocated an opt-out system with safeguards for organ donation. The PLG has aimed to stimulate and encourage debate on the topic of organ donation, raising public awareness and understanding of the BMA’s position. At the PLG meeting in May 2012, a focus group session was held to discuss organ donation. Following this, a briefing paper was produced jointly with the PLG and the BMA Medical Ethics Committee. The briefing paper was sent to over 50 patient organisations in October 2012.
Board of Science

Public health reports
The PLG are asked for their views on a number of draft versions of Board of Science reports. These include:

- Drugs of Dependence report (2013)
- Growing up in the UK report (2013)
- Doctors taking action on climate change (2008)
- Fetal Alcohol Spectrum Disorders – a guide for healthcare professionals (2007)

The Board of Science reports can be accessed via: bma.org.uk/working-for-change/improving-andprotecting-health
General Practitioners Committee

**Patients and commissioning (2013)**
At the May 2013 PLG meeting, members received presentations from Dr Simon Poole, Deputy Chair of the BMA’s GPC Commissioning and Service Development Subcommittee and from Tom Nutt, Chief Executive of Healthwatch Essex. Following this, the Group gave feedback on patients and commissioning, and a summary of the discussion was sent to GPC and Healthwatch Essex.

**Helping GPs communicate with patients (2013)**
The PLG fed into the BMA Communications initiative to help GPs communicate with patients about the various changes taking place in the NHS. The Group provided feedback on an open letter from GPs to patients and a series of patient friendly web pages, which are available online at [changingnhs.com](http://changingnhs.com).
Out of hours care (2013)
The PLG is also currently working to support GPC on out of hours care (OOH). Dr Chaand Nagpaul gave a presentation on this topic to the Group at their September 2013 meeting and posed a number of questions to members about what they think are the problems with OOH services. There was a good response from the Group and their comments were collated and sent in a memo to Chaand.

Support your Surgeries Campaign (2008)
The PLG contributed to the 2008 “Support your Surgery” campaign aimed at defending and promoting NHS GP services in England. GP practices were provided with a campaign pack containing posters, leaflets and stickers to help them inform the public about local plans. Practices also asked their patients to sign a petition that was presented to Downing Street as a giant birthday card celebrating the NHS at 60. Other activities included advertising; open days in surgeries, and making contact with local MPs. A dedicated campaign website was launched to support practices participating in the campaign and to inform the public about local activities, which can be accessed via: www.supportyoursurgery.org.uk
NHS IT

Sharing patient information (2013)
The PLG fed into the BMA NHS IT guidance on sharing patient information. This included a draft leaflet to patients and an FAQ document. The guidance documents have now been published and can be accessed on the NHS England website via the following link:
www.england.nhs.uk/ourwork/tsd/data-info/

Committee on Community Care

Care quality commission (2013)
The PLG were asked for their feedback on the issues from the Committee on Community Care and Care Quality Commission’s round-table meeting on ‘Delivering patient centred care in non-NHS settings.’

Survey of members (2006)
The PLG secretariat conducted a survey of PLG members, BMA Committee members and BMA staff to gather feedback on how the PLG had progressed in the first two years. The exercise involved a survey of all PLG members, and BMA committees and staff, and a feedback session within the meeting. The exercise led to changes in the way the PLG functioned, gave a steer for where future projects would lie, and provided a good assessment of the PLG’s strengths and weaknesses, and opportunities.
“The Patient Liaison Group provides a really valuable insight – both political and professional – particularly in areas we would not necessarily have thought about. While doctors always put the interests of their patients first, it is useful to have a mechanism in place to ensure that we understand what patients are telling us and, from time to time, make us think again with a new perspective.”

Dr Ian Wilson, BMA Chairman of the Representative Body
Feeding into consultations

The PLG fed into a number of consultations over recent years.

These included:

**The Caldicott Review (July – September 2012)**
Dame Fiona Caldicott conducted a review of Information Governance on behalf of the Secretary of State for Health. The Information Governance Review Report was published on 26 April 2013 and is now available on the Department of Health website via the following link:

**Review of the regulation of cosmetic interventions (August 2012)**
As part of Sir Bruce Keogh’s review of the regulation of cosmetic interventions, the Department of Health launched a call for evidence, which looked at many issues including whether people have the right amount of information before going through with surgery and how to make sure patients get the right aftercare. The final report was published in April 2013 and can be accessed via:

This White Paper outlines measures to protect the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest. The final report was published in November 2010 and can be accessed via: [www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england](http://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england)

Health Committee inquiry into patient and public involvement (2006/07)


Every Child Matters is a programme of reform for children’s services. Key underpinning principles include: more closely integrated frontline delivery of educational, health, social and specialist services; earlier intervention to provide support before problems become serious; closer working between professionals who might be involved with the same child or young person and greater involvement of children, parents and carers in the development of services. The final report can be accessed via: [www.publications.parliament.uk/pa/cm200405/cmselect/cmeduski/cmeduski.htm](http://www.publications.parliament.uk/pa/cm200405/cmselect/cmeduski/cmeduski.htm)
"The Patient Liaison Group enables us to truly fulfil the first duty of a doctor: to make the care of our patient our first concern. Clearly this can only be done when the patient has a voice in the planning and delivery of care, and the journey of recent decades has been to make that voice real and informed, heard and respected. Indeed, to form a true partnership.
In its first ten years the PLG has brought this voice into the BMA, and with the confidence gained over that time, should now be placing our policy under greater challenge and scrutiny. So what should the PLG aim for in the next ten years? To make me feel a little more uncomfortable!"

Dr Mark Porter, BMA Chair of Council
Working with external patient groups

The PLG plays a vital role in sharing and translating information effectively to patients. The PLG secretariat has been arranging meetings with many patient groups, including Age UK, Mind, National Voices and the Royal College of Nursing to provide the Group with the opportunity to develop patient links and highlight the work that the PLG does for the BMA.

PLG members also attend many external meetings in order to build links and knowledge. Over the past 10 years, PLG members have attended meetings at the Academy of Medical Royal Colleges (AoMRC), National Voices, the National Institute for Health and Care Excellence (NICE) and the Department of Health.

This session, the PLG Chair has attended the Medical Women’s Federation conference on Patients’ and Doctors’ Safety and the BMA’s Patient Information Awards.
Why get involved in the PLG?
Government health policy has increasingly focused on the healthcare experience of individual patients. This shift towards empowering patients means a non-clinical perspective is now, more than ever, crucially important. As the leading professional association for doctors in the UK, the BMA has a vital role to support this.

Getting involved in the PLG provides the opportunity to shape the BMA’s views on key healthcare issues, ranging from patient confidentiality and NHS reforms to organ donation and social care.

How to get involved
The BMA recruits a number of new PLG members annually on a voluntary basis. These vacancies are advertised on the BMA website and via The Guardian and Metro newspapers. The recruitment process involves a written application and an interview.

PLG recruitment cycle
- **February** Advertise voluntary position/s
- **March** Interviews
- **April** New member’s appointed

Email info.plg@bma.org.uk for further information
THE BMA SCIENCE AND EDUCATION DEPARTMENT

The Department of Science and Education, which is headed by Nicky Jayesinghe, has the responsibility for managing the Patient Liaison Group.

The professional work of the BMA is managed through the Directorate of Professional Activities and its Board. The work we do is designed to make it easier for doctors to get on with being the best doctors they can be, providing excellence in care to their patients and through health promotion/ill-health protection to the population at large.

Science and Education sits within the Directorate of Professional Activities and is responsible for managing the following areas:

- Board of Science
- Equality and Diversity Committee
- Patient Liaison Group
- BMA Research Grants

HOW TO CONTACT US

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“Patients are at the heart of our lives; they are our allies and partners in the continuity of care we provide. It is important that the BMA has embedded the patient voice in our work and functioning, so that our policies are strengthened by the perspective of patients we look after. It is with pride that we are celebrating the PLG’s 10th anniversary.”

Dr Chaand Nagpaul, Chair of the BMA General Practitioners Committee