

Patient Liaison Group report

Introduction

The [Patient liaison group \(PLG\)](#) is an internal reference group that provides the BMA with an informed, independent patient and public perspective on matters of interest to the medical profession and to patients. The following report provides an overview of the policy work and projects undertaken by the PLG over the past year.

PLG's governance and identity

We have continued our work to optimise our governance arrangements in line with the evolving role of the PLG within and outside of the association. We have welcomed our 12th patient representative and new doctor representative from the Medical Ethics Committee following the standardisation and governance review completed last year.

This session, in recognition of the significant rise in health and social inequity we have increased efforts to embed equality, diversity, and inclusion as part our group identity and across all of our work. We have continued to celebrate the rich experiences and diversity of our membership, and are committed to doing more. We have remained committed to promoting the understanding of and utilisation of co-production as a way of working across the BMA; we believe co-production/ co-creation is the fundamental foundation of safe, effective, inclusive, accessible and efficient healthcare. You can read more about this in the [recent PLG chair blog on the value of co-production](#).

PLG workstreams

The PLG identified its two key priorities for the session as young people and health in crisis. Working collaboratively, we formed two small working- groups to explore how we can progress work in this area. As part of our young people's workstream, we dedicated our annual symposium to this theme and put young people and their lived experiences at the centre of our planning and event. We also built new relationships with third sector organisations working with young people and welcomed a presentation from Association of Young People's Health at our last committee meeting in May. We remain focussed in the next session on working with the rest of the BMA to ensure greater consideration of the discrete experiences and needs of young people in policy decision making.

For our healthcare in crisis workstream, we identified key areas of synergy where the medical profession and the patient/ public priorities align so we can work for mutual benefit. We have been involved and inputted into the Covid call, and Public Health Medicine Committee (PHMC) and Board of Science (BoS) discussions on the impact of COVID. We've also had regular discussions with the General Practitioners Committee (GPC) about the increasing pressures on GPs, reflected on patients' experiences of accessing GP services and the GDPR (General Practice Data for Planning and Research) in response to the loss of public and professional trust in the current process, and supported the campaign to Rebuild General Practice.

Representation and contributions to pan-BMA work

PLG continued this session to have active representation on BMA Council, on over 12 BMA committees and regional councils, and for first year, was welcomed as an observer on the International Committee. PLG has also gained representation and contributed to pan-BMA working groups such as the Health and Social Care Bill working group, the BMA Covid Inquiry, the Clinical Excellence Awards and the BMA PLG Patient Information Awards steering group, the Trade Dispute Preparedness steering group, the Sexism in Medicine Roundtable and on the BMA's honoraria review meetings. PLG was also a key stakeholder as part of Community Care Committee's (CCC) working groups on Advance Care Planning and Care Homes, contributing to the [CCC Social Care report](#), outlining the need for social care reform, and helping develop universal principles for advance care planning. PLG officers also continued to input and attend the regular COVID strategy calls and were for the first time this session invited to attend the initial Augmented ARM agenda committee meeting.

We have also inputted on over 15 consultation responses and shared our insights and lived experiences with policy teams across the BMA on issues included, but not limited to, the Reform of the Human Rights Act, the Health Select Committee consultation on the future of the general practice, the government's consultation on banning conversion therapy, on clinical trials consultations, and on dual prescribing guidance for GPs in the community whose patients are detained in prison.

Building relationships with patient groups and stakeholders

PLG has also focused this year in building strong links with external patient groups and bodies by engaging with their work, and facilitating work between the BMA and them. Some of the stakeholders PLG worked this past session includes, but is not restricted to, National Voices, Healthwatch, the Patient's Association, Med confidential, National Association for Patient Participation, and the Patient Information Forum. In addition, PLG members have individual networks of involvement with over 30 wider patient/advocacy groups. We have also continued our fruitful collaborative work with the Canadian Medical Association's Patient Voice developing an analysis of the role of patient/public groups within professional medical associations.

PLG symposium: mental health and young people

Our annual symposium focussed on [Achieving respectful, person-centered inpatient care for young people with severe and enduring mental illness](#) and brought together young people with lived experience, doctors working in secondary care and general

practice, policy makers, and third sector and voluntary groups. The event included presentations that focused on the challenges facing the mental healthcare workforce and the state of current Child and Adolescent Mental Health Services (CAMHS) services, protecting the human rights & dignity of young people with enduring mental illness and autism in inpatient settings and addressing the health inequalities that young people face and exploring good regional practice.

An experiential panel also reflected on priorities for building person centred inpatient care from lived experience and emphasized the importance of co-producing services and training for healthcare staff with young people.

As organisers, PLG recognised that some of the discussions may be triggering for those attending and aimed to provide an open and safe space for these complex discussions. For the first time, PLG trialled a free & confidential telephone support available throughout the day for participants. Overall, the event was attended by over 60 people and received excellent feedback from participants for the highly informative, moving conversations that it provoked.

BMA PLG Patient information awards

This year, Emma Beeden, our PLG Equality, Diversion and Inclusion champion co-presented the [BMA PLG Patient Information awards](#) along with the Representative Body chair, Latifa Patel. The annual awards recognise the importance of high quality, accessible and well-designed patient information in providing patient care. The PLG continues to be involved with the planning, shortlisting and promotion of the event.

Looking ahead

Moving forward, PLG continues to reflect on how to better embed lived experience and co-production as a way of work within the BMA. We are also looking continuously improving our diversity of our membership to ensure that our views are representative of the wider public and of those groups normally under-represented but with the greatest needs to access health and social care. Lastly, PLG is exploring its long-term strategy for optimising our reach and impact across the BMA's work.

Christine Douglass,

Patient Liaison Group Chair

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