

Patient Liaison Group (PLG) Written report to the ARM 2023

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 across the association's professional and trade union activities.

Shifting towards prevention

PLG continue to advocate for a strong, equitable health and social care agenda, with coproduction as central to delivery. This year we've chosen to further our policy priorities under a preventative agenda; advocating for a shift from delivering health care, to one that seeks to improve the health of all people across communities in a health and social justice framework. Prevention framed our annual symposium in exploring the harm of incarceration, as well as our engagement across pan-BMA contributions such as discussions on improving workforce planning & working conditions, ensuring safe staffing levels, mitigating harm to patients from industrial action, or access to antiviral treatment for COVID-19.

Pay restoration, industrial action and the impact on patients

PLG have actively contributed to discussions within the BMA and with wider patient groups on the historic under-investment in the NHS and in the medical workforce, which has led to patients experiencing reduced access to care, reduced quality and safety of care, increased waiting times and a widening health and social inequity. PLG agree that there is an urgent need to improve workforce planning, and better support the medical workforce through improving working conditions, pay restoration and increased staff retention. PLG have supported the pay restoration campaign for junior doctors, and as industrial action unfolded, have met regularly with [the BMA's junior doctors committee](#) co-chairs to discuss these complex issues and more recently with the [BMA's consultants committee](#). During this time, we have provided the association with insights into public and patients views on pay and conditions and industrial action, as well as acting as a critical friend on how harm to patients can be equitably mitigated against, the importance of collaboration and the need for clear patient and public communication. Working with the BMA's campaigns team, [we've co-produced a patient information leaflet](#) supporting the junior doctor's call out for balloting in England. The PLG also [co-signed in April 2023 the National Voices letter](#) rejecting the narrative that pits the workforce against the people using the health and care services, and calling on the government to engage in negotiations with healthcare professionals and address the workforce pressures.

COVID & antivirals

PLG deputy chair, Maria Clark has led our pan- BMA discussions and meetings on the availability, eligibility, access, and delivery of COVID-19 antiviral treatment, advocating for equity and prevention. We have provided ongoing feedback on regional variations and inequitable patient outcomes. Along with BMA's [board of science \(BoS\)](#), [general practitioners committee \(GPC\)](#) and [public health medicine committee \(PHMC\)](#) we co-wrote and co-signed a letter to the UK Health Security Agency highlighting these disparities. Throughout this session, we have jointly organised a series of informal webinars with Dr David Strain, BMA BoS chair. The webinars have brought together people with lived experience in discussions focused on the continued impact of COVID-19. Our work in this area is ongoing as people continue to experience uncertainty in accessing support, treatments and care.

Avoiding the harm of imprisonment: women in the criminal justice system

This year our annual symposium focused on inequity within the criminal justice system (CJS) and the harm of imprisonment experienced particularly by women. Our decision to shed light on this pressing public health concern aligned with our preventative and health equity agenda for this session, as well as the work of the [BMA's forensic and secure environments committee](#) and a recent 2022 ARM motion. The event brought together over 60 multidisciplinary delegates including doctors working in secure environments, ethicists, professionals working in the CJS, voluntary organisations and those who have experienced incarceration to discuss and co-produce solutions that address the harm and inequity faced by women in the CJS. The Doctor magazine published a [recent article](#) about the event and a report outlining the key findings will be published and circulated shortly on our website.

Building an equitable general practice for patients and doctors

This session, we have met frequently with the [BMA's General practitioners committee \(GPC\)](#) England executive team providing knowledge, insights and feedback on GPCE priorities and patient and community priorities. Topics have included access to primary care, waiting lists, access to patient records, primary care doctors, and working conditions. We have also arranged meetings with wider stakeholders including patient-led groups at medical royal colleges and National Voices to broaden their understanding about current pressures facing general practitioners and to advocate for more equitable and inclusive access to primary care. We are currently planning a joint webinar with GPC, PLG and National Voices in the autumn to raise awareness on the pressures facing general practice, explore patient priorities and improve understanding of systems, with the view of alignment in the increasing challenging political landscape. We continue to support the vision of building a general practice that works for both patients and the primary care workforce.

Representation and contributions to pan-BMA work

As a group, PLG has representation across 14 BMA committees and 7 regional councils via elected representatives who directly feed perspectives and experiences to committees they sit on. This session, PLG contributed to pan-BMA working groups and roundtable events including the BMA ending sexism roundtable, the BMA COVID steering group, new clinical roles working group and CCC's social care and advance care planning working groups. Due to significant priorities overlap, we've also met with the BMA's health population team to share our priorities across mental health, which were informed significantly by our [2022 symposium](#), and health inequalities.

This year we've also co-produced with the ARM agenda committee a short guidance for BMA grassroots members writing and submitting motions, providing them with guided questions to consider the impact of a motion on access and quality of care for patients, as well as any equity impact. The PLG chair has also attended the ARM joint agenda committee meetings and PLG's work is being showcased at one of the ARM stands this year where we hope to improve engagement and collaboration with grassroots members.

PLG has inputted into over 15 consultation responses and shared our insights and lived experiences with policy teams across BMA on issues including, but not limited to, the prescribing guidance for GPs in the community whose patients are detained in prison, the future of good medical practice, physician assisted dying, antimicrobial resistance national action plan, role and regulation of physician assistants, NHS e-referrals, clinical negligence, the NHS service specification for children and young people with gender dysphoria, the Lords adult social care committee request for evidence, and statutory guidance on the serious violence duty.

We've continued to capture the diversity of PLG's views and insights into ongoing position statements and draft papers which have provided valuable knowledge on patient's views across BMA priorities. This session position statements include issues relating to IA across junior doctors and consultants, dental care, physician associates, e-referrals, physician assisted dying, limiting GP contracts and non-GP primary care doctors. We are currently exploring making these available to the rest of BMA members via an all-member communication.

PLG remain active in the planning and shortlisting of the [annual BMA PLG Patient information awards](#), which celebrate coproduction of patient resources and foreground the importance of inclusive communication.

Building relationships with patient groups and stakeholders

This session we've continued to build strong relationships with external patient groups and bodies, facilitating introductions with wider BMA membership. Some of the key stakeholders PLG worked with this session includes

National Voices, the Canadian Medical Association's Patient Voice, the Academy of Medical Royal Colleges, the Lancet Commission on climate change, and Mind. The BMA through PLG also holds a partnership scheme to National Voices' (NV) network. PLG has therefore met regularly with NV to facilitate knowledge sharing and identify opportunities of collaboration across some of BMA's priorities, for example rebuilding primary care and addressing workforce pressures. The PLG [jointly signed the NV's letter to the chancellor ahead of the autumn spending](#) calling for health and care services to be fully funded, allowing our health and care needs to be met.

Governance & ways of working

Our work this session focused on optimising our governance structures to ensure they remain in line with our mission, vision and values. We remain committed to a collaborative, inclusive and equitable group structure and environment and sharing good practices within the BMA. This year we've sought to extend the tenure term for the doctor member elected by BMA council on to the PLG. We've also moved the committee for the first time to an online elections system for our internal elections to other committees and we continue to explore hybrid arrangements that maintain a fair, transparent, equitable system. We are also continuing to streamline workplans and develop better support mechanisms and resources for the PLG members.

Looking ahead

PLG remain committed to ending discrimination and bias across, and within our health and social care systems, and addressing the negative impact this has on staff and patients. We look forward to continuing to explore strategies for optimising our reach and impact across the BMA's work in the new organisational changes. We are also seeking to achieve better geographic representation.

If you're interested to engage with PLG's work or find out more, please contact us at info.plg@bma.org.uk

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