



British  
Orthopaedic  
Association

*Caring for Patients; Supporting Surgeons*

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*A Brief History of the British Orthopaedic Association*

*Patient Liaison Group*

*The First Ten Years*

Compiled with considerable help

by

Nick Welch

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## **Preface**

*As the tenth anniversary of the forming of the Patient Liaison Group approached I thought it would be interesting to compile a brief history of the Group, especially while there were still some of the people who were involved in the early days around for me to consult. Like all Bodies it took the PLG a few years to settle down, and for the BOA to see the potential of the Group. Once the Group found its voice it became, and remains, a potent patient advocate within the body of the BOA.*

*I want to thank Mr D Jones FRCS and Prof P Gregg FRCS for digging into their memory banks to provide me with some of the historical background, and Mr I Leslie FRCS and Mr D Adams for their time, support and editing skills.*

*Whilst I have made every effort to ensure the information in this History is correct, I apologise if any errors have crept in.*

History records that on the 29<sup>th</sup> April 2003 under the Presidency of Professor Paul Gregg FRCS, Council discussed a possible infusion of patient views into BOA deliberations. The experiences of the three British Royal Colleges of Surgery in this area had been positive, although only one other Surgical Specialist Association had such a mechanism. It was also known that Parliament was very receptive to input from patient groups. Mr Ian Leslie FRCS prepared a paper following the Council meeting on the 23<sup>rd</sup> February 2003 to look at the options. He concluded: “If Council elects to include lay members in its organisation then it is recommended that a Patient Liaison Group be established first and then to proceed with the appointment to council of a lay member from that group once it is established. That person could be chairman of the PLG.”<sup>1</sup>

Council debated the relative merits of a lay member of Council against a discrete patient body, the latter option being preferred.

The inaugural lay members were appointed from the twenty-three applicants who responded to an advertisement in the Times by Council under the then President Mr David Jones FRCS. The inaugural meeting of the **British Orthopaedic Association's Patient Liaison Group (PLG)** took place on the 17<sup>th</sup> March 2004.

**The founding members were:**

Mr I J Leslie FRCS (Chair),	Mr T Garrett CMG,CBE,
Mr M K d'A Benson FRCS,	Mrs J Hawkes
Mr C J M Getty FRCS,	Mrs C Ryan,
	Brigadier A Vivian CBE

In the subsequent years a number of Surgeons and Patient Representatives have joined and left the Group:

<b><u>Clinical members:</u></b>	Ms Clare Marx	Mr Don McBride (A)
Mr Ian Leslie (Ch)	Mr Richard Montgomery (Ch)	Mr Jon Mutimer (A)
Mr Mike Benson	Mr Martyn Porter	Mr Jeremy Ridge (A)
Mr John Getty	Mr Manoj Ramachandran	Mr Phil Mitchell (A)

**Lay Members:**

Mr Terry Garrett (C)

Brig A Vivian

Ms J Hawkes (Ch)

Mrs C Ryan

Mr A Probert

Mrs Ruth Reavley (C)

Mr Nick Welch (A) (Ch)

(A) = current attending member.

(Ch) = past and present Chairs.

Mr Bob Smith (C)

Mr Steve Roger (C)

Ms Isobell Lille

Mr Derek Twigg (A)

Ms Jo Fox (A)

Ms Judith Fitch (A)

Mrs Margaret Hughes (A)

Mr Keith Thames

(C) = current corresponding member (as of January 2014)

Mr Richard Palmer (A)

Ms Kate Roxburgh (A)

Ms Pida Ripley (C)

Ms Jennifer Stukings

Ms Pippa Anderson (C)

Mr Weng Ang (A)

That five of our early clinical members have been Presidents of the BOA highlights the commitment the Association has given to the Group.

Mr Ian Leslie FRCS was the inaugural chair, followed by Mrs Jo Hawkes, Mr Richard Montgomery FRCS and Mr Nick Welch: clinical and lay members alternating, with the vice-chair being elected from members of the other group.

While she was vice-chair Miss Clare Marx FRCS took over the Chair for a short while when Mrs Hawkes had to leave for personal reasons.

Because of the growing demands on the Chair, and to try to build some further continuity into the running of the Group, the terms of reference were changed in 2013 to allow the lay membership to take the chair on a permanent basis. At the same time Council agreed to appoint the Vice-chair from its elected members. Furthermore rather than electing both officers on the same three-yearly cycle, Council agreed to the staggering of the election of chair and appointment of the vice-chair.

Early on it was deemed advantageous to form a corresponding group, initially to enable the PLG to keep the expertise of attending lay members who had either completed their term of office or felt it no longer feasible to travel to meetings.

Latterly new members were recruited to this group because it was felt appropriate to invite applicants to act as a reserve for when attending members finish their term.

There is no differentiation in status or worth between the corresponding and attending members and this Corresponding Group is a potent resource during the wide-ranging electronic discussions.

A copy of the current Terms of Reference can be viewed on the PLG's web page on the BOA website: <http://www.boa.ac.uk/PI/Pages/plg.aspx>

**The aim of the PLG may be summarised as:**

“The patient-doctor relationship remains the bedrock of medicine. With significant current political pressures this has never been more important. Lay input is now an integral part of the development of guidelines, patient pathways and commissioning. The British Orthopaedic Association was proactive in this regard and in March 2004 the BOA Patient Liaison Group (PLG) was formed, comprising lay members and orthopaedic surgeons. It was considered invaluable to have advice and input from patients when the BOA was planning orthopaedic and trauma care, clinical guidelines and when responding to Government consultations on new policies in healthcare systems, including training and education. The PLG meets at the BOA office three times each year and provides a regular report for BOA Council meetings.”<sup>3</sup>

From its inauguration a lay-member was invited to attend Council. This evolved into the lay vice-chair or lay chair being invited as an ex-officio member of Council. This has been a positive benefit to the Group as it has allowed the patients' perspective to be put forward at critical times on key issues.

In 2012 the Group was invited to nominate a lay member to attend the Professional Practice Committee. Mr D Twigg has been the Group's representative and continues to be at the time of publication.

During Professor Dias' Presidency various members of the Group participated in the development the of BOA's Clinical Commissioning Guidance Development Group. The Group also contributes to the on-going discussions with the College of Podiatry to create a Memorandum of Understanding.

There has been a good deal of debate among the members of the BOA about the

changes being imposed by some of the Private Medical Insurance Companies regarding access to clinicians and the patient/doctor relationship. The PLG has joined this debate and proffered the patient perspective. This can be summarised by the document “Expectations of orthopaedic patients preferring private treatment,”<sup>2</sup> which is the result of the usual membership debate and discussion with several members of the ABI.

In early 2014 the PLG reached another milestone: it was invited to write a brief patient perspective for the 27<sup>th</sup> version of the Consultant Advisory Book. As well as our session at the 2013 Congress and proposed session in Brighton in September 2014 this is another opportunity to raise the PLG's profile among the Surgeons.

### **Meetings and Support**

The Group meets three times a year, hosted by the BOA at their Offices in Lincoln's Inn Fields, London. Over the decade the PLG has been supported by a number of the administrative staff initially under the aegis of Mr D Adams (Chief Executive) and latterly Mr M Kimmons (CEO):

Mrs Jean Goodman

Miss Anne Meade

Ms C R Frater

Mr Zin Defoufi

Ms Julia Trusler (Deputy CEO)

Ms Rosanna Raison

Mr Craig Dove

Ms Lauren Rich

Miss Holly Weldin

Throughout the decade the Admin Team has provided invaluable and greatly appreciated office support and advice. A member of this team has been on hand to take meeting minutes. Copies of these minutes are kept on record in the Office.

### **Publications:**

To support Orthopaedic Patients with a variety of conditions the PLG has written and published a series of “Expectation” papers, which can be found on the PLG's web page at the BOA website: <http://www.boa.ac.uk/PI/Pages/plg.aspx>

The published titles include:

- Access to healthcare
- Child Orthopaedic Patient Expectations and Responsibilities
- Expectations of Elective Orthopaedic Patients
- Expectations of Orthopaedic patients who need an orthosis
- Expectations of Orthopaedic patients preferring private treatment
- Expectations of Trauma Orthopaedic Patients
- Guidance For Older Patients With Hip Fractures
- Hygiene Wound Care Expectations Of Orthopaedic Patients
- Managing the transition from paediatric to adult services
- Patient Admission to Discharge Pathway
- Patients' Hopes and Expectations in Foot & Ankle Surgery
- Responsibilities of the Orthopaedic Patient
- The Prevention of Blood Clots

Even as this paper is being compiled, the PLG is preparing a paper on what one should know at the end of an initial consultation, and another on interpreting the mass of data available on the web. So it goes on...

During 2013 the BOA updated their newsletter (BON) and re-titled it: The Journal of Trauma and Orthopaedics. Over the years the PLG has had several items published in both Journals.

In 2012 the BOA began a process of designing Commissioning Guidance for a range of orthopaedic conditions. To comply with NICE requirements members of the PLG were invited to join the various Groups as lay representatives. The Group's then relatively small number of active members made it necessary to seek outside support, and following an appeal to Joint Action further lay representatives were appointed.

One representative, Mrs M Hughes, went on to join the PLG. Whilst the first four Guidelines have been published\* this is an on-going project.

### **NICE:**

Several members of the PLG (Clinical and Lay) have been and are currently members of NICE Guideline Development Groups and several more have attended NICE Workshops, feeding back helpful information to the Group. In 2009 the Group became NICE Stakeholders – enabling the members to comment on wide range of projects pertaining to orthopaedic patients. Ms Kate Roxburgh currently manages this for the Group.

### **NHS England:**

In 2010 Prof Keith Willett asked Mr Welch to attend his Major Trauma Improvement Summit workshop. This led to a continued contribution by Mr Welch in the setting up of Major Trauma Centres, and the current NHS England's Clinical Reference Group. Other members of the Group have also taken positions on different CRGs.

### **National Joint Registry**

Mr R Smith has been closely associated with this body and has kept the Group up to date with relevant information over the years. This has proven most useful to both the Group and the BOA.

### **Clinical Studies & Trials:**

In early 2012 Mr N Welch was invited to act as a lay representative on an application for funding by Prof Suzanne Mason's "National Evaluation of Regional Trauma Networks". He was also invited to join the "Scaphoid Waist Internal Fixation for Fractures Trial" (SWIFFT) study as a lay representative and the "Total Ankle Replacement Versus Ankle Arthrodesis" (TARVA) Study in a similar role. Although such activities may be considered as spin-offs from the PLG this would be



wrong: had senior Clinicians not held the PLG in high regard such invitations would not have been forthcoming.

That lay members of the PLG are able to participate in bodies such as NICE and NHS England, and Trial Teams ensures that the orthopaedic patient voice is integral in the development policies and research programmes.

It is hoped this will continue...

### **Other Patient support Associations:**

The PLG appreciated that it would not fully benefit Orthopaedic Patients if it remained a stand-alone Group so over the years it tried to liaise with various other bodies such as the BMA with more or less success. One reason for the loss of contact with some Organisations has been the lack of continuity of active membership, especially among those living within commutable distance of London.

The Group's relationship with the Royal College of Surgeon's PLG is of particular importance and despite a hiatus in the mid-years it is thankfully flourishing. Most recently the RCS invited the BOA PLG to comment on its Hip replacement, Knee replacement and arthroscopy patient leaflets. Further close co-operation can only better benefit orthopaedic patients.

Initially with the support of Mr P Foy and more recently with Ms L Rich's help we have kept in touch with Joint Action. Most significantly, this contact was rewarded by finding lay recruits for the BOA Guidelines Groups and we have also recruited a member to the PLG.

The PLG is striving to maintain contact with other groups, such as ARMA but this is proving not to be easy. Mr R Palmer looks after this project.

At one stage PLG members regularly attended meetings with the Patients Association and the PLG of the Academy of Medical Royal Colleges. Sadly, through time and a lack of lay members able to commit to travelling to London for the extra meetings,

contact has been lost. The current Chair hopes this paper may spur a future Chair to re-establish contact with these bodies.

Among the PLG membership are members of BoneSmart. There have been occasions when the PLG has been unable to answer a patient's query, and we have passed it on to BoneSmart who have been able to respond.

As well as BoneSmart, NICE and NHS England a number of the Group's lay members also sit as patient representatives on committees associated with their specific conditions, Clinical Commissioning Groups, GP Patient Participation Groups, HealthWatch and other diverse Groups. This along with personal and work-based experiences means the lay members bring a vast range of expertise to the Group. The clinical members, throughout the decade, have supported and complimented this expertise with enthusiasm and dedication.

A full account of the PLG's activities may be read in the 2004-2008, 2008-2010, 2010-2011, 2012 and 2013 'Annual Reports' published on the PLG's web page at the BOA web site: <http://www.boa.ac.uk/PI/Pages/plg.aspx>

Anyone wishing to contact the PLG, or the author may do so via the email address: [plg.boa@hotmail.co.uk](mailto:plg.boa@hotmail.co.uk)

Finally, I would like to dedicate this brief summary of the PLG to all the Clinicians who have supported the Group, the Administrative Staff with whom the Group could not function and my lay colleagues past and present who have made the PLG what it is at 10 years old.

- 1) Report to the Council of the British Orthopaedic Association 29<sup>th</sup> April 2003 (held on file by the author)
- 2) PLG web page: <http://www.boa.ac.uk/PI/Pages/plg.aspx>
- 3) PLG web page: <http://www.boa.ac.uk/PI/Pages/plg.aspx>

\* At the time of writing (February 2014)