### PLG Annual Report 2010-2011

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In the past two years the Patient Liaison Group has continued to meet regularly, and offer support & feedback to the BOA:

#### Meetings

The Patient Liaison Group has met 6 times between June 2010 & the end of 2011. A copy of the minutes of each meeting is held in the office.

The Group continues to meet 3 times a year, and has a healthy and vigorous email rapport, which includes a number of lay members who are not able to attend the meetings.

The group has been grateful for the support afforded us by Mr. Mike Kimmons, Anne Mead and more recently Zin Derfoufi and Rosanna Raison at the BOA.

# **Membership**

Mr. Richard Montgomery has held the Chair during this period, supported by Mr. Nick Welch as vice-chair. At the meeting on November 11<sup>th</sup> 2011 Mr. Montgomery completed his tenure & the PLG thanks him for his dedicated & loyal support of the Group.

During this period Mr. Garrett finished his period of membership, retired, and has since been welcomed back as a regular member of our meetings. Mrs. Ruth Reavey is still not able to attend the meetings but contributes by e-mail, as does Mrs. Isabell Lillie.

Mr. Bob Smith, Mr. Steve Rogers, Mr. Terry Garrett, Mr. Nick Welch & Mr. Derek Twigg make up the quorum of regular lay attendees, but it must be emphasized that the corresponding members contribute invaluable information.

The group is still in need of a new intake of lay members. It needs at least two & preferably three new regular attendees, to ensure continuity of work when the current lay members retire.

Mr. M Porter, Mr. M Ramachandran, and Mr Montgomery were the orthopaedic members of the group during this period. All three competed their term with the group at the end of 2011. In accordance with the terms of Reference, Council selected Mr. Don McBride who has been elected vice-chair for the period February 2012 - February 2015. The group also welcomes Mr Jeremy Ridge & Mr Jon Mutimer. The office of Chair for this period will be filled by a lay member & Mr Nick Welch was elected.

# **Terms of Reference**

To try to maintain continuity Council agreed to some amendments to the Terms of Reference:

- 1) that lay membership be increased to a maximum of 6
- 2) that Corresponding Members were an acknowledged group
- 3) that the vice-chair, if lay, be invited to attend Council.

## **Publications**

The controversy about the terminology used by Surgical Podiatrists led to the PLG producing and posting on our web page a paper on Expectations of Foot & Ankle Patients. As well as this paper the PLG has undertaken to attend any future meetings between the BOA & the Podiatrists to help seek a resolution of this issue. It was also agreed that the PLG will write to the GMC for clarification on the Podiatrists nomenclature: it s too early to report any outcome in this report.

The Group also wrote a paper on VTE Prophylaxis, from a patient perspective. This was in response to the NICE Guidelines & in support of the BOA's position document which will be on the website. This too is available to read on our web page.

In support of our Clinical colleagues the PLG has written statements expressing its concern about

- (1) the way BUPA is affecting the Doctor/Patient relationship by casting doubt about a clinicians competence to authorize appropriate surgery,
- (2) PCTs strategies to save funds by delaying hip & knee surgery, based as far as the PLG can see on spurious data. Both articles have been posted on the BOA web site.

In 2010 the Group published its paper on Expectation of patients with hip fractures. The Department of Health picked up on this work & fully endorsed the tenets therein.

Also in 2010 the Group published a document on Discharge Issues concerning elderly & vulnerable patients.

To keep the various papers as current as possible all the posted documents were reviewed in August 2011 and amended as appropriate.

### Web site

Through the good auspices of Anne Mead & her Team the Group's publications have been up-loaded to our web page on the BOA Website. All the publications to date have been updated during this period, top reflect the current climate.

To improve communication between the public who access our site & the PLG the Group agreed that there should be a 'contact us' email address which will automatically be forwarded to the lay chair/vice chair for triage. Correspondents will be advised that this is not a forum for clinical advice. It is hoped that this will not only curry opinion & issues from the public but also highlight potential new correspondence or attending members.

#### **Council**

The PLG has struggled to maintain regular lay attendance at Council, though our Chair has routinely attended. This is primarily due to the unavailability of the vice-chair. Matters improved towards the end of 2011.

#### **Inter-reaction with other Bodies:**

**ARMA** – there has been some interaction but not regular discussions about their activities.

**<u>BOFAS</u>** – the Group was delighted with the support given by BOFAS during the on-going debate about podiatry.

<u>CQC</u> – The PLG wrote to the CQC voicing concerns about the potential for the fractionating of commissioning & the potential for private initiatives to 'cherry pick' the relatively safer/smaller procedures. A combination of less potent commissioning and inept patient choice increases the potential for Acute Trusts to lose out on the "bread & butter" procedures, and end up managing the more complex operations. This could lead in turn to a general de-skilling, and a fall in core competence in the basic NHS service provision. The CQC's response was equivocal!

<u>RCS PLG -</u> In the past there has been a regular chain of communication between the two groups. During 2008 this dried up, and towards the end of 2011 Mr. Welch tried to resurrect the connection, so far without response from the RCS PLG.

<u>NICE-</u> the PLG has become a Stakeholder Organisation with special interests in matters orthopaedic. This will allow the Group to comment on consultation documents & widen its scope of influence.

#### **Summary:**

The Patient Liaison Group has continued to thrive, thanks to its dedicated lay & clinical members & the support of Mr. Kimmons, Ms Mead & the BOA Council. We have produced new patient-orientated documents, and have updated all the existing ones on the website. Our paper on patient expectations has been adopted by the DoH as a basis for commissioning. We have added quantitatively to the bank of data available to patients and we have demonstrated our support of our clinical colleagues particularly with respect to recent difficulties re BUPA and foot & ankle surgery – always bearing in mind we speak from a patient perspective,

In this way the PLG has continued to represent public and patient opinion to the BOA.

The PLG has an agreed agenda for the forthcoming years and looks forward to a close and productive relationship with the BOA & it's Council.

The PLG would like to thank the BOA for its continued support & hospitality.

Nick Welch Vice-chair December 2011