

**British Orthopaedic Association**  
**Patient Liaison Group Annual Report 2013**

**Contents:** Meetings  
Membership  
Publications  
Website  
Council  
Liaison with other bodies

In 2013 the Patient Liaison Group met regularly, and offered support & feedback to the British Orthopaedic Association (BOA). It was delighted to have a close & productive relationship with Mr M Porter – the BOA President for the first part of 2013 & Prof T Briggs in the latter part of the year...

**Meetings**

The Patient Liaison Group has met 3 times between January and December 2013. Copies of the minutes for each meeting is held in the office.

As well as the 3 meetings, held in at Lincoln's Inn Fields, the Group 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, and his administrative Team at the BOA.

**Membership**

This is the second year (of three) under the chairmanship of Mr N Welch (lay member) and Mr D McBride (vice chair and clinical member). With the increase in the workload brought about by the greater involvement of the PLG in the BOA's business it became apparent that there was a need to increase the number of attending members to help cover the extra commitment to BOA projects.

Council agreed to let the PLG recruit 3 extra people, bringing the total to 8.

Such now is the workload taken on by the Lay-chair that it is potentially too much to expect a working surgeon to devote sufficient time to PLG business along with their many other commitments; and as the PLG has developed and matured into a strong advocate for orthopaedic patients Mr Welch & Mr McBride agreed that the PLG should seek a change in the Terms of Reference to the effect that the Chair is elected from the lay-membership & the Vice-chair is nominated by Council from its new members. It is anticipated that a one-year step will be created so that each new Chair has an experienced Vice-chair to assist in the early months of tenure. Council accepted this proposal. The election of the new Chair will take place in July 2014 in readiness for when Mr Welch steps down at the end of the year. This will give the Chair-elect time for a comprehensive hand-over. The Terms of Reference have been amended to reflect these changes.

Mr. Bob Smith has stepped down from regularly attending meetings after completing over five years as a very active member. He joins the ranks of our corresponding members, along with Mr Steve Roger, Mr Terry Garrett, Mrs Ruth Reavey.

It should be emphasized that the corresponding members bring a breadth of experience and contribute

invaluable support to the Group.

In February the Group was delighted to welcome Miss Margaret Hughes. She brings us a depth of knowledge.

In June Mr K Thames, Ms K Roxburgh and Mr R Palmer joined the PLG as Attending Members and Mr W Ang, Ms P Anderson and Ms Pida Ripley joined as Corresponding Members.

In June Ms Isabell Lille retired from the Corresponding Group. Mr Terry Garrett has indicated he will retire from the Group in 2014.

Mr Phil Mitchel FRCS was appointed Vice-chair Elect in November. He will shadow Mr McBride during 2014 and take office during 2015 and 2016. This move, initiated by Council, will stagger the changes in the offices of Chair and Vice-chair – which means the Group should always have one experienced officer at the helm.

### **Publications**

The PLG now has a number papers posted on our web page.

In 2013 the PLG rationalised several papers relating to admission & discharge issues into one definitive paper. All the papers are under constant review to ensure they are current and relevant to current practice.

Seven of the exiting papers were modified in 2013 to fulfil this obligation.

Following the spate of commercially driven advertisements, some fronted by consultant orthopaedic surgeons the PLG wrote & published its concerns in a statement published by the BOA.

Mrs R Reavley (one of corresponding member) and her son produced a paper concerning the transition phase between paediatric and adult services. Mrs Reavley edited the paper to create an article for the Journal of Trauma & Orthopaedics.

### **Web site**

Through the good auspices of Dan Maby and our administrative support colleagues the Group's publications and profiles have been up-loaded to our web page on the BOA Website.

To improve communication between the public who access our site & the PLG, the Group set up a 'contact us' email address which is automatically forwarded to the lay chair for triage. It is anticipated that the responsibility for managing this email address will rest with the incumbent Lay-chair.

Correspondents will be advised that this is not a forum for clinical advice. It is hoped that this will not only carry opinion & issues from the public but also highlight potential new correspondence or attending members. There have been a few correspondents, but not a flood!

The Chair is grateful to his colleagues and the Support Team for their help in responding to some of the queries.

## **Council**

The Lay-chair has continued to attend Council as an ex-officio member, and along with the vice-chair they have managed to attend all the Council meetings in 2013.

The PLG summary of activity presented to each Council meeting is on file.

## **Guideline development**

The PLG struggled to find sufficient lay members to assist in the development of various proposed guidelines for commissioners, but with the assistance of Mr Peter Foy (now departed) from Joint Action co-opted two of their members onto the guideline sub-groups. It was not so much a reluctance to participate, but more a case of members being either '*hors de combat*', or heavily engaged in other activities and feeling unable to commit to the extra work load.

This highlighted the need for the PLG to swell its ranks...

## **Private Medicine:**

During past years there has been some discussion between the BOA and representatives of Private Insurance Companies about the changes imposed on Patients seeking consultations through their policy, and the strong recommendation that they choose a clinician from among the PMI Company's pool of contracted specialists. The PLG has been involved in some of this discussion.

“Open referral” seems to put an unnecessary barrier between a patient, their GP and a Specialist of their choice. This has been compounded by the apparent lack of openness within the Insurance fraternity about just what is included in certain policies.

The Group was asked by Mr Porter (while he was President) to compile a short “Expectations” paper on private medicine and the role of private medical insurance companies.

This paper – submitted to Council - became the basis for a meeting with Sarah Taylor from Simply Health, Doug Wright from Aviva (via teleconference) and Julia Suckling from AXA PPP (via teleconference) - ABI affiliated Companies - in October. Bupa, who had recently opted out of the ABI, declined to attend the meeting. After minor editing they accepted the principles of the paper, which was re-submitted to the Executive for approbation. We anticipate to posting a finished draft on the web shortly. We also anticipate having an article in the JTO.

## **PPC:**

In November 2012 the PLG was invited to identify a member to sit on the PPC. After due discussion Mr D Twigg agreed to attend the meetings in 2013. He has kept his colleagues briefed on issues raised at the meetings, as appropriate.

## **BOFAS/BHS:**

We have also been involved in the discussions with the College of Podiatric Surgery and the development of the Memorandum of Understanding. The PLG feels this document is of the greatest importance, especially after the publication of the BOA's guidelines in the management of Bunions. The PLG will continue to support a dialogue between Surgeons and Podiatrists as it is in the best interest of

patients.

### **SWIFT and TARVA:**

The Lay Chair was invited to be on the steering committees of these studies as one of the independent lay representatives. This move puts the PLG at the heart of some of the current research, further entrenching the voice of orthopaedic patients'.

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

#### **ARMA**

The PLG has been keen to re-develop a relationship with ARMA – Mr R Palmer has taken the responsibility of liaising with them on our behalf. Despite our best efforts it has proven difficult to establish any rapport.

#### **BOA Congress 2013**

Ms Judith Fitch, Mr Derek Twigg and Mr Don McBride fronted a well received session on the PLG at this year's Congress to an audience of approx. 200 delegates. This was the first time the PLG has participated in the Congress and we are indebted to the BOA for inviting us.

#### **RCS PLG**

Following a breakdown in communications between the two PLGs we are very happy to say that we have now made positive contact with the RCS PLG – and one of their senior lay members joined us at our first meeting in 2013. It was agreed that Ms Lindsay Mitchell – Co-vice Chair and NW will maintain contact. We have established the practice of exchanging the meeting minutes, which was a practice some years ago before we lost the relationship in c.2007.

#### **JOINT ACTION**

Following the departure of Mr P Foy Mr Welch met with Ms Lauren Rich to re-establish a close link. It was agreed that Mr Welch would contact all the Joint Action members who had expressed an interest in joining or setting up local patient participation groups. The first attempt was only partially successful and Mr Welch & Ms Rich will re-address the issue in 2014.

#### **NICE**

The group continued to contribute to NICE as appropriate. Ms K Roxburgh has taken on the responsibility of Gatekeeper for the PLG. This is an important part of the PLG's work-load as it gives us access to various orthopaedic-orientated guidelines that NICE are developing during the various consultation phases.

Mr Welch attended the NICE Major Trauma Provision scoping workshop on behalf of the PLG. He is also the lay representative on the corresponding Guideline Development Group.

#### **Summary:**

2013 saw a major re-organisation of the PLG, and it is now better fitted to meet its obligations in the PLG Annual Report 2013

forthcoming years. It is particularly encouraging that both the BOA and the Group are already planning for 2015 – when the new Chair and Vice-chair will take office. The PLG continues to work with the BOA Council and support orthopaedic patients. The on-going modification of its “Expectation” papers and the publication of new ones ensures its information remains relevant and robust. Several members are involved with organisations outside the BOA and this further broadens the patient experience that members bring to bear to discussions.

This Annual Report has been produced for and behalf of the BOA Patient Liaison Group by:



Nick Welch  
Lay Chair  
January 2014