

The role of the BOA Patient Liaison Group and how surgeons benefit

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The patient-doctor relationship remains the bedrock of modern medicine. Given 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, guidelines and when responding to changes in healthcare systems, including training and education. The PLG meets at the BOA three times each year and provides a regular report for BOA Council meetings, which the Lay Chairman attends as an ex officio member. However, the committee remains highly active on several fronts throughout the year strongly supporting trauma and orthopaedic patients and surgeons.

Roles

The principal aims and objectives of the PLG are stated on the BOA website. These are:

1. To support and provide a resource for the BOA to deliver a professional service that meets the needs and aspirations of patients requiring treatment for trauma and orthopaedic problems
2. To communicate areas of patient concern to the BOA Council
3. To respond to requests for comment from Council or its Committees.

However, these have been expanded to include the following:

Patient Standards

A variety of documents covering a wide range of topics have been completed. They form the basis of a contract between the patient and surgeon, from initial assessment through pre-assessment, hospital stay and follow-up. They set the expected standards of care, which should be afforded to patients but also include the important components that patients should attain for their optimum outcome.

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Medico-Political

The power of patients and patient groups should not be underestimated. Medical opinion may be swiftly politically disarmed even when correct. However, the patient voice travels far in the media and politically, particularly, when an injustice has occurred. The PLG has been very active in providing support to the BOA in these areas and has facilitated pathways where concerns are not only heard but are acted upon. Good examples have been the recent difficulties with the private medical insurance sector and podiatry.

Interaction with other patient groups and ARMA

The PLG has developed and continues to develop strong ties with other patient groups at a national and local level. Recently, successful interaction has occurred with the PLG at The Royal College of Surgeons of England, and ties with similar groups at the other UK Royal Colleges are being considered. Contact has been re-established with ARMA, which already has national and local groups and members of ARMA have attended PLG meetings to enhance this developing relationship. At a local level, in the near future it is proposed that active patient groups for Trauma and Orthopaedics will be formed in NHS Trusts to facilitate the setting of standards expected and to assist with any concerns raised, perhaps, initially through the Patient Advice and Liaison Service (PALS).

NICE

The PLG is actively involved with NICE on several levels. Patient representatives have been members of Guideline Development Groups in Musculoskeletal Conditions, for example, VTE and osteoarthritis, providing valuable comment and criticism. Patient members may also be invited to attend Single Technology Assessments and more recently Medical Device Assessments, the latter being highly important in view of the recent metal-on-metal hip concerns. The PLG is an independent stakeholder with NICE and is regularly asked to comment on proposed guidelines in this capacity.

Clinical Commissioning Groups

The PLG has several members who have been involved in commissioning nationally and locally for many years in many different political guises since the infliction of market principles in the NHS. They continue to do so in clinical commissioning at a local level but have recently provided invaluable support in assisting the BOA with this enormous process nationally.

Conclusion

The title of this short article refers to "How surgeons benefit". However, from the preceding it should be quite clear that that this benefit is mutually inclusive and the best two-way process we have available. This continuing relationship will provide a strong and healthy partnership in to the future and help protect the interests of patients and surgeons alike.