1. INTRODUCTION

The purpose of this document is to assist our Dermatology departments and their patients / carers in setting up local patient panels to facilitate patient involvement in all aspects of service delivery.

Health service providers, commissioners, acute and primary care trusts are required by law to involve and consult with patients and the public in the development and planning of their local healthcare services. This also includes publishing a patient engagement strategy document which outlines the Trust’s commitment and plan for engagement in line with these requirements.

Secondary care Dermatology patient panels should be used to support outpatient, day case and inpatients services where these are provided.

Patient Panels are not:

A forum for complaints
- Clear ground rules about the structure and purpose of the patient panel are needed to ensure that patient panel members do not use this forum as a vehicle to resolve their own personal issues.

A time-consuming activity for clinical staff
- Some effort is required to get a patient panel up and running but thereafter they should be self-organising and patient led.

2. THE BENEFITS OF HAVING A PATIENT PANEL

Patient Panels are designed to give patients more responsibility for their own health and an understanding of how their Dermatology health services should be provided locally. It also ensures that Dermatology patients are consulted about arrangements for their secondary care services before any planning decisions for changes to their service are made.

Through engagement with service users, carers and the public, Dermatology services have the opportunity to listen, understand and respond to service user and carer needs, perceptions and expectations. This ensures public and patient experiences and preferences are used to inform continuous improvement and transform healthcare. Patients will also benefit from improved communications with staff along with a forum to suggest positive ideas and voice concerns about their service and treatments.

There is significant benefit obtained through engagement of service users and carers including:

- Help from Dermatology patients in meeting targets and service objectives.
- Raising awareness of issues that impact on service users, educating health care staff in where the service has gone wrong.
- Helping to clarify how services could be improved.
- Identifying issues of importance to patients, carers and the public so these can be prioritised.
- Challenging the views of professionals and deliver personal and direct feedback about services.
- Enabling informed change and patient centred care.

This is also beneficial to the community because:

- Patients will be able to get an idea of what is needed to improve secondary healthcare, and make sure that the patient view is always represented.
- Patients will maintain an open dialogue with GPs and other healthcare professionals to ensure local secondary
care services are commissioned according to need.
- Patients will have an opportunity to become involved in other community initiatives such as their Local Involvement Network (LINk) and their local authority.

3. ESTABLISHING A PATIENT PANEL

The following guidelines provide our Dermatology members with some step by step advice on how an effective patient panel can be set up.

Step 1: Getting started
The initiative to set up a patient panel can come from individual Dermatology staff members, trust management, or a patient or group of patients.

A staff member in the trust can:
- Talk to their PALS manager for advice;
- Review the trusts patient engagement strategy document to facilitate the outlined objectives within their department;
- Canvass the level of interest among Dermatology patients or approach selected individuals; and
- Talk to other specialties to see if they have a patient panel set up such as renal or gastroenterology.

A patient can:
- Approach the trusts PALS manager for advice;
- Speak to their Dermatology Consultants and nurses;
- Talk to other patient panels set up in the trust or nearby trusts; and
- Canvass the level of interest among other Dermatology patients.

Patient panels can be set up individually to represent the trusts Dermatology inpatients service (if provided) and outpatients’ service. However, this will largely depend on the purpose of the patient panel(s) and outcomes you hope to achieve.

Step 2: Recruiting your group
There are many different approaches to patient involvement with much to be learnt from the successes and pitfalls encountered along the way. What is important is to choose the right method which suits the Dermatology department’s needs at the time of recruitment with the view to evolving this over time.

Generally there are two main ways of recruiting members for your inpatient or outpatient group:
- Open groups
- Invited groups

Open groups
Open groups are formed from open meetings, which any secondary care Dermatology patient may attend. You will need to advertise widely, giving plenty of notice (an example of a flyer can be found here), ensuring that all Dermatology patients, including those with serious skin complaints are aware. The invitation should be positive and it may also help to offer an incentive to come along, to the meeting, such as free refreshments or a talk on Dermatology services etc.

Here are some ideas for circulating your invitation as widely as possible:
- Posters/flyers in the Dermatology waiting area and at the main information desk;
- Notes at the bottom of prescription slips or sent out with prescriptions;
- Articles on the Dermatology section of the trust website;
- An article in town and parish magazines and in free sheets; and
- Ask PALS, Dermatology staff and patients to spread the word.

Invited groups
Invited groups are formed by contacting existing patients who are treated through inpatients and or outpatient services.

It is also possible to have a group which is a mix of open and invited representatives. Use the invited method to get things going and then do some open recruiting as well.
Here are some other ideas for contacting invited group members:

- Ask staff to nominate patients they have cared for who they think might be interested.
- Ask staff to hand out flyers to patients during a consultation if they think they might be interested.
- Approach your LINks group to share information locally and reach a wider community Dermatology audience.

**Do’s**

- Always ask people to confirm their attendance with your designated contact person – this will allow you to organize meeting rooms and refreshments.
- Find out in advance if anyone has special requirements such as a hearing loop or wheelchair access.

**Step 3: The first meeting**

The first meeting allows interested patients/carers who have expressed an interest in joining the group to decide whether it is something to which they want to commit time and energy. This applies to staff from the Dermatology unit as well and so it is important that the first meeting is as positive and productive as possible. Having at least two Dermatology staff representatives in the form of a specialist and a nurse along with trust management representations shows the volunteers present that their time and commitment are valued.

Ideally, the first meeting should be facilitated by the Dermatology unit and kept fairly short (click here for an example of a first meeting agenda)

The end objective is to obtain some consensus of what everyone wants to get from the patient panel and outline its purpose. It also provides a good opportunity for everyone, both patients and trust staff, to identify the skills and networks that they can bring to the group. Someone will need to volunteer to take some brief notes/action points from the meeting until a secretary for the group has been agreed on. The Trust should be approached to provide administration support for future meetings if the patient panel is unable to appoint someone with this skill base.

**Do’s:**

- Agree on the date, time and venue for the second meeting. The second meeting should occur within the next 4-6 weeks to maintain enthusiasm.
- Set ground rules. It is important to emphasis the remit and the overall purpose of the group and that it is not a forum to discuss individual complaints. These ground rules will form the basis of the panels Terms of Reference.

**Don’ts:**

- Discuss matters using clinical terminology that patients on the panel will not understand as this will only disencourage patients from participating in discussions.

**Step 4: The second meeting and ongoing issues**

It is important in the second meeting addresses some of the administrative and organisational issues surrounding the new patient panel. A template for a suggested second meeting agenda that can be adapted to reflect the individual patient panel can be found here. Here are some of the issues that you will need to address:

- **Chairperson** – manages the meetings. They should be a lay member rather than Dermatology staff or trust management.
- **Secretary** – responsible for taking minutes and general administration. This role may be undertaken by a member of staff from the trust. Discussions, decisions, attendees and any apologies for absence should be recorded in formal but brief minutes.
- Agree a first draft of a constitution or terms of reference. This can be developed over the first few meetings. An example of Terms of Reference can be found here.
- Review the purpose and role of the role of your patient panel from the first meeting and try to prioritise these into a, action plan, sorting them into short, medium and long-term objectives.
• Make sure that you set some good short-term objectives in your action plan so that your group gets some ‘quick wins’ to boost confidence.

Do’s
1. Decide on the frequency, timing and venue of meetings for e.g. bi-monthly meetings are the normal frequency. If there is an urgent issue such as a lack of patient and public engagement in pending changes to the Dermatology service then meetings will need to be more frequent and can be done by telephone conference or email as necessary.

2. Decide on the quorum – the minimum number of members for the patient panel who must be present for the Patient panel to conduct business.

3. Decide on how big a Patient Panel you need. Ideally there should be two Dermatology specialists, two trust management staff and 6 patients or their carers and 2 public members if they have shown an interest.

4. Make plans to review the panels work and objectives at least annually to make sure that the patient panel is functioning properly.

Ongoing development
If at any stage your group feels it could do with some new ideas or a review to help it keep going, contact the Clinical Services Unit at the BAD for help (Clinical@BAD.org.uk).

It might also be a good idea in the early stages at least to find a ‘buddy’ group. There are likely to be other patient panels in your trust that would be happy to help you through the early stages or any. Some of the pitfalls that Patient panels could experience and what can be done to overcome them can be found here.

Step 5: Communication and reporting back

Communication
Patient panels tend to operate most effectively if representatives from the Dermatology department and trust management, as well as patients, are present on a regular basis. As a result, up-to-date information can be given to patients alongside greater clarity about what can be influenced and what cannot.

This mix of disciplines allows the trust staff to gain a deeper understanding of the patient perspective. Between patient panel meetings, it can be useful for the patient panel chair to have one-to-ones with the Dermatology clinical lead on a regular basis and/or to attend the Dermatology units’ management meetings. This greatly adds to the insight of the patient panel – a key factor if the panel is to be really effective.

Reporting back
Patient panel activities should be regularly fed back to all Dermatology staff, trust management and Dermatology patients. This will allow everyone to be aware of the activities of the group and may increase involvement and interest. You will need to consider:

• How will the work and the issues discussed at the meeting be disseminated to the wider Dermatology unit population? Options include email, websites, newsletters and notice boards.

• Are there any parish magazines or free sheets produced locally that would include regular updates on your Patient Panel’s activities?

• Would it be possible to have regular ‘surgeries’ where a patient panel member(s) spends time sitting in reception to make themselves available to patients for questions and feedback? You might want to have badges made for group members so that they can be easily identified by patients.

Acknowledgements
The British Association of Dermatologists would like to thank the National Association of Patient Participation (NAPP) whose resources were used and adapted to formulate this document.
PATIENT PANELS: HOW TO EASILY FORM AN EFFECTIVE FIGHTING FORCE

What are patient panels?
Patient panels are set up by patients, for patients, to ensure that patients receive very high quality patient care. They can be set up in any medical discipline. Although encouraged by government relevant information is not “widely advertised”.

The Constitution/working practices of the Leeds patient panel
“Doctor, can you please help?” said a tearful patient “. They are closing the ward in three weeks time”. When we received similar phone calls, we thought that something must be done. A patient panel was the only way forward. Within four weeks, we had easily set up a patient panel and without any red tape! With the approval of an existing gastroenterology patient panel we modified their constitution and got on board a group of like minded patients who are willing to listen and politely but firmly represent their views - and that was it.

The Leeds Patient Panel now consists of up to 12 patient members. We co-opted a consultant dermatologist, a senior nurse, and 2 relevant senior management colleagues all of whom have an active committee role. The chairperson and secretary (are patients) set the agenda and write up the minutes, which are kept as signed approved documents.

The meetings which are publicised through notices in the dermatology department and an e-mail database are held monthly in the dermatology Outpatients at Leeds General Infirmary (5.30pm to 7 pm). The chairperson and, or secretary also hold one or two intermediate meetings with relevant frontline or management staff.

Our main goals and meeting focus are to maintain high quality Dermatology care and training and include:-
• Discussion on current service provision and proposals for future developments.
• Ways of strengthening the Trust’s Business Case to support dermatology service improvements.
• Patient audit.
• Raising awareness of skin diseases through the dissemination of information provided by the BAD and patient support groups.

Relationships and Links with other Groups:-
Locally we work in conjunction with the Scrutiny Board (a formal committee of the local Council which has the power to obstruct changes put forward by the trust if not in the patient’s best interest), and LINks (Local involvement networks) which is run independently by local individuals and whose role is to find out what patients want, monitor local services and to use their powers to hold them to account. Nationally we link with the BAD & BDNG, SCC and Patient Support Groups. We facilitate the provision of information through BAD information leaflets and BSF fundraising events.

What has the LDPP achieved so far?
We have had seven meetings in which members have had the opportunity to firmly and fairly discuss their views with Trust management who are very receptive and have accepted our Constitution. As a group have:-
• Stopped the imminent relocation of the ward to what would have been a totally inappropriate site as six of the patient’s beds would have been below an MRI scanner!
• Have been actively involved in the discussions around the possible ward relocation.
• Been able to identify through the questionnaire patient preferences for inpatient care (which mirror clinician’s views). The questionnaire allowed us to obtain the contact details of 107 patients.
• Produced an A4 pamphlet which outlines our aims and invites patients to become members of the LDPP. The pamphlet is handed out by the staff and some committee members. By August we hope to have at least 300 members who will be kept informed of the panel activities.
- Increased the topics which we discuss. We now discuss local community clinics, this has resulted in a greater consultant input and is helping to improve patient care. Patient follow-up appointments and paediatric issues are also under discussion.

**Conclusion**

Patient panels, which are accepted by the Trust, are easily established. They allow a forum for detailed discussion between patients, clinical, managerial staff and committees such as the local Scrutiny Board, LINks, and professional organisations. It is necessary to identify through your clinics patients willing to become members. For chairman and secretary you need patients with spare time.

The main aim of the panel is to maintain and improve the quality of care received by dermatology patients.

We wish to thank our committee members and other groups who have been very supportive.

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