

This was the fourth meeting of the Patient Forum (PF) that was set up in July 2017. Three new members and three existing members attended (one accompanied by a colleague with a powerful story to share) and there were 5 apologies. The meeting was chaired by Ian Needleman (IGN). BSP President, Nikos Donos (ND), gave a presentation on the role of the BSP and contributed throughout. Derek Stewart OBE, led an interactive session on 'Making your Voice Heard' and contributed ideas and suggestions for the future development of the Forum from his wide experience of involving patients in healthcare organisations and research. The meeting was also attended by an observer from GlaxoSmithKline and IGN thanked the organisation for its funding of the Patient Forum meeting.

IGN advised the group that, on this occasion, he would not be providing information on gum health matters. He did however underline that gum health issues affect over half the population with 10-15% presenting with severe periodontitis. The planned inclusion of a PF member on Council was the focus of the meeting.

IGN gave the background to the BSP's plan to change its constitution in order to include a representative of the Patient Forum on Council. The PF has created an impact, such that Council has listened to, sought out and welcomed its views (such as chairing a session at the annual conference). The climate for healthcare, education and research is changing and leading health organisations are increasingly involving people with lived experience of conditions on their boards or in their decision-making processes. The PF has frequently voiced its commitment to achieving change, rather than be a talking shop. The BSP Council is proposing an opportunity for a representative to become a member with full voting rights.

Nikos Donos' presentation introduced the BSP, its guiding principles and values, the Council, the range of members and the main activities of the Society. These include the website, social media, publications and resources, Annual

Conference, Gum Awareness Days and collaborations with partner organisations (such as the European Federation of Periodontology and Public Health England) and industry partners. In addition to the above, the voice of the PF member would be valuable in other areas the BSP will be focussing on such as patient education videos, developing patient ambassadors, updating the Good Practitioner Guide and frequently asked Question and Answers.

IGN outlined the time-frame for the role of the Patient Forum member of the BSP Council. The DRAFT Role Description and Person Specification has been agreed at Council. Further changes will be made following feedback from the PFs in London and Glasgow and the final document will be ready for the AGM in July.

Comments and discussion on the Role Description

- The PF member on Council would need to be more active during the year in order to provide patient feedback to Council. There may need to be more than one PF meeting per annum or another mechanism to do this, such as teleconferencing.
- The role needs to be accessible to all members of the community and the wording should reflect this.
- ‘Task’ or ‘Role Purpose’ would be better than ‘Job Purpose’.
- It would be an opportunity for the PF to learn more about the BSP and periodontology.
- It would be helpful to have two members on Council, to provide cover and to share responsibility. (IGN mentioned that the BSP had discussed recruiting a second member as a deputy and potential successor)
- There was some discussion about how voting on BSP proposals might be managed within the PF once papers are distributed. (ND and IGN emphasised the “informal formality” of Council. There are other people on Council who represent different sections who do not seek the views of those sections before voting, but have a general sense of how those they represent feel. What the BSP want is expertise from living with the disease and a reasonable idea of what people think. Voting rights emphasise the equal nature of the partnership rather than the role’s main focus).

- It was recommended that the PF representative starts on Council in an informal, learning and reflective way, sounding out what might be needed and where its voice can make a difference.
- The BSP would want the member to be proactive and come up with ideas and things to discuss. *This aspect needs to be included in the role description*
- No specialist periodontology knowledge is needed, lived experience, passion and desire for change are what is needed.
- Council needs to think about mentoring, supporting and training the PF member. Derek Stewart offered his experience of patient representation to help with this and provided ND with his thoughts on how to make the new member feel comfortable.
- IGN advised that there would be an application and interview process. He also described how the postholder would be rewarded and reimbursed.
- The role description might need to declare that the post is supported by an unrestricted grant from GSK.

Further comments can be sent to Paula Dunn: admin@bsperio.org.uk

Derek Stewart (DS): How to make your voice heard.

DS led an interactive session to show how participants can effectively voice their experience and bring about change in a short dialogue with an important or influential person or group. The patient's personal story is key and was shown to be very powerful when linked to a policy and supported by evidence, or the views of others. He emphasised the importance of not vilifying practitioners but focusing on the positives and on areas to improve. Keeping a reflective diary or notes on such interactions helps to further develop these skills. For further information on this and Derek's valuable work, see his blog <http://derek-online.blogspot.com/> and Twitter @DerekCStewart.

Other points arising from the meeting:

- We have celebrity GPs on the TV etc - what about a celebrity dentist or periodontist?
- The PF could make representations to the All-Party Parliamentary Health Group.
- It is really important for health professionals to understand the whole person and their social situation to provide treatment that is appropriate and will work. This includes supporting their access needs.
- Health inequality needs to be sorted.

IGN closed the meeting thanking all the participants for their excellent contributions and ND for hosting the meeting at Barts and The London.