



Involving the wider community

Content notes

The Patient as Resource and as Citizen

3 Working with patient participants on committees and groups

The material in the setting up of groups can be used to address the issue of patient participants on groups.

Why a committee or group wants a representative is an important first exercise. Using the word 'lay' may be provocative and raise a general discussion about language and values implied in language. It may also help to focus on function of the patient role on the on a 'professional group'. For example, do they want a patient or a representative? Is the patient going to be part of the decision making structure? What role do they expect the patient to play on the committee? What are they expecting the added value to be. It may be for the brownie points they will get but if that is all they want the person for, that is not involvement. Can it be made into an involving experience? When they relate their own experiences, tokenism, and the bad experience of not being heard, will have been discussed; so, it will be possible to relate back to their experiences when designing good practice.

Most committees had to undergo race awareness training to understand why they had to have a diversity representative as a member, as on selection panels. Similar awareness is necessary for NHS policy and planning. They need to have thought through why, and how, they are going to maximise the contribution of the patient.

Practical details need to be worked out before the recruitment begins. The answers are less important than that the issues have been considered.

Are they going to pay the patient a fee, an honorarium, transport costs etc? Is there an induction or briefing planned for the new member? Are the other members aware who will be joining them? Are they clear how the person is described and how they will be addressed?

When these questions are answered, the recruitment becomes more straightforward.