

Cross-Party Group Meeting: Arthritis and Musculoskeletal Conditions
Committee Room 4
Wednesday 1 March 2017
5.30pm-7.30pm
Convenor: Brian Whittle MSP
Deputy Convenor: Rhoda Grant MSP

Meeting Notes

1. Brian Whittle MSP (BW) welcomed everyone and introduced himself as Convenor, with Rhoda Grant MSP (RG) as Deputy Convenor for this parliamentary session.
2. Apologies from Alex-Cole Hamilton MSP.
3. Minutes of 14 September 2016 Inaugural Meeting - approved.

A small token of appreciation was presented to Sheila Macleod (National Rheumatoid Arthritis Society) by RG, on behalf of the Group, for her secretariat work during the previous session.

4. Matters arising - at the Inaugural Meeting in September 16, it had been agreed to develop a newsletter for members but as yet the secretariat (Anne Simpson, AS) had only received one submission. **Can members please send Anne a brief paragraph/any news/update on activity in Scotland they might like to share with the Group before each meeting?**

5. *Quality Improvement: quality and efficiency in health care.
The balance between emergency and planned surgery.*

The Convenor introduced Professor Colin Howie (CH), University of Edinburgh and Consultant Orthopaedic Surgeon, NHS Lothian.

CH is ex-Chair of the Scottish Orthopaedic and Trauma Committee, Orthopaedic Advisor to the Chief Medical Officer for Scotland, past President of the British Orthopaedic Association, the British Hip Society and the Rheumatoid Arthritis Surgical societies of UK and Europe, Clinical Lead for the Trauma and Orthopaedic ACCESS Programme.

CH apologised in advance for having to leave the meeting promptly -without time for questions and discussion after his presentation -due to another pressing commitment.

CH had last presented to the Group in 2013 but welcomed the opportunity to update on performance improvements and efficiency savings achieved within orthopaedic services in Scotland but also to highlight the ongoing challenges and opportunities for further improvement.

CH described how an increasingly ageing population with co morbidities-including living with arthritis and other musculoskeletal conditions - is having an effect on service needs with public health issues such as obesity also influencing demand for services -for example an increasing demand for knee replacements.

CH described the increasing pressures facing Trauma and Orthopaedic services in the coming years both for emergency and planned services and the need for changes in the way services are provided to make sure both continue to be served without one destabilising the other.

CH stated that in Scotland there is a confidence that "we are very good at many things but just not everywhere and all of the time" and that the Scottish Government Addressing Core Capacity Everywhere in Scotland Sustainably (ACCESS) Team and the Scottish Orthopaedic Development Group continue to work to address this variation (Trauma and Orthopaedics ACCESS Review: Addressing Core Capacity Everywhere in Scotland Sustainably; NHS Scotland March 2016).

For example, to improve patient care:

- Allied Health Professional Redesign: patients are set on the right pathway starting in the community. Patients are seen by the most appropriate professional right away with benefits to patient as well as reduction in outpatient demand for orthopaedics.

- Fracture Pathway Redesign: patients only attend Fracture Clinic if there is a clinical need with a significant proportion safely discharged by the Emergency Department.
- Enhanced Recovery: by optimising patient recovery after hip and knee replacement people are recovering faster than before following hip and knee replacement, spending less time in hospital.
- Hip Fracture Care Pathway: faster recovery and return to independent living for the frail and elderly.

CH also referred to the Getting It Right First Time (GIRFT) methodology in England and the activity in Scotland now underway to support change and improvement such as:

- Peer Review Visits to hospitals/Boards with a Trauma and Orthopaedic service
- Use of Benchmarking and Indicators per the Trauma and Orthopaedic Dashboard to monitor effects of changes underway
- Local Peer Review Meetings resulting in Action Plans and Feedback Reports.

In conclusion, CH emphasised that progress continues with evidence of good practice throughout all services but strong leadership and consistent, well- trained teams are required, and that to protect gains and encourage improvements equitably, savings made should be reinvested within MSK services in Scotland.

Secretariat (AS) reminded members that there would be the opportunity for questions and discussion at the September meeting when CH would be presenting on the National Hip Fracture Work Programme.

6. *The Impact of Social Deprivation and Lifestyle on Inflammatory and Degenerative Arthritis*

With inequalities in health a major concern, BW introduced Dr Helen Harris (HH), University of St Andrews and Consultant Rheumatologist, NHS Fife.

HH stated that Rheumatoid Arthritis is common with 50,00 people in Scotland affected, with onset most common in the 30-50 age group but can affect all ages.

HH described how socioeconomic deprivation, linked with lifestyle choices, can act as major risk factors for the development of inflammatory arthritis, with studies demonstrating that those groups with better education and higher income have more opportunities for better health. Points highlighted:

- Heavy smoking doubles the risk of developing Rheumatoid Arthritis with smoking rates higher in most deprived areas.
- Obesity is a risk factor for development of Psoriasis and Psoriatic Arthritis but weight loss and moderate exercise have a positive effect on symptoms.
- Obesity also increases the risk of failure of disease modifying anti-rheumatic drugs (DMARD) and biologic therapy in Rheumatoid Arthritis.
- High alcohol intake (especially beer consumption) and Obesity are risk factors for development of Gout.

In summary, HH described how interventions to improve health need to be targeted at lifestyle choices affecting people in lower socioeconomic groups.

Discussion: BW asked what should we do first? Could money raised by a sugar tax for example be diverted to support targeted interventions?

With reference to development of Rheumatoid Arthritis:

While there were interesting lessons to be learned from the research presented, some Group members felt that perhaps there was risk of overstating the effect of unhealthy lifestyle choices (being obese and smoking) on the onset of inflammatory disease and the effectiveness of treatment. And perhaps this oversimplified what are complex issues? Sheila MacLeod-National Rheumatoid Arthritis Society (NRAS) queried whether research which has been done in the area of inflammatory arthritis might allow us to differentiate between the effects of social deprivation per se and those of associated lifestyle issues? It was understood that this distinction had been drawn in research into some disease areas. This would give a more accurate picture of

what influences disease outcomes, would better recognise complexity of the underlying causes of these conditions and would be a sounder basis for any health policy decisions.

Lorna Neill of Polymyalgia Rheumatica –Giant Cell Arteritis Scotland(PMR-GCA Scotland) quoted a research paper saying that in areas of high economic deprivation the interval between symptom onset and appropriate treatment was longer, leading to a higher incidence of sight loss due to Giant Cell Arteritis. Government money spent on making it easier to access a GP in these areas and education of health professionals, not just patients, could make a difference here.

Comments were also made about the lack of support and understanding by some GPs in relation to living with and managing arthritis as a long -term and painful condition.

Osteoarthritis and Health Inequalities

BW now welcomed Mr Ali Mehdi (AM), Lead Consultant Orthopaedic Surgeon, NHS Borders.

AM described risk factors for osteoarthritis including genetics, gender, more common in women, ageing and obesity.

Deprivation with unhealthy lifestyle choices, high obesity levels and low activity levels, is therefore likely to have an impact on numbers of people with osteoarthritis requiring joint replacements of hip and knee in the future.

Risks to Health and Social care services from the future burden of osteoarthritis included the increased medicalisation of society, people living longer with long-term conditions and with high dependency levels.

AM suggested that a holistic Public Health approach to improving musculoskeletal (MSK) health in Scotland was urgently needed:

- Interventions to increase social physical activity and reduce obesity levels need to be linked with minimising impact of ageing on the MSK system.
- Activity initiatives developed to reduce or postpone demand on services.
- Greater partnerships between Primary Care and Orthopaedic service providers/educators.

7. *“You Changed My life” - National Ankylosing Spondylitis Society (NASS) Patients’ Choice Award to Dr John Hunter, Consultant Rheumatologist, NHS Greater Glasgow and Clyde*

The NASS awards were voted for online by patients who nominated health care professionals who have gone above and beyond the call of duty to help people with Ankylosing Spondylitis. The awards also marked the 40th anniversary of NASS by recognising good practice around the UK.

In the presence of invited guests, as well as Group Members, Debbie Cook, Chief Executive of NASS was delighted to present Dr Hunter with his very well-deserved award. Debbie was able to share some very moving tributes from patients highlighting Dr Hunter’s huge commitment over the years to supporting them following their diagnosis with Ankylosing Spondylitis.

8. Save the Dates

Wednesday 14 June, 17:30-19:30	
Managing Conditions <ul style="list-style-type: none"> • “State of the Nation” survey • Joint Working, the impact of arthritis on everyday working life • Early findings from latest Rheumatoid Arthritis and work research 	Debbie Cook, National Ankylosing Spondylitis Society Alan McGinley ,Arthritis Care Scotland Phil Baker, National Rheumatoid Arthritis Society
Wednesday 13 September (including AGM), 17:30-19:30	
Trauma and the National Hip Fracture Audit Work	Professor Colin Howie, University of Edinburgh and

Programme	Consultant Orthopaedic Surgeon, NHS Lothian
Promotion of bone health, primary and secondary prevention of osteoporosis, prevention of fragility fractures in Scotland	Dr Stephen Gallacher, Consultant Physician , NHS Greater Glasgow and Clyde
National MSK Programme update	Senga Cree, National Lead, MSK Programme, Scottish Government
Wednesday 8 November, 17:30-19:30	
Psoriatic Arthritis: update and recent research	Dr Stefan Siebert, University of Glasgow and Consultant Rheumatologist NHS Greater Glasgow and Clyde
Giant Cell Arteritis-fast track to diagnosis and treatment	Dr Jane Gibson, Consultant Rheumatologist, NHS Fife Lorna Neil, Polymyalgia Rheumatica-Giant Cell Arteritis Society Scotland
Scottish Metrics for the Assessment of Rheumatoid Arthritis Treatment (SMART) Update	Dr Ruth Richmond, Consultant Rheumatologist, NHS Borders and Scottish Society of Rheumatology
Summary of 2017 meetings, actions, next steps	

9. Any other business, summary, next steps and close

BW stated how heartened he was to see such a full meeting room and, as new Convenor, to benefit from the various presentations. Thanking speakers for their contributions, BW closed the meeting at 7.50pm.

Members were reminded to send any news items to the secretariat (ansimpson1954@outlook.com) prior to next meeting on 14 June 2017.

Non MSP members attending

Mike Andrews	Policy and Research Officer ASH Scotland
Karen Ainslie	College of Occupational Therapy Rheumatology Special Interest Group
Jonathon Ainslie	Carer
Dr Darren Asquith	Novartis Pharmaceutical UK Ltd
Murray Brown	National Ankylosing Spondylitis Society
Marion Butchart	Govt affairs Manager Scotland Novartis Pharmaceuticals
Jill Carnevale	Occupational Therapy NHS Lothian
Debbie Cook	Chief Executive National Ankylosing Spondylitis Society
Angela Donaldson	Director Arthritis Care Scotland
Gail Grant	Government Affairs Manager ABVIE pharmaceuticals
Dr Helen Harris	Consultant Rheumatologist NHS Fife
Professor Colin Howie	Consultant Orthopaedic Surgeon NHS Lothian
Maureen Howie	Strathclyde Lupus Group
Dr John Hunter	Consultant Rheumatologist, NHS Greater Glasgow and Clyde
Kate James	National Lead, Trauma and Orthopaedic Access Programme, Scottish Government
Sarah Jones	Celgene Pharmaceuticals
Alan McGinley	Arthritis Care Scotland
Iain Macdonald	National Ankylosing Spondylitis Society
Sheila MacLeod	National Rheumatoid Arthritis Society
Janet McComiskey	Lupus UK/Strathclyde Lupus Group
Mr Ali Mehdi	NHS Borders Consultant Orthopaedic Surgeon NHS Borders
Maureen McAllister	Joint Working Project Coordinator
Katie McIllarey	Occupational Therapist NHS Greater Glasgow and Clyde
Hazel Muir	Employability Officer, Arthritis Care Scotland
Lorna Neill	Chair/Polymyalgia Rheumatica-Giant Cell Arteritis Scotland
John Paton	National Rheumatoid Arthritis Society
Dr Jody Riskjowski	Lead for Musculoskeletal Health, Glasgow Caledonian University

Asha Singh	Individual member
Papinder Singh	Carer
Anne Simpson	CPG secretariat

Guests of National Ankylosing Spondylitis Society for presentation to Dr Hunter

William Higgins
Alice Higgins
George Hunter
Gordon Wardrope
Ann Brown
Raymond Ferguson
Raj Agwan
Marie Therese McDonald
Jean Morton

Non MSP Members-Apologies

Matt Barclay	Community Pharmacy Scotland
Tracy Bowden	Public Affairs, Pfizer Pharmaceuticals Scotland
Fay Campbell	Rheumatology Nurse NHS Greater Glasgow and Clyde
Senga Cree	National Lead, Musculoskeletal Programme, NHS Scotland
Mayrine Fraser	National Osteoporosis Society
Karen Graham	Osteoporosis service, NHS Borders
Catherine Lees	NHS Lanarkshire
Margaret-Mary Gordon	Consultant Rheumatologist, NHS Greater Glasgow and Clyde
Gillian Howie	Strathclyde Lupus Group
Janice Johnson	Individual member
Angie Lloyd Jones	Strategic lead for OT and Re-ablement Scottish Borders
Mairi McIver	Individual member
Ann Murray	National Falls Programme Manager
Bea Nicolson	Polymyalgia Rheumatica-Giant Cell Arteritis Scotland
Marion Read	Polymyalgia Rheumatica-Giant Cell Arteritis Scotland
Professor David Reid	Emeritus Professor of Rheumatology, University of Aberdeen

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