# CROSS-PARTY GROUP ON ARTHRITIS AND MUSCULOSKELETAL CONDITIONS

## MINUTES OF ANNUAL GENERAL MEETING WEDNESDAY 2 MARCH 2016

**1.** Margaret McCulloch, MSP, warmly welcomed all present**.**

## Meeting on 25 November 2015: Minutes and Matters Arising

**2**. The minutes were approved. The Motion on combating sedentary behaviour in elderly people arising from the meeting in September had been agreed with Professor Dawn Skelton of Glasgow Caledonian University and lodged on 9 December, receiving good support. (Text appears on Parliament website). Angie Lloyd-Jones, Strategic Lead for OT and Reablement, Scottish Borders Council, had joined the CPG to represent social care; she was most welcome.

## Annual General Meeting

**3.** Given that dissolution of Parliament would take place on 24 March, no appointments would be made before the CPG came together again after the election. For formal purposes, however, this meeting stood as the AGM; members noted the group's achievements during this session and looked forward to its reconvening at the start of the new one. All present wished to record much appreciation of Margaret McCulloch for stepping in as convenor in the difficult months following Helen Eadie's death. In the two years since then, under her committed and energetic convenorship, we had gone from strength to strength. All thanked her warmly and wished her well.

## CPG on Arthritis and Musculoskeletal Conditions – Quarterly Digest of Campaigning Activities

**4.** The Digest was tabled. A slightly expanded version would be circulated with the minutes.

**Depression and Anxiety in Early RA – Dr Mohini Gray, Reader in Rheumatology and Honorary Consultant Rheumatologist, University of Edinburgh and Western General Hospital**

**5.** Dr Gray introduced the findings of a small study with patients carried out under her supervision over a period of 24 months at the Western General Hospital in Edinburgh where early arthritis patients are successfully treated rapidly to attain low disease activity. However, surprisingly, findings showed a considerably higher level of anxiety (40%) and depression (33%) than in the general population (10%), worse than many other long-term conditions, and similar to those for cancer patients. Dr Gray noted a correlation between higher levels of anxiety and depression and low self-efficacy (patient confidence in the power of their actions to positively influence outcomes) and also with higher levels of perceived pain. In addition, there was evidence that depression impacts levels of disease activity (as measured by DAS28), indicating that higher measures may be related to depression rather than RA joint implications. The study showed a need for increased availability of psychological therapies for RA and particularly JIA patient mental and physical health.

**6.** In questions and discussion the following points were made –

- There are very few psychologists associated with rheumatology units in Scotland. Patients are generally referred on request to adult mental health services with long waiting times.
- A number of other factors might be helpful in boosting patients' self-efficacy – the best possible transparency in the treatment setting, good patient involvement in their own care, opportunities for self-management training (at present limited by lack of funding) and signposting to patient organisations for further disease information and peer support.
- Rheumatology patients respond well to a short programme of sessions – CBT, mindfulness, group sessions.
- Staying in work retains self-efficacy.
- One would expect the same results for other arthritis conditions.
- There is evidence that fatigue associated with RA, like depression/anxiety, persists in many patients whose level of disease activity has been successfully brought under control.

**Access for People with Chronic Pain to Complementary Alternative Medicine (CAM) Treatment and Therapies recommended by SIGN Guidelines – Paulo Quadros, Intlife Pain**

**7.** Successive governmental and NHS reports in the UK over the past two decades have acknowledged the benefits of Complementary Alternative Medicine (CAM), and in particular that manual therapy and acupuncture should be considered for pain relief. Referral to CAM is available through GPs in Scotland, but the process of referral is complex. Such referral requires the GP to remain responsible for treatment by a third party, but this is thought by BMA and GMC to be impractical in the current regulatory environment. It was suggested that CAM practitioners need to be regulated and that a referral pathway be introduced by the NHS in Scotland, but a starting point might be for health boards to authorise referral to those practitioners already regulated.

**8.** The following points were made in the course of discussion -

- Massage therapy achieved the same grading as many drugs in the relief of chronic pain, better than CBT.
- Other countries have similar problems
- The resources available to deliver a good CAM service need investigation but there is already a variety of such services available

**9. The State of Play in Scottish Rheumatology: British Society for Rheumatology (BSR) and Scottish Society for Rheumatology (SSR) Policy Report – Dr Liz Murphy, President of SSR, and Dr Euan McRorie, Scottish Chair of BSR, Anna Lewis and Miguel Souto, BSR**

This report was specifically drawn up using responses from clinicians in Scotland over the past year following the UK wide report published by BSR in 2015. Key issues in Scottish rheumatology are concerns about referral times; the absence of shared care between primary and secondary services; long waiting times for treatment and ongoing care; workforce shortages, especially in relation to specialist nurses; remoteness and rurality; rare rheumatological conditions.

**10.** The following points were made in discussion –

- The low number of specialist nurses is seen to be the key to many of the issues covered, and their continued availability in all rheumatology units needs to be funded. The recent Scottish Government announcement of more funding for specialist nurses has not translated yet into more rheumatology nurse specialists, but there is another tranche of funding.
- Hard to know yet if the integration of health with social care will help in these issues. Only 9% of respondents said that they worked with social care. Social care AHPs, especially occupational therapists, have a lot to offer as the best place for the patient is in their own community, living independently. 40% of referrals are to OTs but only 1% of rheumatology staff are OTs.
- There are insufficient consultants for the size of population and it is hard to recruit to some posts, but there has been expansion in numbers.
- Poor access to sufficient staff resources has meant that the treatment of new patients has impacted negatively on that for established patients.
- It was questioned whether the funding of the latest generation of (biologic) drugs is sustainable. The drug bill for health boards is enormous and growing, and insufficient is known about the effect on the patient of a reduction in drug prescription if it became necessary to save funds.
- Though this report may read negatively, expectations of rheumatology services are higher than previously because, pharmacologically, services have improved greatly; but other aspects of the service to patients have not kept up: support structures are also needed.
- There are no structures in Scotland for regional or national services for connective tissue conditions. CEOs of health boards are unlikely to fund more networks such as the vasculitis network.

**Any Other Business**

**11.** There is still a risk that Hydrotherapy pools in NHS Lothian might be closed, though currently all are available for use; their closure would be a serious loss to the National Ankylosing Spondylitis Society (NASS) groups that benefit from access to

them. NASS would keep the Cross-Party Group up to date on developments.

**12.** All were advised to register their interest in being members of the CPG when it reconvenes after the election and were invited to keep in touch with Sheila MacLeod to that end.

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**13.** Margaret McCulloch closed the meeting with many thanks to all concerned.

CPG Secretariat
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