

**CROSS-PARTY GROUP ON ARTHRITIS AND
MUSCULOSKELETAL CONDITIONS – MINUTES OF MEETING
ON WEDNESDAY 25 NOVEMBER 2015**

1. Margaret McCulloch welcomed all present including Margaret McDougall MSP and Nanette Milne MSP.

Meeting on 30 September 2015: Minutes and Matters Arising

2. The minutes were approved. **The secretariat was working with Professor Dawn Skelton to frame a motion on combatting sedentary behaviour in elderly people; this would be reported at the next meeting. Progress had been made towards seeking a representative of Social Care on the CPG; this too would be reported next time.**

CPG on Arthritis and Musculoskeletal Conditions – Quarterly Digest of Campaigning Activity

3. John Paton summarised the paper which had been circulated; members welcomed this exercise and its regular inclusion in the agenda.

Recent Research on the Biology of the Brain Which May Offer a Better Understanding of RA Fatigue

4. Dr Neil Basu defined clinically relevant fatigue, examined the condition as a very significant factor in RA and other rheumatological disorders, discussed its impact on quality of life and work capacity, described the fatigue management programme at Aberdeen and outlined the key elements of the research exercise which will be run there to explore causation and better targeting of interventions aimed at optimum outcome for patients.

5. Discussion and questions produced the following points –
- Effective control of the underlying disease reduces fatigue in a minority of cases; others require more – exercise, talking therapies, something novel.
 - Nurses and Allied Health Professionals, trained in a relatively short time by psychologists, are well placed to deliver talking therapies to patients, thus widening access to the benefits.
 - These methodologies can and do apply across conditions.

- Changes in white matter evident in brain scans of fatigue patients might be the cause or effect of the condition; it was hoped that the planned research would throw light on this.
- Attention was drawn to a study of mitochondrial activity in Lupus patients which might have a bearing on fatigue.
- Existing therapies produce a 25% improvement rate for both CBT and exercise programmes, but no added value results from undertaking both.
- These therapies, though delivered in the community, require clinical supervision.
- New technologies (smart phone, social media, specialised equipment) already play a part in guiding patients in managing fatigue and therapies that address it; more might well be developed.
- The planned research trial will be Scottish-based but could be delivered more widely via a call centre of health professionals using Skype.

Scottish Rheumatology Ultrasound Group (SRUG)

5. Dr Neil McKay gave an account of the Scottish Rheumatology Ultrasound Group (SRUG), a medical and AHP group which has developed an impressive initiative in promoting the use of musculoskeletal ultrasound training as a bedside tool in rheumatology practice; this stands to have a positive role in diagnostics and fine-tuning of treatment, offering significant benefit to patients. The training to equip practitioners with the necessary skills is offered through competency-based programmes, small group supervision of practice, accredited modules specifically designed by Glasgow Caledonian University and on-going mentoring with peer-based support. The availability, as a result of technological advances, of affordable, portable and very high-resolution equipment supports this initiative.

6. Questions and discussion raised the following –

- Ultrasound provides, among other things, an effective guide to management of biologic treatment, potentially indicating the appropriate point at which to taper medication that is demonstrably effective in disease control, thus minimising toxicity to patient.

- Compared with X-ray, ultrasound gives real-time feedback, is fully accurate in identifying inflammation, is quicker and detects disease far earlier. Modern equipment is equivalent to MRI.
- Once equipped with training, rheumatology consultants will be ready, in one patient visit, to acquire the necessary imaging, interpret and act on it in an immediate treatment plan.
- The use of ultrasound in this way is set out among the recommendations of the ScotPHN Report; the Scottish Society of Rheumatology will discuss the question of a guideline statement before any is framed.
- The new skills and technology will initially be limited to RA.

Scottish Metrics for the Assessment of Rheumatoid Arthritis Treatment (SMART)

7. Dr Liz Murphy set the SMART initiative in the context of clinical audits carried out over the last ten years to measure effectiveness of RA treatment and practice; these clearly demonstrated an improving picture and pointed to the benefits of audit as a tool of better disease management. SMART had been launched during September on the basis of a Scotland-wide online tool readily manageable in clinic; its use annually to record data for newly diagnosed patients (subsequently for 6 and 12 month follow up) would allow quality evaluation and measurement of RA services with a view to standardising and improving management of the condition. Engagement with the initiative had been encouraging and results could be expected by November/December 2016. **The Cross-Party Group would be kept informed.**

8. This initiative was much to be welcomed. It would be valuable, too, to look at expanding this process of constructive scrutiny to the management of established disease, thus working towards quality improvements throughout the patient journey.

Any Other Business

9. Iain Macdonald of the National Ankylosing Spondylitis Society updated members on the forthcoming public consultation about hydrotherapy pools in Lothian. **Margaret McCulloch suggested**

that people affected might usefully engage the support of their MSPs; she would be happy to be involved.

10. Margaret McCulloch closed the meeting with thanks all round. We would meet next on 2 March 2016, the AGM; this would be the last meeting before the election, after which the CPG would be formally reconstituted.

CPG Secretariat
November 2015

APPENDIX 1 – LIST OF ATTENDEES AND APOLOGIES
CPG ON ARTHRITIS AND MUSCULOSKELETAL CONDITIONS

WEDNESDAY 25th November 2015

Attendees

Margaret McCulloch MSP
Nanette Milne MSP
Margaret McDougall

Iain MacDonald – NASS
Sheila MacLeod – NRAS; CPG Secretariat
John Paton – NRAS
Paulo Quadros, Intlife Pain
Ewan Dale, ME Association
Bea Nicholson, PMR-GCA Scotland
Greg Stevenson, Roche
Andrew Dempsey, Celgene
Morag Tunstal, UCB
Dr Neil Basu, University of Aberddden
Dr Liz Murphy, SSR
Dr Neil Mackay, NHS Lothian

Apologies

Catherine Stihler MEP
Dr Stefan Siebert
Amanda Simonds
Marine Fraser
Angela Donaldson
Jim Walker
Margaret Mary Grodon
Catherine Lees
Maureen McAllister
Stuart Ralston
Joyce Davidson
Joanne Shedden
Coreen Kelday
Euan McRorie
Janet McComiskey
Matt Barclay
Tracy Rendall
Alan McDonald
Irene Logan
Liz Blackadder
Hoda El-Mahrouki
Debbie Cook