

CROSS-PARTY GROUP ON ARTHRITIS AND
MUSCULOSKELETAL CONDITIONS
AND CROSS-PARTY GROUP ON CHRONIC PAIN

Minutes of the Joint Meeting on 13 March 2013

Minutes and Matters Arising

1. The minutes would be addressed at the next meeting of each individual Group.

National MSK Design – Dr Sarah Mitchell, National Programme Manager Rehabilitation

2. Against a background of rising volume of MSK patients in Scotland, wide variation in patient experience, long waiting times, inefficient self-referral systems, GP-to-consultant referral resulting in only 35% conversion to surgery, the absence of an in-built system to promote employability and of robust data collection to evidence outcomes, National MSK Redesign proposed a radical new system underpinned by a HEAT target of 4 week access to MSK services by 2014-15. Currently piloted in Lanarkshire, Ayrshire and Lothian and due for full roll-out across Scotland by 2015, the redesigned service was based on centralised referral using NHS 24 technology and triage, equitable access and standards of care across Scotland, reduction of waiting times and referral to orthopaedic services, accurate identification of those requiring therapy, support for self-management and employability, and proper evaluation of outcomes. Early data was highly encouraging in relation to reduction in waiting times, efficient use of capacity and delivery of appropriate treatment; forward planning for the wider system was progressing well. Effective evaluation was a key priority for the future to ensure the best possible outcome.

3. In response to questions it was established that Tayside would be the next Board area to be included, 10-15% of users to date were chronic pain sufferers, physiotherapy had been the appropriate intervention for 70-80% of those treated and inflammatory conditions were, at present, identified at the first therapist appointment (target within 4 weeks of first contact), though consideration was being given to whether screening might be applied during the initial call to NHS 24. Warm approval was

expressed for MSK Redesign; particularly supportive were orthopaedic surgeons, finding that the new system had resulted in appropriate referrals to them for treatment and the avoidance of many unnecessary investigations for patients.

Pharmacy Chronic Pain Poster Campaign – Aileen Bryson,
Royal Pharmaceutical Society (RPS)

4. The role, function and structure of RPS were outlined as well as a brief overview of community pharmacy services. Materials for the poster campaign, launched in January 2013, had been devised by the Pain Association and Pain Concern with the collaboration of Healthcare Improvement Scotland. Its aims were: raising awareness; making a priority of chronic pain and empowering those affected to self-manage; highlighting the benefits to sufferers of pharmacists' expertise and encouraging people to ask more from their healthcare professionals.

5. RPS would support and sustain the campaign. Pharmacists were a key resource underpinning self-management of chronic conditions.

6. In the course of discussion the following actions were agreed:

- **Jackie Baillie would write to the Cabinet Secretary on the question of pharmacists' having access to patient notes; this would enable them the better to fulfil their role of supporting safe patient care with clinical checks on prescriptions;**
- **Cross-Party Group on Chronic Pain would invite the appropriate pharmacists from the Fife pilot to attend a future meeting.**

Towards Appropriate Care for Patients with Chronic Pain and Musculoskeletal Conditions - Professor Martijn Steultjens,
Professor of Musculoskeletal Health, Glasgow Caledonian University

7. Treatment addressing pain and musculoskeletal conditions in Scotland, as in many other comparable countries, currently fell short in terms of quantity, quality and equality; this had consequences in terms of health costs and loss of economic

activity as well as personal suffering. A nationwide approach was needed, targeting all patients and delivering appropriate standards of care. The primary sector should take the lead through a GP practice assistant scheme (estimated cost of £30M per year, 0.25% of health budget) to be in place by 2020. The task would be to provide an accessible, person-centred service meeting the needs, in the widest sense, of patients with chronic pain and musculoskeletal conditions. Long-term benefits to patients and wider society would accrue.

8. The proposed scheme was warmly welcomed. **Jackie Baillie would write to the Scottish Government inviting comment.**

9. The meeting closed with thanks to all concerned for their participation and to the Wellbeing Alliance for providing refreshments.

10. The next meeting of the Cross-Party Group on Chronic Pain, also the AGM, would be on May 29th. The Cross-Party Group on Arthritis and Musculoskeletal Conditions would meet next on June 12th.

Attendance List

13th March 2013

Attending:

Jackie	Baillie	MSP
Jim	Eadie	MSP
Margaret	McDougall	MSP

Forename	Surname	Organisation
Nick	Allcock	Glasgow Caledonian University
Keith	Anderson	NHS Fife
Susan	Archibald	
Aileen	Bryson	Royal Pharmaceutical Society
Julia	Burge	National Rheumatoid Arthritis Society
Carole	Callaghan	Edinburgh Western General
Helen	Cadden	
Heather	Cameron	NHS Greater Glasgow and Clyde
Ann	Cassels	
Ewan	Dale	ME Association
Angela	Donaldson	Arthritis Care
Tom	Downie	National Ankylosing Spondylitis Society Edinburgh
Dorothy-Grace	Elder	CPG on Chronic Pain
Lorna	Forrester	Scottish Massage Therapists Association
Jacque	Forde	CPG on Chronic Pain
Margaret-Mary	Gordon	NHS Greater Glasgow and Clyde
Colin	Howie	NHS Lothian
Sally	Hughes	Napp Pharmaceuticals
Caron	Jenkins	Arthritis Care
Irene	Logan	Fibromyalgia Friends Scotland
Iain	Macdonald	NASS Edinburgh
John	Macgill	GlaxoSmithKline
Julia	MacKinnon	National Rheumatoid Arthritis Society
Sheila	MacLeod	CPG on Heart Disease and Stroke
Christine	Martin	
Frank	Mawson	
Steve	McBride	ARMA Scotland
Peter	McCarron	
Ros	Meek	Medtronic Ltd
Sarah	Mitchell	Scottish Government
Anne	Murray	CPG on Chronic Pain
Bea	Nicholson	Polymyalgia Rheumatica and Giant Cell Arteritis Scotland
Mairi	O'Keefe	Public Health Information Network Market Access & Communications Directorate: Napp Pharmaceuticals Ltd
Bill	Paton	
Paulo	Quadros	Intlife
Gregor	Purdie	NHS Dumfries & Galloway
Jean	Rafferty	
Tracy	Rendall	Scottish Network for Arthritis in Children
Martijn	Steultjens	Glasgow Caledonian University
John	Thomson	CPG Chronic Pain

Lily	Tsvetanova	Office of Helen Eade MSP
Kate	Wright	NHS Forth Valley

Apologies:

Jackson	Carlaw	MSP
Helen	Eadie	MSP
Nanette	Milne	MSP
Bill	Walker	MSP
George	Foulkes	MP
Catherine	Stihler	MEP
Guy	Armstrong	UCB Pharma Ltd
Katrina	Allen	Action for M. E.
Matt	Barclay	Community Pharmacy Scotland
Elizabeth	Blackadder	Edinburgh M.E. Self-help Group
Carole	Callaghan	Edinburgh Western General Hospital
Diane	Crake	NHS Tayside
Christine	Duncan	Ninewells Hospital
Andrew	Foltoe	Scottish Chiropractic Association
Michael	Grieve	
John	Hunter	NHS Greater Glasgow and Clyde
Sabu	James	
Janice	Johnson	
Martin	Johnson	
Coreen	Kelday	Brittle Bone Society
Joan	Kerr	Edinburgh M.E. Self-help Group
Catherine	Lees	NHS Lanarkshire
Elizabeth	Lonsdale	Crown Office and Procurator Fiscal Service
	Lloyd-	Chartered Society of Physiotherapy
Kenryck	Jones	Scotland
Alan	MacDonald	NHS Grampian
Katie	McAlarey	NHS Greater Glasgow and Clyde
Annamarie	MsGregor	the Royal Pharmaceutical Society
Elizabeth	Murphy	NHS Lanarkshire
Ann	Murray	Framework for Adult Rehabilitation
Michael	New	
Patricia	Osborne	Brittle Bone Society
David	Reid	NHS Grampian
Anne	Simpson	National Osteoporosis Society