

CROSS-PARTY GROUP ON ARTHRITIS AND MUSCULOSKELETAL CONDITIONS

MINUTES OF ANNUAL GENERAL MEETING WEDNESDAY 4 MARCH 2015

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

Meeting on 26 November: Minutes and Matters Arising

2. The minutes were approved. Following the presentation given by Dr Jane Gibson on Osteoporosis, Margaret McCulloch had written to the Cabinet Secretary for Health: this letter and the Ministerial reply had been circulated to members. Also in furtherance of the issues discussed at the meeting the Osteoporosis community in Scotland would welcome the securing of a Members' Interest Debate during 2015. **Margaret McCulloch, MSP, and Nanette Milne, MSP, would pursue this at the appropriate time.**

Election of Office Bearers

3. The reappointment of Margaret McCulloch, MSP, as Convenor, Nanette Milne, MSP, as Deputy Convenor and Sheila MacLeod as Secretary were duly approved by the meeting.

Outline Forward Programme

4. This had been circulated to members. Further items were welcome and should be passed to Sheila or Patricia.

Contemporary Issues in Musculoskeletal Physiotherapy

5. Against a background of growing demand and resource constraint, Dr Syme nonetheless characterised health systems as succeeding rather than failing, with the UK high in world rankings. The pressures and challenges were clear, however, and made change a necessity. Scotland was meeting this imperative with the National Vision and the Redesign Programme, aiming to inform, to offer ready access to a wide range of services, to utilise available techniques and technologies and to put users themselves into a position to play an active part in their own rehabilitation.

6. In questions and discussion the following points were made –
- MSK Redesign was driven nationally; moving towards collection and maintenance of consistent, countrywide data would help build the platform for the best possible service.
 - Inflammatory conditions as well as musculoskeletal stood to benefit; data availability would be positive here too.
 - Further movement in the direction of integrated services would benefit patients at present too often faced with disjoined provision and multiple journeys.
 - Development of self-management was an important factor and the voluntary sector had a key role in this. Healthcare professionals should be encouraged to refer. There was, however a degree of apprehension about engagement with the voluntary sector; a recognised mechanism was needed.
 - Allied Health Professionals tended to take the ‘whole person’ view most likely to promote drawing on a wide range of sources in order to meet patient need; clinical leadership was important here and improved data were needed in order to make the argument.

NHS Greater Glasgow and Clyde, Rheumatology Managed Clinical Network (MCN); Progress Report

7. The MCN had been in existence four years; Dr McEntegart outlined its function, structure, activities, priorities and plans. Designed to ensure a coherent approach to the delivery of high-quality, evidence-based care meeting the needs of people with RA and their carers, the MCN acted as a catalyst for development and change, a voice for Rheumatology in GGC. Among its functions were education and leadership, promoting innovation and change, providing a focus for collaboration and engaging with patients, mobilising their views to promote the best possible service. Particular areas of interest were: response to the ScotPHN Report by benchmarking to GGC practice and development in line with the report’s recommendations; the patient survey based on CQRA Patient Reported Outcomes; promotion of patient self-management; and involvement in Scottish Society of Rheumatology (SSR) Quality Improvement through the proposed flare clinic project.

8. The following points were made in the course of discussion -
- Members felt that this model of service delivery had much to commend it and might be reproduced in other parts of the country to good effect. It was noted that the Glasgow Rheumatology MCN had had its origins in a Parliamentary Question asked by Helen Eadie, MSP, and arising from discussions in the predecessor group to this.
 - Raising awareness within the primary sector was very important in light of the clear need for early recognition and treatment; the nine year average delay between symptom onset and diagnosis of Ankylosing Spondylitis was one example of the need for improvement. The use of MRI as a diagnostic tool was helpful in this.
 - Succession planning for Clinical Nurse Specialists was another key priority.

Scottish Public Health Network (ScotPHN) Health Care Needs Assessment of Services for Adults with Rheumatoid Arthritis, an Update

9. Dr Perry outlined the main findings of the Report, its recommendations designed to assist Health Boards plan and deliver services for those with RA, the response process, actions implemented and areas for ongoing development. £20K had been allocated by the Scottish Government for Quality Improvement (QI) projects linked to the Report's recommendations, generated and delivered via the SSR: a clinic for flare of disease, a foot and ankle ultrasound service and a pathway for referral to local employability networks. Additionally, a project in the form of a yearly rolling audit, focusing on early arthritis recognition and treatment, using a system of metrics for measurement, funded by Industry, was currently under discussion. Drug costs was a further concern in light of biosimilars coming on stream, the possibility of tapering of drugs once disease was stable and cost saving through wastage guarantees. Areas where progress was required were: public awareness campaigns; referral times; a plan for co-morbidities; access to the rheumatology team and redressing Board priorities, at present skewed in favour of new rather than return appointments; and the need for a National Biologics Database.

10. The following points were made in discussion –
- The flare clinic would be piloted on two sites at first; the expectation was that experience in practice would

demonstrate its value and the need to deliver the service more widely. It would indicate the benefit of moving away from traditional models of care; Clinical Nurse Specialists and Allied Health Professionals would have a significant role. So too would support for self-management and good signposting to a range of services.

- Good access to services, when necessary, at any stage of the patient journey, was essential; **this was an issue worth supporting at a political level.**
- The case was very strong, too, for disease data held on a national basis.

Any Other Business

11. There was presently a risk that Hydrotherapy pools in NHS Lothian might be closed; this would be a serious loss to the National Ankylosing Spondylitis Society groups that benefit from access to them. **NASS would keep the Cross-Party Group up to date on developments.**

12. Nanette Milne, MSP, closed the meeting with many thanks to all concerned. **The next meeting would be on Wednesday 3rd June 2015 at 5.30pm.**

CPG Secretariat
March 2015