

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.

Approved Minutes