

# Scottish Parliament

## Minutes of the Cross Party Group on Chronic Pain

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*Held on Wednesday, 12th September 2012, 6.00 p. m. in Room TG20-21*

### Welcome

The Chair welcomed the group members and speakers. Minutes from the AGM were reviewed and agreed as an accurate record of the meeting .

**Action :- Minutes to be sent for upload to CPG Parliament page.**

**Jacquie Forde**

### Chronic Pain Audit Discussion

The Audit of Scottish Pain Services, due to be published in June, has been delayed until later in September, date not known at this stage.

Group discussion revealed concern over progress on pain services in slowness over many years.

A founder member pointed out he had been attending the CPG since its start twelve years ago but was still waiting for real action by (successive) Governments. The Group agreed that establishing MCNs was useful and praised the years of work by those who had managed to achieve three MCNs in Scotland's 14 health boards currently, with two more pending. Other members claimed the main problem was that Government policy on chronic pain should not continue being confined to the MCN route alone, and needed to be allied to direct Government investment, as other major health issues gained both funding and MCNs. One member called restricted policy "the long grass option" pointing out that all good work done on planning improvements couldn't be actioned unless there was funding.

The speed and effectiveness of progress was the main concern. Group awaits publication of Audit Report by Steve Gilbert and would value the opportunity to have Steve present this to the group for further discussion and debate.

**Actions:- Communicate with Health Minister re time to referral and treatment**

**JB/JF**

**Investigate ATHENS log in code**

**SA**

**Thank Steve for SG Update Report**

**JF**

**PQ's to be raised re provision of private care**

**JB/JF**

Discussion ensued re Glasgow Chronic Pain MCN and what the MCN means to real people with Chronic Pain. The MCN are unable to collate data due to current systems .Group believed being able to ascertain the cost and value effectiveness of an MCN for patients with Chronic pain may be able to encourage future investment in other Health Board areas.

Colin Rae added; "The MCN continue to work on improving data collection on specific clinical outcomes and embedding data collection/audit in to our electronic systems used in the pain service."

Group agreed MCN's useful but to effectively manage chronic pain for patients there needs to be more services and funding .

It was stated at the meeting that access to psychological services was the worst it has been for 13 years at the Astley Ainsley hospital in Edinburgh. Key points from letters in July and September 2012 from the Public Health Minister, Michael Matheson, to a CPG member were distributed. This communication came before the health secretary post changed from Nicola Sturgeon to Alex Neil.

Mr. Matheson disclosed that there were no "centrally held" costing's or projections for improving chronic pain services in Scotland.

Some asked if no Board had produced these and if anyone holds some area estimates to please inform the CPG (via the secretariat). Action: information from any member.

The minister confirmed three out of 14 Scottish boards now have MCNs, with two other applications pending. Mr. Matheson wrote that, if five achieved, 50% of Scotland would have improvement planning underway. Peter McCarron commented: "And 50% will not".

Mr. Matheson's communications updated on the cost of sending patients to Bath.

A table of his Scottish Government figures was circulated, showing that sending 115 pain patients to Somerset for treatment had cost £1,080,000 over the last 4.5 years to July, 2012. Dr Gilbert is now reviewing a previous decision that establishing the first residential pain centre in Scotland was not economic.

Scotland has no residential service at present, unlike Wales. Mr. Matheson stated that, in the interim, consideration was being given to sending pain patients to Wales rather than Bath.

**Action:- Write to SG to obtain information on forward planning from new Health Secretary ,Alex Neil MSP.**

**JB/JF**

## **Pain Petition Update- Susan Archibald**

Susan detailed her plans to submit a petition to the Scottish Parliament calling for an Improvement in services and treatment for patients with Chronic Pain in Scotland.

The Chair concluded that we require a working group to assist Susan to finalise the petition and have it submitted before the health budget is finalised. Volunteers were requested from the group.

**Action:- SArchibald/DGElder/JForde/BPaton/PQuadros will work to finalise petition by September 21<sup>st</sup>**

## Cross Party Group Key Objectives

The chair discussed the previous secretariat having gathered opinions from the group on what members believed the group should aim to achieve during the lifetime of this parliament. JB stated that this list was not succinct and that a small working party should be convened to distil the key objectives for the group to move forward and action. JB requested that a small working group be convened to take this forward and requested that group members contact JForde should they be interested in taking part.

**Action:- Group members interested in formalising key objectives of the group to contact Jacquie Forde by email by Monday September 24<sup>th</sup> All**

## SIGN Conference on Chronic Pain

The chair highlighted a meeting of interest to the group taking place on December 12<sup>th</sup> in Edinburgh. SIGN will be holding a public meeting of their draft guidelines on Chronic Pain which is open to the public. The secretariat have already sent out the agenda and registration details.

**Action:- Members to register if they wish to attend via SIGN.**

## Speaker :- Professor Martijn Steultjens

Professor of Musculoskeletal Health at Glasgow Caledonian University.

Key points from Martijn's presentation

Chronic Pain Syndrome- Rheumatoid Arthritis, Osteoarthritis, Fibromyalgia

Fatigue more of an issue for chronic pain patients as well as depression. Martijn stated it is better to catch patients before chronic pain develops and we should be accessing patients via community centres, shopping centres not always just the GP surgery. Fibromyalgia is often not recognised by clinicians as a condition and Martijn stated it perhaps should be referred to as chronic widespread pain.

**Action:- Presentation to be distributed to group Jacquie Forde**

**Contact Deep End Project Jacquie Forde**

## Key Member Contributions

Peter McCarron- Stated that patients may have had access to pain services but once they have had their consultation they then are forgotten about and are outwith the system with no access to specialist care.

Diane Thomson:- Stated that there were examples of earlier intervention in other service areas which could be used as exemplars for the development of earlier intervention for patients with chronic pain. Services in Maternity care and Family Nurse Health Partnerships were cited.

Dr Sara Watkin:- Spoke of an interesting and proven method of reaching patients and helping them to understand their conditions through metaphor and story telling by their GP. Sara stated that GP's are not trained well in the social model of care with a result that lower socio economic groups were more likely to receive opiates for pain management. Sara stated there are more cost effective strategies available to treat chronic pain.

**Action:- Sara to send information which JF will distribute to the group.**

## **Pain Conference**

JB stated that holding a pain conference in the debating chamber of the Scottish Parliament in March 2013 would be a valuable tool in encouraging debate and discussion on chronic pain in Scotland.

**Action:- Determine Availability of debating chamber in March 2013            JB/JF**

**Small working group to be established – all interested parties to contact JF**

## **Other business**

**Action:- Working group to be set up to review contact lists and stakeholder plan for CPG. JB stated she would like Helen Caddam to sit on this group. Please contact the secretariat if you are interested in being part of this short life working group.**

**Action :- In preparation for Public Health Minister meeting on 31<sup>st</sup> October – Group members to send all questions for the Minister to the secretariat for distribution to the co convenors to identify areas of commonality and any subject gaps. Questions to be sent October 10<sup>th</sup>.**

The Co-conveners would like to thank Napp Pharmaceuticals for sponsoring the refreshments at this meeting. ( Cost £36.45 plus VAT)

Chronic Pain Steering Group- Group agreed secretariat to represent group at future meetings to update group of CPG activities.

HUMAN RIGHTS ISSUES: Bruce Adamson from the Scottish Human Rights Commission attended the meeting as an observer and spoke of the role of the Human Rights Commission in Scotland regarding health inequalities. Bruce will be seeking comment from the group on the forthcoming National Action Plan on human rights in Scotland, which concerns health as well as other issues. He drew attention to the sending of pain patients on long journeys to Bath, Somerset as perhaps being of particular concern under Human Rights, (possibly under degrading and inhuman treatment issues) as there is an expectation of treatment locally for conditions.

**Action:- Group agreed all communications and questions to be routed through the secretariat.**

## **Date of next meeting**

31<sup>st</sup> October at 1pm – Pubic Health Minister attending.

## **AOB**

**NO AOB noted**

**Secretariat Contact Details : Jacqueline Forde, Director, Health Inequalities Alliance.**

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