Scottish Parliament

Minutes
of
Cross Party Group on Psoriasis and Psoriatic Arthritis
Wednesday 14 March 2012

Present: Dave Thompson, MSP; Fiona McLeod, MSP; Mary Blackford; Dr Lorna McHattie, Robert Gordon's University, Aberdeen; Janice Johnson, PSALV; Dr Stewart Douglas, Skin Care Campaign Scotland (SCCS); Jim Walker, Individual Member; Denis Johnston, Parliamentary Researcher to Fiona McLeod, MSP; Barbara Page, Dermatology Liaison Nurse Specialist, NHS Fife; Diane Thomson, Government Affairs Manager, Pfizer; Jan Munro, Janssen; Dr Hilary Wilson, Consultant Rheumatologist, Stobhill, Glasgow; Liz McIvor, Rheumatology Specialist Nurse, Stobhill, Glasgow; Dr John Hunter, Consultant Rheumatologist, Gartnavel, Glasgow; Irene Clayton, PSALV; Dr Iain Campbell, GP/NES; Keith Small, Morhamburn; Mairi MacIver, PSALV

1. Apologies: Margaret Mitchell, MSP; Dr Victoria Scott-Lang; Jacqui Low; Nancy Taylor; Duncan Bowers; Stewart Campbell; Ros Meek; Phil Atkinson; Dr Daniel Kemmett; Claire McMahon; Dr Lesley Diack.

2. Minutes of Previous Meeting of 7 December 2011

Minutes of Meeting of 7 December 2011 proposed by Lorna McHattie and seconded by Hilary Wilson.

3. Matters Arising

(i) Discussion of letter of 13 December 2011 from CPG to Nicola Sturgeon, Cabinet Secretary for Health, re the urgent need for dermatology training for GPs and nurses, and her response of 6 January 2012. SD suggested that we ask NS to encourage NES to make dermatology training one of its aims, reintroducing it to NES documentation. JJ supported need for increase in dermatology training in NES Curriculum. L Mc suggested that we put it in economic terms, research showing that more than 50% of medication for psoriasis is wasted. JH said that the additional training needs identified by GPs, subsequent to their GP training, should be considered, also. IC advised that annual GP appraisal should pick up on this. JH asked if it is easy to arrange training, when needs have been identified, and IC said that it is not, and that it is becoming increasingly difficult to do so. Re nurses, Liz Mc said that there are so few dermatology wards that it is difficult for nurses to gain experience. Nurses could practice throughout their professional lives and never deal with dermatology problems. BP agreed that this was worth mentioning, stating that nurses need knowledge of basics of skin care and that whilst there is a good programme in Fife, this is not replicated throughout Scotland.
ACTION: SD & MB to compose letter to NS which Dave Thompson will send on behalf of CPG, covering above points.

(ii) Discussion of second letter from CPG to NS, December 2011, re implementation of SIGN Clinical Guideline 121 for Psoriasis & Psoriatic Arthritis by Health Boards. Response received, 11 January 2012, from Michael Matheson, Minister for Public Health. Dave Thompson stated that the response doesn't answer question re clinicians over-riding SIGN 121, as intimated by JW at CPG of 7 December 2011. JW said that the Minister's response was disappointing although the former acknowledged that clinicians have lots of priorities. Diane Thomson said that MM's response reflected the Government's position, in general, on SIGN Guidelines. She suggested the formation of a Quality Standard for Psoriasis & Psoriatic Arthritis. HIS creates Quality Standards and it's not uncommon to have condition-specific ones. Further, each QS is open to audit, a key point. BP advised that each Health Board, using its lead clinicians, is supposed to devise an implementation programme for SIGN Guidelines and queried why has this not happened, across HBs, given that Fife has been able to do so. JW stated that someone should hold Health Boards and clinicians accountable for implementation of SIGN 121.
ACTION: Dave Thompson to write to Michael Matheson to ask if Health Boards are audited, re implementation of SIGN 121 and if not, when would the Minister think that it would be appropriate to conduct an audit?

(iii) DJ advised that subsequent to the delay in arranging the Parliamentary Debate, discussed at the last CPG, Fiona McLeod, MSP, will propose the motion for debate in late April, prior to IFPA's (International Federation of Psoriasis Associations) World Conference which takes place 27 June – 1 July 2012.

4. Evidence to the Review of Cross-Party Groups being conducted by the Scottish Parliament Standards, Procedures and Public Appointments Committee

DT asked if CPG wished to participate in review. MB suggested that responses be sent to her and that she would write a report, circulate to CPG, and, if contents agreed, report would be submitted to the Commission on behalf of CPG. Responses to MB by Friday 23 March.

5. Presentation by Keith Small, Morhamburn, on the PSALV-commissioned survey, "What a difference a year makes? A report into the implementation of SIGN Guideline 121, one year on"

KS advised that PSALV commissioned the report to try to help with the implementation of SIGN 121. PSALV did not want the Guideline to be developed and not implemented. The report benchmarks the implementation after one year and so, serves a dual purpose. It allows us to review progress at the end of the first year and, it can serve as a comparative tool, in future years.

The main conclusions of the report were:

- The publication of SIGN Guideline 121 has made an impact already, with many answers indicating that specific changes are planned, and that some have already happened as a direct result of the guideline.
- The provision of services for patients in dermatology and rheumatology is changing, with more focus on long-term care via outpatient treatment and a reduction in inpatient provision.
- Dermatology and rheumatology services in primary care are not included in the QOF, something that is important to any condition in which a large degree of contact and care will be delivered through primary care.
- The importance of primary care to delivering care for psoriasis/PsA reinforces the need for regular GP consultation. The lack of systems to support the annual review of patients by GPs, or the training of GPs by specialists, suggests a failure to acknowledge the central role of primary care clinicians in managing these conditions.
- The BADBIR long-term safety register, recommended as an option for patients in SIGN 121, is currently only used in three NHS board areas, with Scotland's largest NHS Board opting for a different system.
- Access to psychological support for patients with these long-term conditions is uneven leading to significant regional variations.

KS said that regional variation remains the biggest issue re service delivery, in terms of:

- Early diagnosis, with waiting times to see specialists varying from less than 2 weeks, in the Borders, to 18 weeks, in Orkney & Western Isles.
- Annual Reviews.

BP said that annual reviews should be included in QOF, to incentivise GPs. JW asked what constitutes an annual review, in terms of SIGN 121.

The following is an extract from SIGN 121.

"Patients with psoriasis or psoriatic arthritis should have an annual review with their GP involving the following:

Documentation of severity using DLQI
Screening for depression
Assessment of vascular risk (in patients with severe disease)
Assessment of articular symptoms
Optimisation of topical therapy
Consideration for referral to secondary care"

JH said that a dilemma in the implementation of annual reviews is the pressure of time on GPs and suggested that it be shared, perhaps, between primary and secondary care. L McH asked if there is a difficulty, also, at GP level, in identifying patients with psoriasis and psoriatic arthritis, this having been indicated in her own research. IC felt that it shouldn't be too difficult to identify patients but acknowledged that this will vary from practice to practice. However, IC advised that a particular problem in getting GPs to implement reviews may be due to the fact that skin treatment is topical and as such, is

not seen as a drug. It's easier to check drug prescriptions on GP IT systems. In addition, a lot of topical medicines are not on repeat prescription which makes them harder to monitor. JW said that the SIGN 121 Working Group could suggest what it would like to see happen between primary and secondary care. JJ advised that there is no formal system for auditing the implementation of SIGN Guidelines. Dave Thompson said that Guidelines should be audited and a system to allow this is needed. He asked if PSALV intends to repeat the FOI Report which is useful, in itself but would be even more so, if repeated in a couple of years. JJ said that PSALV does hope to repeat it, with some modifications but of course, funding will be required in order for this to happen. In terms of refining questions, JH said that responses would be dependent on whether they came from a dermatologist or a rheumatologist.

6. Creation of a Managed Clinical Network (MCN) for Psoriasis and Psoriatic Arthritis

"Definition of MCN:
'a linked group of health professionals and organisations from primary, secondary and tertiary care, working in a coordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services

Having agreed to undertake some research on the feasibility of such an MCN, at the last CPG Meeting in Dec 2011, HW presented a very full paper, outlining what is involved. She emphasised the positive strides in Scotland, over the last 6 years, including: improvements in drug treatments, due to an increased interest in the conditions, from pharmaceutical companies; SIGN 121; CPG on Psoriasis & Psoriatic Arthritis. However, HW advised that establishing an MCN can be quite complex and that, in her opinion, a joint MCN for psoriasis and psoriatic arthritis might be quite difficult to develop. Therefore, she suggested that it may be best to start with an MCN in psoriasis, allowing some Quality Standards to be developed. SD advised that the only MCN for psoriasis is Photonet which was formed through QIS (now HIS), with pump-priming, and which was set up in Perth where there was IT and management support. Dave Thompson asked what the feeling of the CPG was re trying to establish an MCN. IC asked if it would be local or national. HW said that it would need to be national, due to deficits in care. JH advised that a national one would work only if people throughout Scotland would buy into it and that there was a danger that it would only attract those who were already working along the lines of an MCN. BP suggested an MCN for moderate to severe psoriasis and JH concurred that this is where it would be most useful. BP said that it would help with screening for co-morbidities. L McH asked about screening for psoriatic arthritis? Diane Thomson said that it might be best to follow the MCN model for cancer ie 3 MCNs, 1 in the north, 1 in the west and 1 in the east of Scotland, with a standardised approach. She advised, further, that Scottish Government has pump-primed and been very supportive of MCNs. BP suggested that we invite Professor David Burden, Chair of SIGN Working Group, to CPG. HW intimated that in her opinion, Professor Burden would want more than an MCN. He has been asked to

participate in The National Commissioning Group Exercise in Dermatology (England), looking at wide-ranging service development in dermatology. Whilst the CPG did not make a decision on whether it should explore a joint MCN for psoriasis and psoriatic arthritis, or one exclusively for psoriasis, it was agreed that Professor Burden should be invited to the next CPG.
ACTION: HW to invite Professor Burden.

7. Dermatology Services in Ayrshire

SD updated CPG on meeting re changes to dermatology services in Ayrshire, which he and JJ attended as Board Members of SCCS (Skin Care Campaign Scotland). Contrary to correspondence to CPG from Dr Wai-yin Hatton, Chief Executive, Ayrshire & Arran Health Board, 23 December 2011, and NS, 9 January 2012, the second public meeting was held, not on 16 January but on 8 February 2012. A further meeting was held on 10 February, with Board Members of SCCS. At this meeting, it became apparent that the proposed changes had been implemented. SD asked about the reduction in beds and received no explanation. There is no longer a designated dermatology ward but 4 designated dermatology beds, in a general medical ward, staffed by general medical nurses. Dermatology nurses will apply treatments for inpatients in the Dermatology Outpatient Department, on a twice-daily basis. Re reduction in nurses, the HB said that there has been a net loss of 3 posts, not 6, as 3 of the dermatology nurses are working in the new general medical ward. However, SD advised that the 3 nursing posts are no longer designated as "dermatology" but as "general medical". And, there is no plan to re-route the lost dermatology nursing posts to the community. JJ asked about SIGN 121 recommendation that, ***"Inpatient treatment on a dermatology ward should be available for patients with severe psoriasis"*** (Key Recommendations, SIGN 121).The response was that this was a "level D" recommendation and that the Health Board was not prepared to commit to a level D recommendation. SD feels that service redesign is just a money-saving initiative. Overall, it was an unsatisfactory meeting as the changes had already taken place and could not be justified. SCCS has agreed to meet with HB representatives, again, in June/July 2012. DT asked if CPG can do anything further, at this point, or should it wait until after next meeting between HB & SCCS, review situation and decide if any further action required? MB asked re monitoring of new service.
ACTION: Await feedback from next HB & SCCS meeting, review and decide if CPG needs to write to NS, again. Regarding monitoring, SCCS to review dermatology admissions at meeting with HB. In meantime, CPG to write to NS about the reluctance of Ayrshire & Arran Health Board to implement the SIGN Key Recommendation, drawing attention to fact that a Level D recommendation is evidence-based, not just a point of "good practice".

8. Festival of Politics

This is an annual event in the Scottish Parliament, each August. Aim is one of public engagement. CPG did not show an inclination to participate.

9. Issues for next meeting

It was agreed that if Professor David Burden agrees to attend, his presentation would form main agenda item for next meeting of CPG.

10. AOB

None.

12. Date of next meeting

This will depend on Professor Burden's availability. The preferred date is Wed 13 June, 6pm – 8pm, the second option being Wed 6 June. To be confirmed.

Mairi MacIver.