

Scottish Parliament Cross Party Group on
Psoriasis and Psoriatic Arthritis

Minutes of the meeting held on
13th June 2012

Present: Dave Thompson MSP, Linda Fabiani MSP, Iain Cambell, Stewart Douglas, Jim Walker, Liz Mclvor, Lorna McHattie, Maureen Robinson, Janice Johnson, Philip Atkinson, Mary Blackford

- 1) Apologies: Hilary Wilson, Mairi MacIver, Margaret Mitchell MSP, Claire McMahon, Victoria Scott-Lang, John Hunter, Duncan Bowers, Diane Thomson, Daniel Kemmett
- 2) The minutes of the meeting held on 14th March 2012 were proposed as correct by Stewart Douglas, seconded by Maureen Robinson
- 3) No matters arising, other than those mentioned separately on the agenda
- 4) Ministerial correspondence
 - a) Michael Matheson – discussion took place on the incentivised pathways mentioned in Michael Matheson’s letter dated 18th April. The only skin disorders mentioned in the GP contract are acne and skin lesions. Mary Blackford agreed contact the Parliament’s specialist health researcher to learn more on getting psoriasis onto the appropriate QOF (Quality and Outcomes Framework)

The final decision is made by the General Practitioners’ Committee of the BMA and it was agreed that Dave Thompson should write to the committee on behalf of the group.

With regard to SIGN 121, Lorna McHattie said that there is dialogue between SIGN and QOF but that in effect QOF has started again with regard to consideration of psoriasis and is ignoring SIGN.

Iain Campbell and Stewart Douglas agreed there would be no harm in writing to QOF to ask for psoriasis to be included and it was concluded that a major effort should be made by the group to influence inclusion in QOF.

Mary Blackford agreed to contact the Westminster Parliament All Party Group (APG) on Skin to find out how it operates and how liaison might aid the work of the CPG especially in the influencing of what should be included in the QOF.

Jim Walker asked if there could be regional variations in QOF but Iain Campbell said that QOF applies nationally.

b) Nicola Sturgeon – discussion arising from her letter - Stewart Douglas emphasised again that training posts in dermatology were dramatically reduced five years ago. New GPs have less training in dermatology than established doctors, so there will be fewer of them to act as trainers in the future.

Iain Campbell spoke of being a GP trainer – trainees decide what they will learn but it is up to the trainer to make sure they emerge as “well rounded” There is nothing written into the system to guide or direct trainees.

Jim Walker asked if the content of exams could be influenced to include dermatology.

Lorna McHattie described how her department planned workshops for trainees but that there was no interest & they did not go ahead.

Iain said the only way to have influence on training would be through the RCGP. He suggested asking the RCGP what percentage of examinations & the mock surgery element cover dermatology

Iain and Stewart agreed to write to the RCGP about the exam syllabus.

5) SIGN Implementation

Lorna McHattie spoke of the huge resources used to develop Guideline 121. However, only the motivated take note of it, unless it could be linked to QOF (applies to all guidelines)

Mary Blackford undertook to contact Dr Roberta James, SIGN Programme Lead to ask her to come and address the next meeting of the group

Patient Rights (Scotland) Act

Jim Walker asked how the law on rights could be translated into actual rights to empower them to challenge clinicians or treatment. How is the law translated in terms of the Guideline. (A point which could be asked of Dr James)

SIGN 121 did not have a public launch – one of the first guidelines where this did not happen

6) PSALV Microsite signposting SIGN 121

An internet microsite is planned, and will focus on treatment options available to people with psoriasis. Included will be a link to the SIGN 121 app. The Scottish Government has provided PSALV with a small grant.

7) Psychological Help for those with severe psoriasis

Janice Johnson of PSALV described how the organisation is receiving inquiries about psychological help for those with severe psoriasis. Lorna McHattie said that unless patients are suicidal, they will not be seen. Iain Campbell said that this would be a niche field for a psychologist.

Dave Thompson suggested that the group should investigate the possibility of a meeting of all health-related cross party groups involving patients where psychological help is required. Phil Atkinson gave the example of young people with diabetes who experience severe difficulties.

Date of next meeting – TBC as dependent on the speaker

