

## 1.1 NATIONAL ADVISORY COMMITTEE FOR CHRONIC PAIN

**MINUTES OF MEETING**

**Date:** 14 August 2018  
**Time** 14:00 – 15:30  
**Venue** CR09, Victoria Quay, Edinburgh

**Attendees:** Dr Gregor Smith (GS), Scottish Government - Chair  
Prof Blair Smith (BS), National Lead Clinician  
Dr Paul Cameron (PC), National Co-ordinator  
Prof Lesley Colvin (LS), University of Dundee  
Dr Rachel Atherton (RA), Consultant Psychologist SNRPMP  
Gregory Hill O'Connor – (the ALLIANCE) deputising for Irene Oldfather  
Prof Tim Eden (TE), (Patient Rep)  
Magda Laswawska (ML), University of Dundee – Observer  
Phil Mackie (PM), ScotPHN  
Dr Ruth Mellor (RM), ScotPHN  
Anita Stewart (AS), Scottish Government  
Paul Cavanagh (PC), Scottish Government - Secretariat  
Sonia Cottom (SC), Pain Association Scotland (3<sup>rd</sup> Sector Rep) (via TC)  
Marianne Hayward, HSCP South Lanarkshire (via TC)  
Stephen Fenning (SF), Scottish Government - Observer

**1. Welcome, Introductions and apologies**

Apologies were received from Irene Oldfather, Heather Wallace and Susan Archibald. SC and MH dialled into the meeting. GS welcomed SF as an observer of the committee.

**2. Review of previous actions**

The 5 June meeting minutes were previously cleared electronically by the committee and it was agreed no additional revisions were required. Members agreed to continue with the practice of electronic clearance.

The committee reviewed the June action tracker and agreed actions 1-6 and 9 had been completed.

Item 3: AS and PM confirmed their meeting with the Digital Health Institute (DHI) to consider the Public Health report<sup>1</sup> was useful ahead of the upcoming Scottish Access Collaborative (SAC) workshops on Chronic Pain. GS noted that it was important to continue consolidating links with other work related to the management of chronic pain.

---

<sup>1</sup> <https://www.scotphn.net/projects/chronic-pain/introduction/>

Item 4: AS highlighted upcoming workshops being held for GPs to help shape the decision support making tools and GS urged members to forward any suggestions to the policy team.

Item 6 and 7: AS advised that the NACCP short life working group (SLWG) would meet for the first time on 20 August and sign off the revisions made to the workforce survey.

Item 8: AS is attending the next meeting of the chronic pain prescribing group, where non-pharmaceutical options will be discussed.

### 3. ScotPHN Project Report

RM thanked the committee for their contributions to the assessment and delivered a presentation summarising the key points and recommendations.

GS thanked RM for her useful presentation and, in connection to the recommendation about prescribing reviews, observed that the quality of prescribing interventions was paramount in finding out what is important to patients and ensuring they are aware of a drug's effectiveness and risks – this might lead patients to choose more suitable alternatives for them and avoid difficult withdrawals from drugs that are not anticipated by patients.

TE reflected that the provision of executive summaries ensure people understand the context of reports (RM confirmed her report contained an executive summary on page eight). BS agreed and highlighted that there had been misunderstandings within NHS Tayside about the purpose of the needs assessment, how people were selected to be involved and how the report recommendations would be used.

PM suggested Realistic Medicine Champions could use the issues and recommendations in the report to create a compelling narrative about realising Realistic Medicine i.e. improving health literacy; changing to a culture of shared decision making; building personalised approaches to care; and reducing harm and waste. GS noted there are competing priorities in terms of holding Health Boards and Integrated Authorities to account - the NACCP has a responsibility to raise awareness and he would be doing so at the CMO meeting with Directors of Public Health on 16 August. TE asked that the committee received prompt feedback from this meeting. **(ACTION)**

TE raised the issue of improving the understanding of interventions across primary health care professionals and asked how the committee can ensure that this is delivered. GS mentioned creating national conditions that support the implementation of Realistic Medicine across Scotland at all levels and in all spheres of healthcare is a key priority. The Realistic Medicine Oversight Group will consider a paper with agreed principles to guide the future development of education/continuous professional development at its next meeting in September that has been written in discussion with NHS Education for Scotland, Scottish Association of Medical Directors, Directors of Medical Education, Scottish Deans Medical Education Group, the Scottish Academy of Medical Royal Colleges and Scottish Government policy colleagues.

TE raised the issue of variation between health boards and suggested that a network could be created to support improvements in this area. TE reflected that there is presently no health board representation on the committee. GS said that he is waiting for a nomination from the Scottish Association of Medical Directors (SAMD). (**ACTION**)

## 4 Workplan Themes

### 4.1 Implementation of Effective Prescribing for Chronic Pain

GS welcomed the update and noted that the Scottish Therapeutics Utility (STU) is an exciting development that will facilitate prescribing reviews. It will be important to ensure clinicians are aware of care pathways, which is why the SAC work is important. GS also reflected that strong networks are required in order to successfully manage complex change – through the SAC and other work, it will be key to utilise local and regional networks to share good practice.

The committee agreed that it was important for materials to be made available to support clinicians and patients to have informed discussions on the medicines available. (**ACTION**)

GS highlighted that Professor Paul Knight has been appointed as Chair of the Atlas of Variation (AoV) sub-group with a remit to develop a process for prioritising the development of variation maps. The committee asked for briefing about the AoV. (**ACTION**) GS explained the AoV will provoke discussion to better understand the reasons for variation and to help identify variation that is unwarranted. PM agreed to liaise with the Therapeutics Policy team and BS to submit a proposal to Professor Knight on the early publication of maps on opioids and gabapentinoids (**ACTION**)

### 4.2 Workforce/training: SLWG Terms of Reference (ToR)

BS said the SLWG will initially focus on ensuring the SAC workshops on Chronic Pain have access to key data around workforce issues. The first SAC report on Cardiology has been produced and was circulated at the meeting for information, as an example of how the outcomes from each SAC speciality group will be reported.

The committee agreed to amend the TOR scope to include children and young people. LC agreed to identify a representative for paediatric chronic pain services (**ACTION**).

## 5. Update – Use of Guideline to ‘Manage Chronic Pain in Children and Young People’

LC highlighted the recently published guideline<sup>2</sup> is the only international guideline of its kind. The next phase of this work is to consider how the guideline is utilised and embedded into effective practice, as well as how impact of the new guideline is measured. While the initial group convened to develop it has disbanded, many members would be willing to serve on a new SLWG to look at this. LC asked if Public

---

<sup>2</sup> <https://www.gov.scot/Publications/2018/03/8609>

Health might be involved and PM agreed to find out. (**ACTION**) GS asked for a SLWG proposal to be presented at the next NACCP meeting in November. (**ACTION**)

## **6. Next Steps and Summary of Agreed Actions**

GS asked members for feedback on the operation of NACCP and whether there are areas not being covered that need more attention. PC feels progress is good but it is important to maintain pace and keep the committee updated on work underway. GS noted the committee is building momentum and asked the group to ensure that any issues that arise between meetings are communicated promptly. (**ACTION**)

## **7. AOCB**

## **8. Date of Next Meeting/Future Meetings in 2019-20**

The committee agreed to make a final decision on the dates of 2019 meetings by email.

**Annex A****Action Tracker – 5 June**

<b>Ref.</b>	<b>Actions from meeting on 5 June 2018</b>	<b>Responsible</b>	<b>Status</b>
1	Update minutes of 28 March meeting to reflect change requested by BS	Secretariat	Completed
2	To check with ISD that the information it provided can be included with NACCP minutes (confirmed)	Secretariat	Completed
3	AS to meet with ScotPHN to ensure its project findings are fed into SAC work	AS	Completed
4	Ensure ScotPHN has 30 minute slot on next NACCP meeting on 14 August	AS/GS	Completed
5	Members to provide AW with any additional comments on the shared decision making tools.	All	Completed
6	Workforce sub-group to explore credentialing and in conjunction with SAC work – devise workshop for late 2018/ early 2019.	BS/AS	Completed
7	Workforce survey to be sent to Medical Directors with a covering letter from GS (find out if Iain Wallace will co-sign)	AS	To be finalised 20 August at SLWG.
8	Explore pharmaceutical proposal for chronic pain non-medical approaches and define tasks linked to this aspect of NACCP workplan	AS/SC	On-going
9	Consideration to be given to whether a field could be added to the core minimum dataset being developed for chronic pain to identify veterans (and other groups)	BS	Completed.  Not in the core dataset but could be added to optimum at later date.

**Annex B****Action Tracker – 14 August**

<b>Ref.</b>	<b>Actions from meeting on 14 August 2018</b>	<b>Responsible</b>
1	Provide feedback of outcomes from 16 August CMO meeting with DPHs to the committee	PM/RM
2	Find out what materials are being made available to support the Effective Prescribing Strategy  UPDATE: Committee to note there is a website that hosts resource tools for chronic pain – including <a href="#">a leaflet for patients</a> produced by Health Improvement Scotland (HIS)  <a href="https://www.therapeutics.scot.nhs.uk/pain/">https://www.therapeutics.scot.nhs.uk/pain/</a>	Secretariat
3	Provide the committee with briefing on the Atlas of Variation	Secretariat
4	Liaise with Therapeutics Policy and BS, with a view to submitting a proposal to Professor Knight on the early publication of AoV maps on opioids and gabapentinoids	PM
5	Following up with SAMD to identify replacement representation from MDs on NACCP.	GS/AS
6	Find out if/how Public Health could be involved in the SLWG to implement and measure the guideline to manage chronic pain in children and young people	PM
7	Present a SLWG proposal on further work to implement the guideline to manage chronic pain in children and young people at the NACCP in November (or before electronically)	LC
8	Identify a representative for paediatric chronic pain services for the SLWG on workforce	LC