

## NATIONAL ADVISORY COMMITTEE FOR CHRONIC PAIN MINUTES OF MEETING

**Date:** 6 November 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  
Prof Lesley Colvin (LS), NHS Tayside  
Dr Rachel Atherton (RA), Consultant Psychologist SNRPMP  
Gregory Hill O'Connor (GHC) – (the ALLIANCE)  
Prof Tim Eden (TE), (Patient Rep)  
Magda Laswawska (ML), University of Dundee  
Dr Ruth Mellor (RM), ScotPHN  
Anita Stewart (AS), Scottish Government  
Carolyn Chalmers (CC), Scottish Government (via VC)  
Declan Doherty (DD), Scottish Government - Secretariat  
Sonia Cottom (SC), Pain Association Scotland (3<sup>rd</sup> Sector Rep)  
Heather Wallace (HW), Pain Concern (3<sup>rd</sup> Sector Rep)  
Fiona McKenzie (FK), ISD (via TC)  
Greg Noble (GN), Scottish Government

### 1. Welcome, Introductions and apologies

Apologies were received from Phil Mackie, Paul Cameron and Susan Archibald.

### 2. Review of previous actions

The Committee reviewed the action tracker from the 14 August meeting and agreed actions 1-3 and 5, 7 and 8 had been completed. Actions 4 and 6 were noted as down to discuss at this meeting.

GS confirmed Dr Greycy Bell, Associate Medical Director from NHS Dumfries and Galloway, as the new representative of the Scottish Association of Medical Directors. Dr Bell's first meeting will be at the start of 2019.

### 3. Review of NACCP Work 2018-19

GS asked members for feedback on NACCP's work during 2018-19. TE recognised it is important to harness digital developments, however, he stressed it is equally important to ensure we consider how people can be engaged if they cannot access the internet. AS acknowledged this and highlighted the Scottish Government's focus on health literacy and inequality. Further information on this to be shared with the Committee (ACTION 1).

There is a separate piece of work being led by the Scottish Intercollegiate Guideline Network (SIGN) to review the opioid section of guideline 136 on Chronic Pain. The

Committee recognised the value of involving people with lived experience and suggested the final update is produced in two formats: one for clinicians and the other for patients, carers and families. BS and LC are involved in the SIGN review and agreed to feed this back.

The Committee sought clarification on whether SIGN would be reviewing other sections of the guideline. LC advised clinicians could contact SIGN at any time if they considered there was sufficient evidence to warrant a guideline update. RA agreed to discuss this with the various clinical pain networks that SNRPMP is involved with.

The data set project was considered and the Committee agreed that its role overseeing the project will transfer to NHS Information Services Division (ISD) governance arrangements when the work transitions to ISD in 2019-20. The Committee indicated it wishes to be kept informed of progress.

The Committee discussed ways to raise awareness of chronic pain, including the impact of previous and current community pharmacy campaigns. GS suggested exploring the work of the Behavioural Insights Team based at the Cabinet Office. (ACTION 2). The Committee felt targeted activities would be more effective than a blanket campaign. GHC highlighted the Quality Improvement in Pharmacy Practice Collaborative (run by Healthcare Improvement Scotland) could be engaged in this work. GS asked AS to prepare a Communications Plan to engage with key stakeholders round this work. (ACTION 3).

### **3.2 Workforce Survey**

AS advised the survey responses are being analysed. High level findings will be shared with the Committee in due course with a view to publishing this information alongside minutes of a future NACCP meeting on the Scottish Government website.

## **4. Scottish Access Collaborative Programme/ Waiting Times Improvement Plan**

AS provided an overview of the two workshops undertaken to date. The third workshop will focus on ways to address identified challenges around community services, disjointed models of care/ disconnected systems, the perception/ language of chronic pain and workforce capacity. Feedback from the Digital Health and Care Institute, who have delivered workshops across all the 14 specialities involved in the programme, recognised the value in securing the breadth of stakeholders that have been involved in the chronic pain workshops (compared to other specialities) and noted the consensus of views about service developments. It is envisaged that the Modern Outpatient Programme will be the mechanism to help take forward some of the recommendations identified through the Scottish Access Collaborative Programme and the Waiting Times Improvement Plan.

SC agreed the workshops are proving productive, however, she expressed frustration at the emerging disconnect she is experiencing in the third sector between government policy and the decisions being taken by Integration Authorities (IAs). SC emphasized the importance of having IA key decision makers represented at NACCP meetings. GS agreed and will write to Chief Officers. (ACTION 4) AS agreed to follow up points

raised and provide the Committee with information about the accountability and oversight of Integration Authorities. (ACTION 5).

#### **4.1 Outcome of ISD investigation on reporting repeat waiting times**

The Committee noted the paper published by ISD on its website and that this has been communicated to interested stakeholder groups. The findings about unscheduled care were discussed and the Committee felt it would be helpful to find out more about the reform of urgent and out of hours care in the context of chronic pain to identify the scale of unmet needs and to ensure service re-design is taken forward cohesively with changes to scheduled care. (ACTION 6)

### **5. Atlas of Variation**

RM highlighted that ScotPHN has organised a meeting to propose an Atlas of Variation map related to Chronic Pain. The Committee discussed the options; it was felt that in time, once the common minimum dataset and quality performance indicators are routinely being collected, there would be a rich spectrum of data to map. In the short-term, a map on prescribing data would continue to focus attention on the use of medicines and would be useful to consider alongside knowledge of Integration Authorities' development of social prescribing and alternative/ complementary therapies such as supported self-management. ScotPHN to update the Committee on outcome of meeting (ACTION 7).

As part of this discussion, the Committee noted the recent UK Government announcement to re-classify gabapentinoids from 1 April 2019 as Category C drugs and the change in UK law to enable cannabis to be prescribed for medicinal purposes. The Chief Medical Officer has circulated a note on the latter to the following: NHS Board Chief Executives, General Practitioners and Consultant Neurologists copied to Medical Directors, Directors of Public Health, Directors of Pharmacy, Directors of Nursing, Accident and Emergency, Community Pharmacists, Dispensing GP Nurses, Hospital Pharmacies, Chair of Controlled Drugs Accountable Officers Executive Group, Clinical Leads (Pharmacy), Area Drug and Therapeutics Committee Collaborative. AS has also shared this note directly with the central chronic pain contact in each NHS Board.

### **6. Update – implementation of guideline to 'Manage Chronic Pain in Children and Young People'**

The Committee considered the proposal drafted by LC and felt there was value in undertaking work to embed the guideline into practice. GS asked AS to consider mechanisms available to do this and the associated resource implications. (ACTION 8)

### **7. Veterans and Chronic Pain**

SC provided an update on activities she is undertaking on behalf of the Committee to explore chronic pain provision for veterans in Scotland. GS asked SC to keep the Committee updated on progress (ACTION 9). Pain Association is also being funded

by the Veterans Association to undertake a pilot project to provide 1-2-1 self-management sessions to veterans by telephone or Skype. AS advised that a Managed Clinical Network for Veterans is currently at stage 2 of the application process with NHS Services Division.

## **8. AOCB**

AS updated the Committee on discussions she has had with her policy counterparts in other UK Governments and asked for views on utilising these connections going forward. GS recommended hosting a webex event to focus on evaluation of progress against common themes. (ACTION 10).

AS informed the Committee of a change to national planning arrangements and agreed to circulate further information (ACTION 11).

RM highlighted ISD is working with ScotPHN, linking with policy officials in the Scottish Government, to brief the Chief Medical Officer on gabapentinoids and drug related deaths.

## **9. Date of Next Meeting/Future Meetings in 2019**

TE gave notice that he is considering his capacity to continue on the Committee in light of another commitment – GS thanked TE for his participation. (SA has given notice she may also stand down from the Committee). GS reflected it would be timely to review membership of NACCP and its remit to ensure it was configured to provide effective advice to the Scottish Government about implementation of the Scottish Access Collaborative and Waiting Times Improvement Plan. (ACTION 12).

AS confirmed that this review would be undertaken immediately to ensure sufficient notice of 2019 meetings are provided to members. The secretariat will canvass availability for dates of 2019 meetings by doodlepoll. Subject to the outcome of the review of NACCP membership, the proposal is to hold 2019 meetings at St Andrew's House in the centre of Edinburgh. (ACTION 13)

**Action Tracker – 6 November**

Ref.	Actions from meeting on 6 November 2018	Responsible
1	<p>Provide further information on the Scottish Government's progress to improve health literacy and inequalities</p> <p><b>Update</b> – Librarians and libraries project  <a href="http://www.healthliteracyplace.org.uk/blog/2018/professional-blogs/health-literacy-month-2018-what-does-health-literacy-mean-to-me/">http://www.healthliteracyplace.org.uk/blog/2018/professional-blogs/health-literacy-month-2018-what-does-health-literacy-mean-to-me/</a>  <a href="http://www.healthliteracyplace.org.uk/blog/">http://www.healthliteracyplace.org.uk/blog/</a></p> <p>Equality Impact Assessments (EQIAs) help the Scottish Government to develop policies that do not discriminate against, or disadvantage, particular groups of people. An EQIA will commence at the start of the process to take forward the recommendations from the Scottish Access Collaborative Programme. It is envisaged this will involve service providers, stakeholders and people with lived experience to help inform this assessment.</p>	Completed
2	Find out about the work of the Behavioural Insights Team and whether this might be useful to inform public awareness of chronic pain. <a href="https://www.behaviouralinsights.co.uk/">https://www.behaviouralinsights.co.uk/</a>	CC
3	Produce a Communications Plan to engage with stakeholders.	AS/CC
4	Write to Integration Authorities Chief Officers' Group	GS
5	<p>Provide information about the accountability and oversight of Integration Authorities to NACCP</p> <p><b>Update:</b></p> <ol style="list-style-type: none"> <li><a href="#">1. What is Integration</a></li> <li><a href="#">2. Voluntary Health Scotland Overview of Audit Scotland's Review of Health and Social Care Integration</a></li> <li><a href="#">3. Note of Audit Scotland Round table to review Health and Social Care Integration</a></li> <li><a href="#">4. Audit Scotland's second report on the integration of Health and Social Care – November 2018</a></li> </ol>	Completed
6	Find out about the reform of urgent and out of hours care in the context of chronic pain to identify the scale of unmet needs and to ensure service re-design is taken forward cohesively with changes to scheduled care	AS
7	Update NACCP on the outcome of discussions about the Atlas of Variation.	ScotPHN



8	Consider mechanisms and resource implications to embed the guideline on the management of chronic pain in children and young people into effective practice	LC/AS/PM
9	Continue to update the Committee on progress to explore chronic pain provision for veterans and to make links with relevant organisations in Scotland to gather lived experience input to inform national policy developments	SC
10	Explore interest of UK policy counterparts to participate in a webex to share learning of policy developments across common themes	AS/PC
11	Circulate link to information about the changes to national planning arrangements  <b>Update</b> - <a href="http://www.nationalplanning.scot.nhs.uk/">http://www.nationalplanning.scot.nhs.uk/</a>	Completed
12	Review remit and membership of NACCP to ensure it is best configured to provide effective advice to the Scottish Government about implementation of the Scottish Access Collaborative and Waiting Times Improvement Plan	GS/AS/CC
13	Canvass availability of members by doodlepoll with view to confirm dates of 2019 quarterly meetings by December 2018.	Secretariat