

NATIONAL ADVISORY COMMITTEE FOR CHRONIC PAIN

MEETING MINUTES

Date: 18 March 2019

Time 14:00 – 15:30

Venue Conference Room A, St Andrew's House, Edinburgh

Attendees:

Dr Gregor Smith (GS), Scottish Government (Chair)
Prof Blair Smith (BS), National Lead Clinician for Chronic Pain
Prof Lesley Colvin (LS), University of Dundee
Dr Rachel Atherton (RA), Consultant Psychologist SNRPMP
Gregory Hill O'Connor (GHC) – (the ALLIANCE)
Marianne Hayward (MH), Head of Health HSCP South Lanarkshire
Prof Tim Eden (TE), (Patient Rep)
Sonia Cottom (SC), Pain Association Scotland (3rd Sector Rep)
Anita Stewart (AS), Scottish Government
Carolyn Chalmers (CC), Scottish Government
Declan Doherty (DD), Scottish Government - Secretariat

1. Welcome, Introductions and apologies

GS welcomed the committee to their first meeting of 2019. Apologies were received from Paul Cameron and Susan Archibald (SA). SA has announced her resignation from the committee.

2. Review of previous actions

A review of actions from the previous meeting noted that actions 1, 2, 4 and 10 are complete.

- Action 3 (Communications Strategy) and action 11 (Terms of Reference) were agenda items for later consideration.
- Action 5 – AS informed the Committee that SG policy areas are liaising to consider urgent/ out of hours care and chronic pain. MH felt that this was important as new models of care are explored and adopted.
- Action 6 - GS provided an update on the process for prioritisation of Atlas of Variation maps. SG and ScotPHN will meet to consider the prioritisation criteria and to prepare a proposal for maps on opioids and gabapentinoids.(ACTION 1).
- Action 7 - LC confirmed she is organizing an informal meeting with clinicians, advisers and SG to consider how the Children and Young People guideline could be implemented. The Committee felt it would be important to ask the Royal College of GPs to participate, as well as the Royal College of Paediatrics and Child Health (ACTION 2).

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- Action 8 - SC provided an update on activities she is undertaking on behalf of the Committee to explore chronic pain provision for veterans in Scotland.
- Action 9 – Continue to explore learning from 4 Nation links (ACTION 3)

3. Chronic Pain Waiting Times Publication

The Committee discussed the recent ISD quarterly release of chronic pain waiting times statistics and viewed in context of NHS Boards' performance over the past two years. It was felt that a deep dive exercise with Boards that have made significant improvements over time (such as Ayrshire and Arran) or that are testing new service models (NHS Grampian) is needed and that a recovery plan and its anticipated trajectory should be obtained from Boards that are consistently performing below the national average. The Committee recommended that this is looked at as a priority as part of the work of the Waiting Times Improvement Plan and Scottish Access Collaborative Programme. (ACTION 4)

4. Scottish Access Collaborative (SAC) – Draft Report on Chronic Pain Specialty

The Committee noted that there is a cultural factor to improving outcomes – MH felt lessons could be learnt from activities successfully introduced to change perceptions about treatment and care for patients with diabetes. The Committee endorsed the content of the draft report but asked if the Digital Health and Care Institute could prioritise the recommendations to indicate what changes, if applied consistently across the country, would make the most difference for the most people. (ACTION 5)

5. SAC Report Implementation – Modern Outpatient Programme (MOP)

CC advised that the SAC chronic pain report will be considered for sign off by the Operational Performance Board on 7 June. MOP is starting to consider how to manage implementation. AS highlighted that an integral part will be engagement with the chronic pain community (people with lived experience, third sector organisations, health care professionals, service providers etc); the Scottish Government is keen to listen to stakeholders' views and involve them in shaping the future of chronic pain provision in Scotland.

CC confirmed that a Communications Strategy is being developed and dialogue with other bodies has been initiated to explore how they might be able to support this work e.g. Healthcare Improvement Scotland and the Scottish Health Council.

6. NACCP – Revised Terms of Reference (TOR)

The Committee discussed the draft revised TOR, which has been updated to reflect that NACCP will have a remit to advise on the chronic pain work being taken forward through the Waiting Times Improvement Plan and Scottish Access Collaborative Programme. In addition, governance for the dataset and QPI work is transferring to NHS ISD. TE confirmed his commitment to the committee after previously considering his capacity and GS acknowledged the importance of having lived experience involved as committee members. AS to explore a replacement for SA

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with third sector organisations (ACTION 6). The Committee was asked to share any additional comments by email. (ACTION 7)

7. AOCB

GS informed the Committee that he met with clinicians in NHS GGC to discuss prescribed analgesia dependency/ addiction and the need for services to work collaboratively to support this complex and vulnerable group of patients. Consider as part of the Prescribed Medicine and Withdrawal Network SLWG led by Effective Prescribing team. (ACTION 8)

8. Summary of Agreed Actions

Ref.	Actions from meeting on 18 March 2019	Responsible
1	Now the AoV prioritisation criteria has been agreed - SG and ScotPHN to meet to consider and prepare a proposal for maps on opioids and gabapentinoids	PM
2	Email ROGP (Chair) to invite them to participate in an informal discussion about implementation of the CYP guideline.	LC
3	Conduct deep dive exercises with Boards that have made significant improvements over time (such as Ayrshire and Arran) or that are testing new service models (NHS Grampian) plus obtain recovery plans and anticipated trajectories from Boards that are consistently performing below the national average.	BS CC AS
4	Ask if the Digital Health and Care Institute could prioritise the recommendations in the SAC report to indicate what changes would make the most difference to the most people	CC/ AS
5	Obtain a second patient rep for NACCP	AS
6	Feedback comments on the revised TOR to AS	All
7	Feedback from GS visit to GGC to be shared with policy team leading the Prescribed Medicine and Withdrawal Network	GS
8	Continue to explore policy links between 4 Nations	AS/ CC
9	Circulate dates for rest of 2019 NACCP meetings	Secretariat

9. Next Meeting – Agenda Items

BS highlighted that by the next meeting, or before, he may be in a position to report back on the SLWG considering the chronic pain specialist workforce.

Date of next meeting to be altered, GS now not able to attend.