

NATIONAL ADVISORY COMMITTEE FOR CHRONIC PAIN MEETING

MINUTES

Date: 25 September 2019

Time 14:00 – 15:30

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
Aline Williams (AW), Service Manager, NHS Greater Glasgow & Clyde
Dr Paul Cameron (PC), Clinical Lead at NHS Fife Pain Management Service
Amber Hagelstein (AH) – The Health and Social Care Alliance ‘the ALLIANCE’ (3rd sector rep)
Phil Mackie (PM)– ScotPHN
Sonia Cottom (SC), Pain Association Scotland (3rd Sector Rep)
Angela Donaldson–Bruce (ADB), Versus Arthritis (3rd Sector Rep)
James O’Malley (JOM) – Versus Arthritis (3rd Sector Rep)
Dr Pat Roche – (PR) Pain Concern (3rd Sector Rep)
Dr Greycy Bell (GB) – Associate Medical Director (via video conference)
Anita Stewart (AS), Scottish Government
Carolyn Chalmers (CC), Scottish Government
Alex Kelso (AK), Scottish Government
Linda Pollock (LP), Scottish Government
Sharon Robertson (SR), Scottish Government – Secretariat

Apologies:

Marianne Hayward, Head of Health HSCP South Lanarkshire
Irene Oldfather, the ALLIANCE

1. Welcome and introductions

GS welcomed everyone to the meeting. LP, newly appointed Deputy Director of Planning and Quality Division, advised that she was attending all national advisory committee meetings to meet relevant stakeholders and to understand the priorities for different long-term conditions.

Since the previous meeting of NACCP, Prof Tim Eden has tendered his resignation. On behalf of the committee, GS thanked Tim for his contribution to the committee over the years and wished him the best for his future work.

2. Review of previous actions

GS advised that these will be discussed under the relevant agenda items.

The draft minutes from the June meeting were ratified and will be uploaded onto the Scottish Government webpage (with the workforce survey as an attachment).
(ACTION)

3. Chronic pain waiting times publication

The Director of Scheduled Care at the Scottish Government (who is responsible for the Waiting Time Improvement Plan (WTIP)) will be attending the November meeting of NACCP to provide an update on data analysis and engagement with Boards.

ISD referral to treatment statistics, for the quarter ending 30 June 2019, reported the number of people seen within 18 weeks for a first treatment appointment was slightly better than the previous quarter. CC highlighted the high DNA rates in some Boards. NACCP felt it is important to establish the reasons for this and whether unwarranted variation.

Both NHS Grampian and NHS Forth Valley performance had improved by 10 percentage points. This reflects concerted activity in both Boards. NHS Greater Glasgow and Clyde (GGC) performance continues to decline in terms of the % of people seen within 18 weeks for a first treatment appointment.

AW stated that NHS GGC has started to implement new initiatives such as an Earlier Education Model delivered initially in acute but moving in time towards primary care. However, the underlying issue for longer waiting times was reduced workforce capacity because the two pain consultants have left the speciality of pain in the past 12 months and there appears to be no new or potential pain consultant available at this time. NHSGCC are in the process of training both clinical nurse specialists and physiotherapy advanced practitioners to a 1st contact non-medical role for suitably triaged patients. The board has already initiated this in a small scale but continue with this model across all sites.

NACCP noted this was a new development in NHS GGC as this was not an issue reported by the Board last year when the specialist workforce survey was conducted by the Scottish Government. The UK wide shortage of pain fellows has been highlighted by the Faculty of Pain Medicine through its 2017 census, and this shortage continues. The workforce issue has also been highlighted through the Scottish Access Collaborative report and actions to address will form part of implementation plan.

NACCP were not aware that the pensions issue, affecting many consultants across the UK, was causing difficulties for consultant anaesthetists working in chronic pain services.

4. Scottish Access Collaborative (SAC)

CC advised that from October the Modern Outpatient Programme will be called the Modernising Patient Pathways Programme. They will be taking forward the outputs from SAC Chronic Pain report and propose a three phase implementation plan.

Expressions of interest for a Chronic Pain Primary Care Clinical Lead post has been advertised and the outcome of this recruitment exercise is expected to be known by the end of October. There has been criticism from out with the NACCP about the focus of building capacity in community services/primary care. NACCP unanimously endorsed the proposed strategy around primary care, as this will enable more people to be able to access early interventions. The identified priorities in the SAC report are whole system issues. Reforming pathways, would also support the aim for people to see the right professional at the right time in the right location for them. Building capacity in primary care may additionally relieve the pressure on specialist pain clinics and enable the urgent/ complex cases to be seen more promptly (first and repeat) in line with clinical guidelines.

The proposed connection events, which may be virtual so that everyone can take part, will showcase good practice and encourage and support tests of change to help improve services. They will aim to engage with the whole chronic pain community including those with lived experience. GS asked for everyone to discuss with their colleagues and feedback how these events should look. (ACTION)

PC voiced concern that success relied on Boards supporting changes. GS said that it was important that everyone was engaged. GB felt that linking recommendations to the National Performance Framework would assist with communication to Board Leadership on how changes might enable improved outcomes.

GS said that the GP clusters should also be engaged (BS provided an example of raising awareness in 2016. http://www.sspc.ac.uk/media/media_484727_en.pdf. GS asked GB to speak to other primary care colleagues and report back. (ACTION)

It was also agreed that it would be great if chronic pain could be on the agenda of the new Public Health Scotland. PM said that there was a broad narrative for a range of long term conditions leading to a loss of wellbeing. GS asked him to look at this and feedback his thoughts. (ACTION)

GS asked that SAC was added as a standing item on the agenda going forward. (ACTION)

Public Health England – Prescription Medicine Dependence and Withdrawal (PM DWN)

AK provided a summary of findings by the recently published Public Health England (PHE) report. GS was heartened to see that Scotland had already taken work forward on some of recommendations. GS asked NACCP to consider these recommendations and to provide comments (on application in Scotland) to AK via AS (ACTION).

AK advised that NHS Information Services Division (ISD) is working on data collection to allow Scotland to do its own analysis. JOM advised Versus Arthritis has published letters in the Daily Mail and Times on this report highlighting the importance of non-drug solutions to pain management. BS and LC had also been invited to contribute an editorial for the British Medical Journal on this report.

5. Communications Plan

In early September, BS and CC met the chairs of the Scottish AHP Chronic Pain Management Network, Scottish Chronic Pain Nursing Forum, and GGC Managed Clinical Network for Chronic Pain. It was felt to be a useful and productive meeting; participants agreed to continue to meet throughout the year to develop this clinical network of disciplines working across chronic pain services in Scotland. BS will provide written notes from the Scottish National Pain Clinicians Network (SNPCN) meeting (ACTION).

AS provided an update on a meeting hosted by Versus Arthritis and chaired by Irene Oldfather (the ALLIANCE) that was attended by Pain Association, Pain Concern, Maggie's, the Alliance and Healthcare Improvement Scotland to explore appetite to create an independent lived experience consultation group for Chronic Pain in Scotland. The intention being to widen the opportunity for people with lived experience to meaningfully contribute to policy development and service improvements. Participants felt it had been a productive meeting and one of the next steps was to make other third sector groups aware of the proposal, including the Cross Party Group for Chronic Pain.

NACCP welcomed this proposal and the opportunity to engage with the consultation group when it is established.

6. Data Developments

BS advised the dataset project has completed the pilot of the core minimum dataset in two Health Boards (Tayside and Lothian), and confirmed its validity, reliability and acceptability. An Executive Summary detailing progress of this work will be shared with NACCP (ACTION) and published on the NHS Research Network website. ISD is now responsible for working with Health Boards to enable this dataset to be collected and reported on across Scotland. ISD is establishing a Governance Group to oversee this work and it will provide progress reports to NACCP.

A proposal to develop 5-6 Atlas of Variation (AoV) maps (with a narrative around chronic pain in Scotland) has been submitted to the Realistic Medicine team. GS thanked members of NACCP and Prescribing Leads from across Health Boards for the topics that have been suggested. The longlist will be explored by the AoV ISD team to identify what data is available. The aim is to publish these maps in December 2019.

AS advised that the chronic pain page on NHS Inform will be updated to provide links to organisations that can support people with chronic pain self-management. (ACTION)

7. Health and Sport Committee – Social Prescribing

SC highlighted that the Health and Sport Committee has sought views on social prescribing. Both Pain Association and Versus Arthritis have submitted responses to the consultation. An evidence session is currently planned for 29th October, and both organisations are hoping they will have the opportunity to speak. GS asked that they update NACCP following this. (ACTION)

8. Declaration of Interest forms

GS asked for everyone to complete and return new forms to the secretariat
Clarification will be provided about when this should date from. (ACTION)

9. AOCB

LC gave a brief update on discussions with the Royal College of Paediatric and Child Health about implementation of the Management of Pain in Children and Young People guideline. NACCP agreed to have this as an item at the November meeting and to invite David Gunn from RCGP to attend. (ACTION)

JOM highlighted Versus Arthritis' recent announcement of the biggest single investment in pain research in the UK, comprising charity commitment of £12 million and £12 million of matched government funding to improve understanding and deliver better treatments for persistent pain. NACCP welcomed the announcement.

10. Next meeting

The next meeting will be held in St Andrews House, on 12 November 2019 – 2pm

11. Next steps and summary of agreed actions

Ref.	Action from meeting on 25 September 2019	Responsible
1	Minutes and workforce survey to be placed on webpage.	Secretariat
2	Discuss and feedback to CC regarding the format and content of connection events	All
3	Discuss implementation of SAC chronic pain report with primary care colleagues and report back	GB
4	Consider role of new Public Health Scotland and how chronic pain might be a priority	PM
5	SAC implementation to be a standing agenda item	Secretariat
6	PHE publication - NACCP to consider these recommendations and to provide comments (on application in Scotland) to AS who will collate information for AK	All
7	formal note of September's Scottish National Pain Clinicians Network (SNPCN) meeting to be drafted and circulated to NACCP	BS
8	Data set project - Executive Summary to be shared with NACCP	Secretariat

9	NHS Inform chronic pages to be updated with third sector information	Secretariat
10	Pain Association Scotland and Versus Arthritis to feedback to NACCP outcomes from Social Prescribing evidence session.	SC JOM
11	Declaration of interest forms to be completed and sent to Secretariat. Clarification to be sought on how far back the information should go	All (subject to clarification below) Secretariat
12	CYP pain guidelines to be added to November Agenda and David Gunn invited	Secretariat