

NATIONAL ADVISORY COMMITTEE FOR CHRONIC PAIN MINUTES OF MEETING

Date: 28 March 2018
Time 15:15 – 17:00
Venue CR06, Victoria Quay, Edinburgh

Attendees: Dr Gregor Smith (GS), Scottish Government - Chair
Prof Blair Smith (BS), National Lead Clinician
Prof Lesley Colvin (LS), University of Edinburgh
Dr Rachel Atherton (RA), SNRPMP
Dr Chris Mackintosh (CM), Medical Director HSCP South Lanarkshire
Sonia Cottam (SC), Pain Association Scotland (3rd Sector Rep)
Audrey Birt (AB) – (the ALLIANCE) deputising for Irene Oldfather
Prof Tim Eden (TE), (Patient Rep)
Cara Richardson (CR), University of Dundee
Magda Laswawska (ML), (University of Dundee)
Jason Cormack (JC), Scottish Government
Heather Harrison (HH), NHS Greater Glasgow and Clyde
Anita Stewart (AS), Scottish Government – by phone
Michael Garden (MG), Scottish Government
Sharon Robertson (SR), Scottish Government - Secretariat

1. Welcome, Introductions and apologies

Apologies were received from Susan Archibald; Paul Cameron; Phil Mackie (deputy also unable to attend); Irene Oldfather; Marianne Hayward (Dr Mackintosh covering). There was no representation from Pain Concern.

2. Minutes of Previous Meeting and actions

One spelling mistake was corrected. The minutes were agreed and approval given to publish on the Scottish Government website. The action tracker is attached at Annex A.

3. Chronic Pain Waiting Times

Committee members discussed the latest ISD publication of chronic pain waiting times data. The 5.4% increase in the overall performance against the previous quarter was noted but the committee agreed the data gave an incomplete national picture and felt headline figures often obscured variations present across Boards.

Members recalled seeing information from Boards explaining the reasons for lack of data or delays, which provided evidence about staff numbers and difficulties in recruiting/ retention of staff. It was queried whether possible for ISD to publish this contextual information to improve transparency and understanding about the data's limitations.

AS informed the committee of engagement with specific Boards and actions being taken by these Boards to address delays. It was also reported by some committee

members that Boards have run weekend clinics over the last few months to reduce delays.

GS advised he had received correspondence from Miles Briggs MSP, co-convenor of the Cross Party Group on Chronic Pain. Mr Briggs reported excessive delays in treatments are leading to a risk of suicidal feelings among people living with chronic pain. The committee agreed this must be distressing for the person and their family, however, its remit does not include the ability to investigate individual cases.

There are established processes for people to provide feedback and pursue complaints with NHS Boards and the Scottish Public Services Ombudsman (SPSO). The Patient Rights (Scotland) Act 2011 places a duty on NHS Boards to provide information on the advice and support services available for people who wish to make a complaint including providing contact details of the Patient Advice and Support Service.

The committee noted the concerns about delays for return appointments. Only two Boards have IT systems that can provide this data. It was also noted that not all return appointments will require a pain clinic appointment e.g. the person may be referred back to their GP.

The committee noted ISD attended the Cross Party Group (CPG) on Chronic Pain on 14 March to provide an update on its review into the collection of return data. ISD has secured funding to enable it to carry out further work for the next six months and it will report its findings later this year.

4. Work Plan Themes

4.1. JC and HH gave a presentation on the recently published Quality Prescribing for Chronic Pain Strategy. The committee agreed this is a useful document and guide. It can be found at <http://www.therapeutics.scot.nhs.uk/pain/>. JC is now working with stakeholders on the implementation of this strategy.

LC advised that SIGN are making a decision on whether to update the opioid part of SIGN:136 - Management of chronic pain (<http://www.sign.ac.uk/sign-136-management-of-chronic-pain.html>).

4.2. BS provided an update on the Dataset and QPI project. The committee noted progress and agreed this is a crucial piece of work to develop a mechanism to capture meaningful data and outcomes about chronic pain systematically. The next steps include a discussion with ISD to explore data collection systems and pilots to test the core minimum dataset/ QPIs. A decision on the Caldicott application is still awaited. The project team outlined the importance of obtaining buy-in from stakeholders such as e-Health Directors, which GS has agreed to facilitate at the appropriate time.

GS advised it would be important to engage with the Clinical Outcomes and Measures for Quality Improvements (COMQI) Group, which agree audit commissioning and participation.

4.3 BS provided an update on the workforce/ training scheme, including the Faculty of Pain Medicine (FPM) census; plans for a survey of pain specialist workforce in Scotland and the NHS Tayside Chronic Pain Pathway.

The committee noted the findings of the FPM census return, which included a likely forthcoming shortfall in numbers of trained medical pain specialists.

AS advised that officials are engaging with relevant Medical Royal Colleges and the General Medical Council (GMC), which must approve medical training curricula, about the development of a credential in pain management as one option to meet identified need. Officials will continue to make links between policy areas and present updates at future meetings to the committee whenever they are relevant.

The committee agreed that a sub-group should be established to take forward the pain specialist workforce survey, involving representatives from relevant disciplines such as anaesthetics, primary care, physiotherapy, nursing and pharmacy. The draft survey will come back to committee for sign off at its next meeting in June, with work taking place over the summer/autumn and findings being shared with the committee in November.

4.4 The committee noted the NHS Tayside project to implement chronic pain pathways and thought it would be helpful to share with other NHS Boards, as it could be adapted for local needs.

5. Scottish National Residential Pain Management Programme (SNRPMP) update:

RA gave an update on the SNRPMP service. The service is sharing learning, including self-management strategies/ videos and developing links with professional networks. There has been a 30% increase in referrals over the last year. There will be five groups this year and six next year. The service has a website for patients and professionals at <http://www.snrpmp.scot.nhs.uk/>

5 Next Steps and summaries of agreed actions

A summary of actions agreed by the committee are set out in Annex B.

6. AOCB

LC advised the Management of Chronic Pain in Children and Young People – A National Clinical Guideline was published on 23 March and is available at <https://beta.gov.scot/publications/management-chronic-pain-children-young-people/#>

In May, SC will speak at the World Institute of Pain in Dublin and has agreed to provide feedback at the next NACCP meeting.

AS highlighted that the University of Dundee has produced a Policy Matrix mapping high level strategies and plans. In line with the NACCP workplan, officials will develop this by identifying relevant initiatives/ policy work that link to or have implications for chronic pain policy.

7. Date of next meeting / future meetings

Tuesday 5th June

Tuesday 14 August

Tuesday 6 November

Action Tracker – 19 December

Ref.	Actions from meeting on 19 December 2017	Updated as at 28 March 2018
1	Consider how to engage with NHS Boards/ IJBs.	March meeting agenda item 3.4.b
2	Committee to share suggestions about format/content of event Share information on other events to avoid timing clash	On-going
3	Minutes to be uploaded onto the website	Completed
4	Core Minimum dataset and QPIs to be updated and shared with the Committee	Completed
5	Core minimum datasets – to be discussed with e-health directors	March meeting agenda item 4.2
6	Status of Paediatric Pain guideline to be confirmed	Completed
7	Invitation to prescribing policy team to be sent for attendance at next meeting	Completed
8	A list of suggested attendees at SpaRC from paediatric services to be provided to Professor Colvin	Completed
9	Updated work plan to be circulated to the Committee	Completed
10	SNRPMP to be added as a standing agenda item	Completed
11	Meeting dates for 2018 and venue to be confirmed	Completed

Action Tracker – 28 March

Ref.	Actions from meeting on 28 March 2018	Responsible
1	Ratified 19/12/17 minutes to be uploaded onto the website	Secretariat
2	The committee has asked if ISD can clarify why the publicised data is classed as developmental and what steps could be taken to provide full and complete data. It would also be helpful if ISD could publish narratives provided by Boards alongside the data.	AS
3	Engage with the Clinical Outcomes and Measures for Quality Improvements (COMQI) group	AS and BS
4	Officials to continue to liaise between policy areas about workforce developments and to present updates to the committee as appropriate at future meetings.	AS and BS
5	Establish a sub-group to take forward the pain specialist workforce survey, involving representatives from relevant disciplines such as anaesthetics, primary care, physiotherapy, nursing and pharmacy.	AS and BS
6	Share NHS Tayside project to implement chronic pain pathways with other NHS Boards	BS
7	SC to provide feedback about the World Institute of Pain conference at the next NACCP meeting	SC
8	Officials to identify relevant initiatives/ policy work that links to or has implications for chronic pain policy	AS