

PROPOSED CROSS PARTY GROUP ON CHRONIC PAIN

Held its 2nd meeting on Wednesday 4 April at 1 pm, Committee Room 2, George IV Bridge, Edinburgh EH99 1SP

1. PRESENT

Dorothy-Grace Elder MSP (Convener), Angela McCallum (Arthritis Care), Janette Barrie (Hairmyres Hospital), Paulo Quadros (Natural Health Company), Angus Brazenall, Jo Bennett (Lothian Health), Dr Harden Carter (Lothian Health), Dr Nicola Stuckey (Lothian Primary Care NHS Trust), Fiona Garrett (BackCare), David Falconer (Pain Association Scotland), Dr Steve Gilbert (Queen Margaret Hospital), Dr Denis Martin (Scottish Network for Chronic Pain Research), Dr John Asbury (Reader, Univ. of Glasgow & Consultant Anaesthetist), Dr Richard Simpson MSP, Heather Wallace (Pain Concern), Dr Ruhy Parris (Glasgow Royal Infirmary)

In attendance: Evelyn McKechnie (PA to Dorothy-Grace Elder), Susan Preston (Pain Concern)

2. APOLOGIES

David Davidson MSP, Margaret Smith MSP, Elaine Smith MSP, Nora Radcliffe MSP

3. APPOINTMENTS OF SECRETARY AND ORGANISER

Susan Preston was appointed as Secretary, and Evelyn McKechnie was appointed as Organiser of the Group.

4. LOTHIAN CHRONIC PAIN MANAGEMENT SERVICE

The Convener introduced Dr Nicola Stuckey, Clinical Psychologist, Lothian Chronic Pain Management Service, who outlined current service provision. The pain management programme (PMP), based at Astley Ainslie Hospital, runs for 12 weeks on an outpatient basis. It receives 550 referrals a year, including referrals from outside Lothian, particularly Glasgow and Tayside. There is also pain management provision in Fife and at the Borders Hospital in Melrose.

Dr Stuckey said the very nature of chronic pain means the centrally-based PMP in Edinburgh is excluding more sufferers than it is helping. The travelling entailed can be very difficult/impossible and makes the pain worse. Patients often have complex needs. There are 4 or 5 residential programmes in England, to whom patients can be referred. An option might be to establish a national residential programme in Scotland, but Dr Stuckey felt it would be better if pain management services were developed more widely at local level. This point was echoed by Jo Bennett, Healthcare Manager with Lothian Health, who said the clinical needs of chronic pain sufferers are best served locally, rather than expanding the Lothian Chronic Pain Management Service to meet national demand.

5. “WHAT ABOUT GENERAL HOSPITALS?”

The Convener invited Dr Steve Gilbert, consultant in anaesthetics and pain management at Queen Margaret Hospital, Dunfermline, to give a brief talk on shortages in Fife and elsewhere. Dr Gilbert said, from the enquiries he had made, the central belt of Scotland was particularly poorly served. He highlighted the difficulty of recruiting psychologists and physiotherapists. Sufferers are helped by a holistic approach, a combination of therapies and strategies. The nature of chronic pain and the needs of sufferers are still not well understood by those outside of the field of pain management. Education is needed in medical schools, in the workplace, amongst GPs and hospital specialists – to ensure a NHS-wide management of this chronic condition.

Dr Denis Martin, of the Scottish Network for Chronic Pain Research, said his department at Queen Margaret University College, had conducted research into attitudes amongst health professionals. Dr Nicola Stuckey said Astley Ainslie were running a pilot project liaising with staff in a primary care setting, and referred to a Swedish initiative aimed at preventing chronic pain through early intervention. The Convener asked Dr Stuckey to provide the Group with further details about the Swedish findings.

Paulo Quadros, a massage therapist working in Glasgow, spoke about the benefits of the complementary approach to managing painful conditions.

The Convener said the Parliamentary Standards Committee had suggested that the Proposed Cross Party Group on Chronic Pain merge with the Palliative Care Cross Party. It was agreed that the Cross Party Group on Chronic Pain should remain separate, to highlight the distinct needs of those in long-term pain.

It was also agreed that while the private sector has a valuable role, the remit of the Group is to focus on NHS services.

6. SHORTAGES

The meeting agreed that the first step in making a case to present to Parliament was to establish a fuller picture of existing pain services in Scotland, and discussed ways of proceeding with this. Jo Bennett said it was important to ensure that any plans or proposals were in concrete detail, so that Parliamentarians could understand exactly what was needed.

Dr Nicola Stuckey and Dr Harden Carter, Consultant in Public Health Medicine with Lothian Health, will approach the Clinical Standards Advisory Group about the need for a survey of pain management services in Scotland. It was agreed to adopt Dr John Asbury's figure of £9.2m per year as a conservative estimate of the cost of reasonable upgrading of Scottish chronic pain clinic services to the standards advised by the CSAG Report of 1999.

Dr Ruhay Parry, Consultant Anaesthetist and Pain Management Specialist at Glasgow Royal Infirmary, said that the Clinical Standards Board for Scotland (CSBS) which has the authority to review and implement guidelines, has chronic pain on its future agenda.

The need to involve the voluntary sector and patients in the review and planning of services was emphasised by Jo Bennett, who said it was important to raise public confidence in the NHS. Heather Wallace of Pain Concern said she was a lay representative on the CSBS, and that local health authorities are establishing patient forums. Dr Denis Martin suggested each pain clinic/programme should have formal links to the voluntary sector.

7. PUBLIC PETITION COMMITTEE

It was agreed that the Convener would draft and circulate to Cross Party Group members for approval, a petition drawing the Public Petition Committee's attention to the lack of resources for chronic pain sufferers. It was agreed to use the figure of 500,000 as an estimate of the number of sufferers in Scotland. The Public Petition Committee may decide to pass the petition to the Health Committee.

The Convener explained that the first stage in influencing Parliament is to make a public petition. Also, she or a member from another party can try to get a debate on the floor of the Parliament, in which case there would be no vote. If the Executive can be influenced to instigate the debate, it goes to a vote.

8. AOCB

1. Heather Wallace said that Dr Gordon Cameron, Musculoskeletal Specialist, has agreed to join the Cross Party Group.
2. The Convener said she is approaching high profile names to back the cause of chronic pain.
3. Dr Denis Martin asked that the next meeting of the Cross Party Group should consider the idea of a Citizens Jury to address the issue of chronic pain in Scotland. He tabled a paper outlining the details of the Citizens Jury process.
4. The Scottish Parliament Information Centre (SPICe) was suggested as a resource for producing expert evidence.

9. NEXT MEETING

The provisional date of the next meeting of the Proposed Cross Party Group on Chronic Pain was agreed for Wednesday 27 June 2001 at 1 pm. Committee Room to be confirmed.

CONVENER

DATE