

## Minutes of a meeting of the Cross Party Group on Chronic Pain

Thursday 20<sup>th</sup> November 2003 12.30 p.m.

Committee Room 2, Committee Chambers

### Sederunt:

Dr Jean Turner MSP	Strathkelvin and Bearsden
Mary Scanlon MSP	Highlands & Islands
Dr Steve Gilbert	Consultant Anaesthesiology and Pain, Queen Margaret Hospital Dunfermline
Dr Norma McGeoch	Pa to Dr Turner MSP
Orla Grummey	Phyiso Department, St John's Hospital, Livingston
Fiona MacPherson	Chronic Pain Nurse, Pain Clinic, WGH, Edinburgh
Jenny Williamson	Pain Management Nurse, Astley Ainslie Hospital, Edinburgh
Derek Jones	Occupational Therapy Queen Margaret University College, Edinburgh, also Pain Concern
Denis Martin	Pain Research Centre, Queen Margaret University College, Pain Association Scotland, Physiotherapy Pain Association North
Paulo Quadros	Evidence based CAM Consultant
Rosemary Showell	Team Leader, District Nurse, Nurse led Chronic pain management Clinic, Cumbernauld & Kilsyth
Amanda Hepburn	Health Service manger, Napp Pharmaceuticals
Janette Barrie	Pain Management Sister, Wishaw General NHS Lanarkshire
Jim McEwen	University of Glasgow
Anthony Sneider	The British Psychological Society – Scottish Office
Kenryck Lloyd-Jones	Chartered Society of Physiotherapy
Judith Corcoran	Superintendent Physiotherapist, Victoria Infirmary Glasgow
Aline Williams	Deputy Superintendent Physiotherapist, Gartnavel General Hospital Glasgow
Pete Mackenzie	Consultant in Anaesthesiology and Pain, Southern General Hospital, Glasgow
David Falconer	Director Pain Association Scotland
Gerry Lafferty	Pain Sufferer Glasgow
Yvonne McEwen	Edinburgh Advocacy and Representation Service
Dorothy Grace-Elder	
John Thomson	Pain Sufferer – Glasgow
Bill MacRae	Consultant Pain Specialist, Ninewells Hospital, Dundee

Mary Scanlon MSP opened the meeting by explaining that this would be an informal meeting at which there would not be any votes for Convenor or other officers due to the meeting not being advertised for long enough on the Parliament's Cross Party Group web site.

Mary Scanlon MSP introduced Dr Jean Turner, the independent MSP for Strathkelvin and Bearsden who had campaigned for Save Stobhill Hospital during the election.

Mary Scanlon MSP also asked if there was anyone who was willing to take over to act as a Secretariat for the Group.

Mary Scanlon MSP then introduced Professor Jim McEwen of Glasgow University who has been appointed as a Reporter by the Scottish Executive to look into Chronic Pain, Mary Scanlon MSP then handed the meeting over to Professor McEwen.

Professor McEwen explained his remit – he has been asked by the Chief Medical Officer to conduct a review of pain services in Scotland. He has met some people and will meet others at each of the Health Boards in Scotland. The review will not be a comprehensive needs assessment as this has been done and there is good and recent documentation on this. The review is to look specifically at Health Boards and their formal provision of chronic pain services. Primary care and GP provision is not being examined, the review is also limited to chronic pain not acute pain.

Professor McEwen then invited questions, comments and suggestions from those attending the meeting.

Kenrych Lloyd-Jones then asked about the nature of the review – he felt that there was not much awareness and information about the review and asked what resources had been committed to the review.

Professor McEwen replied that he understood that the review had been discussed at previous meetings, explained that he was the resource and was provided with money for travelling expenses and some secretarial support and the Scottish Executive had written to the Chief Executive of each Health Board asking who they should contact at each Board.

Dorothy Grace-Elder gave a quick historical review of how we had reached this stage: The Pain Association Groups had spoken to Mary Mulligan in the previous session and as a result of the Cross Party Group meetings with Mary Mulligan MSP the Executive decided to find out the state of things, they were told reports already existed and instead of commissioning further similar evidence commissioned Professor McEwen's report.

There followed a further short discussion about the remit of the report until Mary Scanlon MSP stated that she saw the Report as a stepping stone and would like to see what comes out of the Report.

Judith Corcoran said that in Glasgow formal documentation of pain sufferers piloted over the last year clearly showed that there is a need for a Pain Management Programme which is currently on ice in Glasgow which should have a multi-professional overlap. Evidence in Glasgow had shown that there was a requirement for a pan-Glasgow approach to incorporate the exciting ideas coming out of discussions, however there was

not enough provision with only 2 sessions a week allocated to most professionals for pain management.

Gerry Lafferty a pain sufferer from Glasgow who has been attending physio for five years was told on Monday that the treatment he usually receives on Thursday has been cancelled to be replaced by a class – there are plans to start a drop in service which will be ok for injuries but he is worried that chronic pain will drop down the list.

Janette Barrie said that readers survey had shown that 26% of adults live with chronic pain on a daily basis – with on average 2 consultants sessions each week help is needed from the voluntary sector and nurse led services. She was concerned that West Lothian was neglected when it came to chronic pain provision and she regularly saw the elderly making major decisions about housing etc when affected by chronic pain which may have led to them making different decisions to those which they might have made had they had no pain.

Rosemary Showell set up a chronic pain clinic and spoke of complete neglect in the system and that people can't cope in primary care with pain clinics.

Steve Gilbert talked about physiotherapy and how it was targeted towards orthopaedic services, he felt the service was very scientific and target driven. He wanted to see Health Boards look at chronic pain especially in light of the European initiative on Chronic Pain which is looking at Chronic Pain as its own disease and not part of other diseases.

Dr Jean Turner MSP said that in her experience doctors could sometimes be the biggest hindrance and could neglect pain.

Steve Gilbert said that surveys show that pain is not addressed.

John Thomson said that when he was first diagnosed with chronic pain (back) the Doctor said that he could not give him any help he would just have to live with the pain, Mr Thomson said he felt very strongly that there was something wrong with the system when people were committing suicide because of constant pain.

Anthony Sneider asked if Professor McEwen was looking at psychological treatments with regards to Chronic Pain.

Professor McEwen replied that he was not looking at any one model specifically but had met with psychologists individually and in multi-disciplinary teams. He then went on to ask whether those present would prefer to be working entirely in Chronic Pain or do people want a mix of patients.

Derek Jones replied that there was an advantage to having specialists but that there must be an awareness of chronic pain across other specialists.

Orla Grummery said that it was important to have good training in chronic pain but people can get blinkered and there are many types of chronic pain so thought that other skills gained by working in other disciplines were valuable to bring to work in chronic pain. Orla Grummery then went on to say that whilst chronic pain programmes were very valuable

there needed to be further recognition that flare ups were inevitable and looking at follow up provision was important.

Professor McEwen asked whether this should be self referral and how could access to people who had completed a chronic pain cycle be brought back in for acute treatments.

Dennis Martin said that this was a key role for the voluntary sector in close and clear partnership with the professionals and that they could help people who had completed a chronic pain programme manage their condition.

Jenny Williamson said that professionals should be responsible for follow up, she was aware that GPs were using the voluntary sector and was keen that provision of care for chronic pain should not be over-medicalised.

Dorothy-Grace Elder commented that if people could not get their point across during the meeting Joanna Mowat would send out Professor McEwen's contact details after the meeting with the minutes. Dorothy-Grace Elder called for a national steer on provision of chronic pain – for instance there is no provision at all in the Highlands and blanks in Lanarkshire which is ridiculous and patients have to be “shipped” round Scotland and to England which adds to the pain factor. Chronic Pain is the biggest single health issue in Scotland with 375,000 sufferers and the most recent figures for the mainland Scotland showed that 18.9% suffer from Chronic Pain. This is a huge issue because if Chronic Pain can be treated earlier and managed earlier then people will be able to work and have more fulfilled lives thus saving money.

Bill McRae said that if he were going to call patients in for regular follow ups he would have to see less new cases and that was the reality for each service across Scotland, he welcomed voluntary sector involvement in managing further cases.

Judith Corcoran asked if there was any chance that there could be a SIGN guideline developed which has worked for other specialities.

Bill McRae said that in his opinion a SIGN guideline would be a waste of time and would take up valuable time to set up for little results.

Rosemary Showell spoke as a Community Nurse and said that one of the main problems faced was that patients were not concordat with their pain regimes but this is a matter of time not money. Patients need their queries answered and the reasons for what they are being asked to do explained to them.

Pete Mackenzie felt that it was imperative that professionals worked together as teams in structured pain management programmes otherwise a lot of good work could potentially be wasted. He also wanted to see pain management teams go across hospitals and cover whole health boards.

Professor McEwen said that he hoped to have finished meetings with Health Boards by the end of the year and would start writing his report in the new year, meanwhile he invited submissions from anyone present. He also explained that that the Report would not be a full health economist's assessment as he was not qualified to do this.

Mary Scanlon drew the meeting to a close and thanked everybody for their participation, a date will be set for the next meeting in the near future and it will probably be early February 2004.

Professor McEwen's details:

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