

## **Meeting of the Scottish Parliament Cross Party Group on Chronic Pain**

**Held on:** Wednesday 28<sup>th</sup> September

**Held in:** Committee Room 6. The Scottish Parliament, Holyrood, Edinburgh.

### **Present:**

Mary Scanlon - MSP, Joint Convener

Dr Jean Turner - MSP, Joint Convener

Dr Beverly Collet - President, British Pain Society and Consultant in Pain Management, Leicester

Dr Norma McGeoch - Dr Jean Turner's office

Anne Hay - Nurse Specialist, Southern General Hospital Glasgow

Dr Pete Mackenzie - Consultant in Pain Management, Southern General Hospital and Pain Adviser to the Royal College of Anaesthetists Scotland.

Dr David Craig - Consultant Clinical Psychologist Glasgow

Cara Ewart - Clinical Nurse Specialist, Victoria Infirmary

Dr Gavin Gordon - Consultant in Pain Management and Lead Clinician South Glasgow

Dr Mike Basler - Consultant in Pain Management and Anaesthesia Glasgow Royal Infirmary and representative of the North British Pain Association

Dr Alexandra Stewart - Consultant in Pain Medicine and Anaesthesia, Edinburgh.

Nicola Stuckey - Chair of North British Pain Association and Lead Clinician for Lothian Chronic Pain Services

Dorothy Grace Elder

John Thomson - Patient

Gerry Lafferty - Patient

Kate Kerr – Secretary

Katy Green - Arthritis Care

Christine Macdonald - Back Care Lothian Branch

Mick McMenemy - Lead Clinician Glasgow Back Care Service

John McLennan – Lead Physiotherapist Lothian Chronic Pain Services and Physiotherapy representative to the North British Pain Association.

Fiona MacPherson – Clinical Nurse Specialist, Western General Hospital, Edinburgh

Paulo Quadros – Director, Integrated Living Network

Anthony Sneider – British Psychological Society, Scottish Office.

Helen Cadden – NHS Quality Improvement Scotland Lay representative and pain patient.

Janette Barrie – Practice Development Co-ordinator, NHS Quality Improvement Scotland.

John Norden – Nurse Educator in Pain Management, Lanarkshire.

Dr Bill Macrae – Consultant in Pain Medicine, Tayside

David Falconer – Director, Pain Association Scotland

Dr Steve Gilbert – Consultant in Anaesthesia and Pain Medicine, Dunfermline.

Heather Wallace - Pain Concern and patient

Dr Derek Jones – Lecturer in Occupational Therapy, Queen Margaret University College

### **Apologies**

John Home Robertson MSP, Vice Convener

Professor James McEwen

Sandra Smith

Dr Blair Smith

Nancy Allan

Lord James Douglas Hamilton MSP

Dennis Canavan MSP

Sussanne Hill

Professor Ian Power

Michael McMahon MSP

**Mary Scanlon** Co-convenor of the group opened the meeting by thanking Andy Kerr, MSP, and Minister for Health and Community Care for agreeing to meet the group. She added she was disappointed in his response to the McEwen Report on Chronic Pain Services in Scotland.

**Andy Kerr** said he was not unused to the fact that Cross Party Groups are disappointed by the response they receive. But said he felt he could make a better response generically than through the battle for priorities. He stated that the current priorities are Coronary Heart Disease, Stroke, Cancer and Mental Health and Well-being and the reason for this is that these are what kill too many Scots and rob families of their loved ones.

He stated that these are where resources are focused and that he wanted to manage the building blocks of a healthy nation. He went on to say that as the Kerr Report recognises, we have a demographic problem, but also the ever-growing problem of long term conditions which are currently managed in an episodic way. He said he did recognise the issues and that as change is driven through Community Health Partnership's (CHP's) he felt that Managed Clinical Networks (MCN's) could present an opportunity in this instance.

**Mary Scanlon** then asked the group to introduce themselves after which she pointed out that the group included many of Scotland's leading pain specialists.

**Dr Jean Turner** talked to the group about her experience working in GP practice. She said that if no pain clinic was available patients can end up being referred from specialist to specialist and can undergo unnecessary procedures. She stated that if patients with chronic pain receive appropriate care this restores their quality of life and can save resources.

**Mary Scanlon** added that good pain management could get people off benefits and back to work and contributing to society. She then opened the meeting up to questions.

**John Thomson** asked the Health Minister why there is a £49 million under spend in the health budget.

**Andy Kerr** replied that there is not. He said there would always be carry over if projects were not completed in the current financial year, but this not free money, it is allocated to projects and that there need to be a degree of flexibility.

**Bill Macrae** congratulated the Minister on his honesty and said it was refreshing to hear a politician admit there is bad news but said he hoped that message would also be conveyed to patients via the media.

He referred to what he sees as the ambiguity between the letters the Minister had written to Roseanna Cunningham, Convenor of the Health Committee regarding the McEwen Report and the Executives response to it, and another letter written to the whole Health Service offering the opportunity for people to become involved in decision making in the NHS. He said that Professor McEwen had recommended a national strategy, and all the experts agreed with this but that this was being disregarded.

**Andy Kerr** replied that he would argue that he wasn't disregarding it and said he believed the response to Kerr would give some comfort. He said they were skinning the cat in a different way than was originally envisaged in the original report. He said he shared the view that this is an invest to save strategy and that the whole Kerr Report is an invest to save strategy. He went on to say he believed that the MCN opportunity is one that could work in this instance.

**Bill Macrae** responded by saying he had tried to set up an MCN in Tayside but was met with a complete lack of interest at Primary Care level as chronic pain not a priority. He added that whenever those working in pain services tried to implement aspects of Kerr or of any government policy they are told pain is not a priority.

**Andy Kerr** responded by saying that the things that kill people are Coronary heart disease, stroke and cancer and added that there is a hierarchy of need and resources. He went on to say that within the unified budgets of the health service there should be scope to deal with some of the issues raised but said he believed that the Kerr Report would deal with these in a more focussed way.

**Mike Basler** quoted from the Kerr Report that 'change is inevitable and more of the same won't do'.

He went on to say that he believed those working in pain services would be very keen to work with the Kerr Report, and said he felt that pain services fit the Kerr model very well but that he added they were keen to ensure their voice is heard

He said he felt if he tried to get on to a CHP management board there would be lots others, with different interests trying to prevent him.

**Andy Kerr** responded by saying he would be interested to hear about this as they are currently expanding CHP's to the whole health care team, working at local level and that this should include people like Mike Basler.

**Mary Scanlon** added that she believed there is particular East Kilbride issue.

**Mike Basler** stated that Lanarkshire Chronic Pain Clinic is currently closed to new patients who are all being seen in Glasgow.

He added that one of the issues in the Kerr report is remote and rural and that his team had put forward a proposal to hold peripatetic clinics. He said that at the Consensus Conference Dr Keel had said there are many ways to skin a cat and that those present today are keen to find out those ways. He went on to add that his experience was that when local implementation is asked for, if there is no one ensuring they are included then they won't get into the mechanisms. He said that what they required was a plan because until now their voice had not been heard.

**Andy Kerr** replied that the more he had on how the services fit with the Kerr Report the better, as he is about to respond to the Kerr Report.

He added that he had made it clear to CHP's what their role should be in the management of long term condition. He added that he would be happy to hear more about this so that he could try and make the CHP Network work for everyone.

He went on to say that he was disappointed to hear about the Tayside experience of MCN's and that he believed that they are a very useful level in terms of the connection between primary and secondary care and a way of getting a team round the table with some resource to try and make things happen at local level.

**Mike Basler** responded that his experience was of constantly jumping through hoops only to be let down

**Nicola Stuckey** said she supported what Mike Basler had said, that they would be keen to work with the Kerr model and the CHP model for the treatment of long-term conditions

She referred to recommendation 1 in the McEwen Report that pain should be recognised as a condition. She stated that it is currently seen as a symptom and is therefore left off planning agendas.

She went on to say that a lot of research made it clear that chronic pain is a condition in its own right. She added that unless this is recognised and pain becomes part of the agenda for chronic disease management she believes that it will be pushed aside as it is not seen as a priority.

**Andy Kerr** asked Nicola Stuckey where she saw this fitting in with the Long Term Conditions Alliance

**Nicola Stuckey** replied that she felt there were many treatments models within the chronic pain services that have a generic feel that could equally be applied for people in primary care and that there was a lot that could be done collaboratively but she felt there would need to be some specific input. She added that one of the recommendations of the McEwen Report is ensuring there are services for the complex case mix. She went on to say that an MCN would help to provide bridging to what's required for the complex case mix and that she would be keen to work with CHP's to provide a seamless model.

She added that she felt MCN's could only work if they have some resource to manage and that the equity of resources for chronic pain across Scotland is very mixed

**Mick McMenemy** said that he supported what Nicola Stuckey and Mike Basler had said. He said he felt slightly cynical about how CHPs might help when two boards had failed to respond to the Kerr Report.

He went on to say that he felt the NHS QIS Best Practice Statement was a good starting point but that in clinical practice and primary care a lot of people weren't aware of it. He added that what is needed is a statement that this is a condition in its own right, not just a symptom.

He added that one of the key recommendations in the Kerr Report is training and education. He said that in Glasgow there was a complete lack of training for Physio's who work in Primary Care. He explained that he and his colleagues had recently developed a 2 day training course which was highly effective, evidence based and locally delivered, the only barrier to this being delivered was that when Physio departments go up through the chain there is no money for training. He asked whether this could be recognised and a statement put out to Health Boards about training budgets.

**Andy Kerr** said he would come back to him on this issue.

**Mary Scanlon** commented that the Glasgow Back Pain Service is by all accounts an excellent service and that she hoped the Minister may be able to visit the service in the future.

**Pete McKenzie** said he would like to pick up on the point made by Mick McMenemy regarding the role of NHS QIS in any service development in chronic pain in Scotland and said that the Scottish Board of the Royal College of Aesthetists is recommending to NHS QIS that standards visits for Chronic pain services are conducted as a matter of priority.

He then asked the Minister what could be done at local level and at national level to plan ahead.

**Andy Kerr** stated he would have to speak to NHS QIS and then respond on this point.

**Pete McKenzie** responded by saying that the amount of planning required to meet the standards will be huge and that he felt this would need to be coordinated centrally.

**Derek Jones** thanked Mick McMenemy for raising the issue of education and highlighted the low levels of education for GP's who are often the first point of contact for people with chronic pain. He went on to say that he believes that individuals need to be allowed to change the way they work and that the organisations in which they work need to facilitate a change in service delivery otherwise money spent on education will be wasted

**Andy Kerr** responded by saying that he was aware that the good work done in some parts of the country was not rolled out to the rest of the country and that he believed that when good practice was developed which was clinically proven and good value for money it needed to be rolled out more quickly. He stated that he is making it clear to health boards that this is what needs to happen. He agreed that if people are being trained and then not able to put this into practice in the workplace, that this is a waste of resources. He continued that he needed to be aware of these things to try and deal with them.

**Bill Macrae** stated those working in pain services would like to see best practice disseminated across Scotland but said that in the case of Highland for example it was not possible for him, working in Tayside to improve on that situation and that as Highland doesn't even have a pain service no one within that region could improve on it. He went on to say that what is needed is leadership from the centre because Health boards won't listen to clinicians.

**Andy Kerr** responded by saying that he didn't believe this was always the case. He went on to say that he is assertive with boards but that he couldn't dictate from the centre everything they do. He said that CHP's had to have room to operate in terms of how they see local priorities, that they have to be local and responsive. He added that this didn't mean he wasn't going to do anything about it but that he needs to leave them some space to operate in.

He went on to say that there will come a time when the issues raised by this and other Cross Party Groups have raised could be tackled but that this will only happen when the priority areas have been tackled.

**Gavin Gordon** said his concern was the issue of inequity of service and the inequity in getting access to it. He said he felt that by looking at individual boards some of the problem was being masked. He said that when the Minister outlined his plan he said this would be done in stages of building blocks but that he believed for this to work there would have to be an overarching element at a regional or national level. He added that he felt NHS QIS were very good but that they only work at a local level and that what is need is a more complete strategy with guidance from the centre.

**Andy Kerr** responded by saying he was happy to go back and examine the issue of the regional dimension. He said that there was now a much more effective regional planning dimension to the Health Service. He said he was happy to put the management of pain forward at regional level and see what response he gets back and that he would then feed that back.

**Mike Basler** then asked whether this could be done at a national level, using the example of Highland where there is no one to get involved.

**Mary Scanlon** added that in Highland you can only see a Pain Specialist if you are terminally ill.

**Bill Macrae** added that he had offered to provide a service and hadn't even had a response to his letter.

**David Craig** said he would like to clarify a couple of points from the final response to the McEwen Report. He made reference to point 16 and said that Clinical Psychologists working in pain in Scotland feel that rather than there being a shortage of psychologists it is more that there is a shortage of funded posts. His second point was about the Masters degree at QMC. He said that the courses were initiated to deal wit waiting lists in primary care and these graduates would not be trained to deal with complex cases.

**Andy Kerr** replied that he could come back to him on this issue.

**Dorothy Grace Elder** said she appreciated that the Minister didn't want to use the word priority in relation to pain but asked if he could think of some other terminology that would give health boards some central steer. She added that pain is a vast crosscutting issue throughout the majority of conditions and that all those present today did not want to go away with nothing on the table.

**Andy Kerr** responded by saying that he although he had a different way of looking at things he did want to help. He stated that he meets with Chairs of boards every month and he will tell them that what they are doing is not good enough and ask them to respond. He will then feed that back to the group.

**Helen Cadden** said that although pain is not a priority sufferers lives are just as devastated. She said that pain sufferers can't get the help they need out of hours, from NHS 24 to avoid unnecessary admissions to hospital because their notes are not available.

**Andy Kerr** responded by saying he would look into this issue and respond in time.

**Steve Gilbert** said he felt it was a shame that no one from Highland was present, he said that people working in Highland had put forward business proposals and been knocked back. He stated that there were recruitment difficulties for pain clinics, which were resulting in huge waiting lists.

**Andy Kerr** responded by saying he intended to try and find out what is going on.

**Bill Macrae** added that he had offered to go to Highland to do clinics and had had no positive response.

**Beverly Collett** explained that she is president of the British Pain Society. She said she felt that congratulations were in order on the McEwen Report. She added that pain is a huge problem that is not taken seriously enough by any government or health department anywhere in the world because it doesn't kill but that it does reduce quality of life. She said that all those present should be congratulated for getting together to try and improve the management of this condition. She added that those working in England would watch to see what progress is made.

**Mike Basler** stated that pain professionals would be happy for the Kerr Report to be their national strategy but what was needed was an oversee committee. He added that his experience was that if it was left to local implementation it just won't happen.

**Andy Kerr** responded by saying there are various points on the spectrum at which he can make intervention but that he would have to work out which was the best one in this instance. He added that he needed to hear what the Chairs of the Boards had to say and that they may have a different view. He went on to say that he would be happy to feed this back to the group.

**Mike Basler** said that he had worked with Glasgow Health Board for nine years on a two-stage plan; the first stage of which was almost completely implemented but the second stage was dropped.

**Andy Kerr** asked if this was on financial grounds.

**Mike Basler** responded that it was on financial and priority grounds.

**Pete McKenzie** added that they had produced a costed needs assessment and made it clear to the health board what was needed to take things forward but things were still at an impasse because they didn't have the money. He added that direction from above was required.

**David Falconer** said he would like to make a comment about the situation in Highland. He said his organisation had been working very closely with Dr John McLeod Consultant Anaesthetist at Caithness General and that they had developed two self management groups in the area but with the lack of resources it was just not enough.

He went on to say that with regard to CHP's organisations like Pain Association not have the time or resources to access them all and bring attention to this huge issue.

**Nicola Stuckey** said that at the Consensus Conference an offer of £50,000 to pump prime an MCN had been made and asked whether this was still on the table. She added that the clinicians working in pain across Scotland would have to come to agreement about how it would work and where it would be. She went on to say that she was aware that Gavin Gordon had put a lot of work into looking at some of the models and that the Cross Party Group and the North British Pain Association would be happy to try and facilitate some the discussions that would be required.

**Dorothy Grace Elder** said that at the Consensus Conference Anne Kerr had suggested that a small implementation group might be set up and asked whether it would be possible to establish such a group involving some of the health professionals in the group.

She went on to say that two of the pain charities involved in the group receive little or no funding for their work they do. She added she would also like to raise the issue of the building in Glasgow which was ready to house a pain management clinic but which was not in use due to lack of funding.

She said it was unlikely the boards would act without a steer.

**Andy Kerr** responded by saying he is aware of the issues and said that just because something isn't a priority it shouldn't mean it was ignored. He said he believed there must be some ground to fill and that he would seek to find that ground.

He said that he felt what people had been saying round the table fitted well with the Kerr Report and added that as far as CHP's were concerned there were ways of accessing them and he would be happy to try and facilitate that.

He stated that the money for pump priming an MCN is still on the table.

On the point of an Implementation Group he said that his experience was that when clinicians, patients and management get round the table things can be achieved so he was happy to think this through and respond in time.

He said he was unaware of the grant situation but would look in to this and the issue of the unused building in Glasgow.

He said that he would guarantee to respond to all the issues raised, that some of the issues might be quite simple to fix but, that other more demanding issues, might not be. He finished up by saying he understood the group's frustrations and that he would try and deal with these and respond as quickly as he could.

**Mary Scanlon** stated that nine of the sixteen recommendations in the McEwen Report were left to Health Boards to implement and that there are just not enough checks and balances with the Health Boards to make sure they happen.

She thanked the Minister for attending the meeting and added that she was pleased that he had agreed to take on the issues.

She also thanked the group for making the meeting so constructive.

**Andy Kerr** asked that the group send him the list of issues they would like him to look into.

**Jean Turner** said she felt the Minister was keen to put things right and that she believed Cross Party Groups are helpful in telling it like it is. She also thanked the Minister for attending and closed the meeting.