

Scottish Chronic Pain Steering Group

Minutes of the fifth Scottish Chronic Pain Steering Group (SCPSG) Meeting of Tuesday 2 March 2010, 10.00, Elliott House, Edinburgh

Present

Dr Pete Mackenzie (PM), Lead Clinician for Chronic Pain, Scottish Government (Chair)

Dr Jonathan Bannister (JB), Consultant in Anaesthesia and Pain Medicine, NHS Tayside

Ms Helen Cadden (HC), Public Partner

Dr Lesley Colvin (LC), Consultant in Anaesthesia and Pain Medicine, Royal College of Anaesthetists Scottish Board and Faculty of Pain Medicine

Ms Susan Douglas-Scott (SD-S), Chief Executive, Long Term Conditions Alliance Scotland

Dr Andrea Harvey (AH), Consultant in Anaesthesia and Pain Medicine, NHS Grampian

Mr John McLennan (JM), Lead Physiotherapist, NHS Lothian

Ms Iona Philp (IP), Regional Manager, Long Term Conditions Collaborative

Mr Will Scott (WS), Head of Long Term Conditions Unit, Scottish Government

Mr Phil Sizer (PS), Training Manager, Pain Association

Ms Audrey Taylor (AT), Education Projects - Long Term Conditions, NHS Education for Scotland

In Attendance

Mrs Vicky Rigley (VR), Project Administrator, NHS QIS

Mr Steven Robertson (SR), Project Officer, NHS QIS

Mrs Fiona Russell (FR), Programme Manager, NHS QIS

Apologies

Ms Janette Barrie (JBa), Nurse Consultant, NHS Lanarkshire

Mr Sean Doherty (SD), Performance Assessment Team Manager, NHS QIS

Dr Martin Dunbar (MD), Lead Consultant Clinical Psychologist, Pain Management Programme, NHS Greater Glasgow & Clyde

Mr David Falconer (DF), Director, Pain Association of Scotland

Ms Betty Flynn (BF), Regional Nursing Advisor & Workforce Programme Manager, NSPG

Dr Gavin Gordon (GG), Lead Clinician, Greater Glasgow and Clyde MCN for Chronic Pain

Dr Sarah Mitchell (SM), Programme Manager Rehabilitation Framework, Scottish Government

Ms Eileen Moir (EM), Director of Nursing and Practice Development, NHS QIS

Ms Judith Rafferty (JR), Lead Specialist Pain Nurse, NHS Tayside

Mr Adam Redpath (LJ), Programme Principal, Information Services Division

Dr Mick Serpell (MS), Consultant in Anaesthesia and Pain Medicine, Council Member, British Pain Society

Professor Blair Smith (BS), General Practitioner, Aberdeen Pain Research Collaboration

Ms Fiona Townsley (FT), Pain Concern

1. Welcome and introductions

PM welcomed everyone to the meeting.

Apologies were noted as above.

Written stakeholder updates were circulated to the group for information purposes.

2. Minutes of previous meeting

The minutes of the meeting of 29 October was accepted as an accurate record.

3. Matters arising

3.1 Updates on action points

Several of the action points had been completed (not noted below). Pete Mackenzie noted also that action points would be discussed under agenda item 4, then carried forward in the list of minuted action points and incorporated into the Business Mandate, Business Plan and Project Initiation documentation referred to in agenda item 5.

Action 1 – Contacting Cathy Dorrian (Scottish Centre for Telehealth) regarding Remote and Rural Access – covered under agenda item 4

Action 2 – Following e-mail conversations between Blair Smith, Pete Mackenzie and NHS QIS, it was decided that Steven Robertson would clarify with Blair Smith that this action point related to the CSO funded report on PMPs and if so, would be moved to the research group remit.

Action (1): SR

Action 3 – The paper on self-management and pain service provision has been received by Pete Mackenzie, and Phil Sizer will circulate it to the other project steering group members.

Action (2): PS

Action 4 – NHS QIS has been in contact with its communications unit regarding the possibility of accessing The Chronic Pain Policy Coalition DVD 'Chronic Pain in the UK - The Vital Issues' via the NHS QIS website. However, there are IT issues regarding this, although other options are still being investigated including access via Youtube. It was advised that The Scottish Government uses Youtube as a communications channel.

Action (3): SR

Action 5 – SIGN application for a guideline on the Management of Chronic Pain – covered under agenda item 4.

Action 7 – Formal communications strategy. This continues to develop and includes an extensive e-mail distribution list, a section on the NHS QIS Website with SCPSG minutes and updates and the GRIPS Report.

Action 8 – Shifting The Balance of Care report being produced later in 2010, this links into the NHS QIS work programme and will be discussed in the Business Mandate.

Action 9 – CHP representation on project steering group. Pete Mackenzie contacted Sylvia Wyatt in relation to this and will report back later in the meeting.

Actions 10 & 11 – Draft framework and implementation plan – Susan Douglas-Scott drafted and presented an overarching person centred aim as well as eight revised aims and Pete Mackenzie advised that these should be incorporated into the project documents.

Action (4): PM & NHS QIS

Action 12 – Pete Mackenzie had received information from Blair Smith and Stewart Mercer regarding Chronic Pain and its links with mortality and morbidity in deprived areas. After some discussion it was decided that the information should be used carefully and channelled (and referenced) through the project steering group processes. Will Scott pointed out that the group should not lose sight that chronic pain is not always linked to one particular condition. Pete Mackenzie advised that he would share the information with the rest of the group.

Action (5): PM

Actions 13 -17 – Draft framework and implementation plan – noted rewording would be undertaken in the mandate documentation being undertaken by NHS QIS and Pete Mackenzie.

Action (6): NHS QIS & PM

Action 15 – It was confirmed that Shona Robison, the Minister for Public Health and Wellbeing had delivered the speech and not the Cabinet Secretary.

Action 18 – Pete Mackenzie advised that the link to the Rehabilitation Framework had been circulated and was included in the minutes of the Scottish Chronic Pain Steering Group meeting held on October 29th 2009.

Action 19 – Chronic Pain links to Quality Strategy – covered under agenda item 4

Action 21– Carried forward. GRIPS Priority Action 2 – there is an aspiration to arrange a consensus conference or equivalent around redesign of chronic pain services once the NHS QIS project initiation document has been finalised. Pete Mackenzie will report back on the MSK Consensus Event in May at the next Steering Group meeting in June 2010.

Action (7): PM

Action 22 – Musculoskeletal Conference in May – covered under item 4.

Action 23 – Establishment of a number of subgroups – audit, research and education. Will be dealt with under other agenda items.

Action 24 – it was noted that Adam Redpath is the ISD representative on the project steering group.

Actions 25 – 27 Related to Education aspects – Audrey Taylor will discuss later in the meeting.

4. Update from Lead Clinician – see update number 2 February 2010

Pete Mackenzie gave updates on the 'Improving Services for People with Chronic Pain' Day on 1st December and the Regional Planning Chief Executives' Sub Group Meeting on the 22nd December.

Improving Services for People with Chronic Pain Day – 1st December 2009

Chaired by Annie Ingram (North of Scotland Planning Group) and following discussion, the proposed service model was agreed, Service Improvement Groups (SIGs) agreed and NHS board-supplied data signed off.

Regional Planning Chief Executives (RPCE) Sub Group Meeting – 22nd December 2009

The Director of Healthcare Planning, Derek Feeley, and the Regional Planning Chief Executive Sub Group gave full support to the proposed service model, model for health board SIGs and model for links between chronic pain and musculoskeletal services. It was agreed Pete Mackenzie would make a presentation at the next available full Chief Executives' meeting.

Action (8): PM

Discussion then took place within the group regarding the structure of SIGs as follows:

Service Improvement Groups (SIGs)

Will Scott instigated discussion about SIGs and their similarities with MCNs and the management of the groups. It was noted that there needs to be a clear framework for setting up the SIGs and how they will operate. New ideas should be incorporated with the strengths of the MCN approach and should take into account the outcomes from the NHS Greater Glasgow & Clyde MCN. Pete Mackenzie advised that the Glasgow MCN was moving towards implementation of its agreed service model and is therefore a useful model for other health boards setting up SIGs.

Pete Mackenzie's slide presentation for the RPCESG meeting in December highlighted the structure for these groups and had initially come from Anne Hendry (Lead Clinician, Long Term Conditions Collaborative) on the basis of a process for more rapid improvement. It is expected that each NHS board will have a SIG.

Some group discussion continued regarding the set-up of the SIGs, their management and links with the Glasgow MCN. It was noted that once the SIGs are up and running ongoing meetings will occur between lead clinicians and business managers of each group as well as with the equivalent people at the Glasgow MCN. It was felt a national approach would be best to complement any obligate networks that develop between health board SIGs.

Remote Access Service

Pete Mackenzie advised the group of positive conversations about remote access services for people with chronic pain. It was noted that a group of specialist nurses in NHS Western Isles is interested in setting up a nurse-led pain service and there had also been discussions with Dr Tun Than, a Consultant Anaesthetist in NHS Western Isles. Also, towards the end of 2009, Pete was involved in useful discussions about infrastructure support for telehealth with, for example, Cathy Dorrian (Scottish Centre for Telehealth), Ian Yellowlees and the Pain Association Scotland. It was agreed to keep a note of these conversations and remote access services on the agenda as improvement plans progress.

Service Model

It was agreed to include signposting towards Pain Concern, Arthritis Care and the Arthritis Research Campaign in the narrative below the service model.

Other items

NHS QIS – Eileen Moir, Director of Nursing and Practice Development within NHS QIS now has responsibility for Chronic Pain, being supported by the internal NHS QIS Chronic Pain team.

SIGN – A formal application for a SIGN guideline on the Management of Chronic Pain was submitted in December and an outcome should be known following the next SIGN Council meeting on 17 March.

Shifting The Balance of Care – Pete Mackenzie has met with Sylvia Wyatt, and Sylvia will be meeting a NHS QIS Chronic Pain team meeting in April.

Quality Strategy – Pete Mackenzie has met with Claire Tester of the Scottish Government and attended a number of associated events.

Musculoskeletal Consensus Conference – Pete Mackenzie advised that he is involved in an advisory capacity and that Aline Williams, a specialist physiotherapist from Glasgow has agreed to contribute to the expert pain panel.

18 weeks referral to treatment (18WRTT) – Pete Mackenzie advised that he is still waiting for information requested regarding waiting list times and will chase this up.

Action (9): PM

Long Term Conditions Collaborative – Derek Feeley has stated that Long Term Conditions work streams will support improvement plans for chronic pain. Pete Mackenzie advised SCPSG members he is working to maximise support from Long Term Conditions leads and organisations and add value to the aims of the Long Term Conditions Action Plan.

5. NHS QIS Chronic Pain Project Plan – update from Fiona Russell

Fiona Russell gave an update on the NHQ QIS involvement in the Chronic Pain strategy noting the 3 levels as follows:

- **Mandate** – Currently the stage that the strategy is going through which includes the background, action plan, proposed service model, project objectives and references. Appropriate work streams are identified and partners such as NHS Education for Scotland (NES), ISD identified. Once completed and approved by NHS QIS Executive Team it will then move to the business plan stage.
- **Business Plan** – further detail added.
- **Project Initiation Document (PID)** – operational view including timescales and noting an endpoint for the completion of the project.

Pete Mackenzie advised that it was hoped that this process will be completed by the next project steering group meeting in June. It was thought that this process will lead to a 3 or 5 year project plan for NHS QIS.

6. Education – Audrey Taylor

Audrey Taylor tabled an update on the ongoing NES work in relation to Chronic Pain (see *appendix 1*) before going into further detail around particular aspects as follows:

- NES Learning Needs Assessment (LNA) – Audrey Taylor advised that NES is undertaking the education element through a learning needs assessment of chronic pain in primary care, which will form the basis of their initial involvement in the chronic pain strategy.
- NES Learning Needs Assessment (LNA) – Chronic pain in primary care establishment of reference group – Volunteers were requested for the reference group, which is a short life working group and expected to finish by July. The following people expressed an interest in being involved: Judith Rafferty (expressed by Jonathan Bannister, in Judith's absence), Helen Cadden, John McLennan. Other people who were not members of the project steering group were suggested and it was decided that any interested people should e-mail Audrey Taylor directly, noting their interest.
- Audrey Taylor advised that NES is currently in the process of recruiting another person to job share with her and it may be that once they are appointed and have settled in, chronic pain may then become their responsibility.
- Audrey Taylor will chase up Pete Mackenzie's e-mail to the NES Chief Executive requesting a meeting with them.

Action (10): AT

7. Research subgroup update – Blair Smith

Pete Mackenzie gave an update on the research subgroup as Blair Smith, the Chair of the Research subgroup, was absent (see *appendix 2*). The first subgroup meeting took place in February and took an overall strategic approach, using existing work and looking towards the building of a research network in the future. Once developed, the network would meet and share work and best practice on an ongoing basis.

The group members discussed in more detail the SIGN application relating to whether or not the group should push for a chronic pain aspect in all relevant SIGN guidelines and it was decided that Pete Mackenzie would delay sending a letter to SIGN about this, until a decision on the formal application has been made.

Action (11): PM

It was agreed to continue applying for a SIGN Guideline for Chronic Pain in the event the current application is unsuccessful.

8. Audit – Pete Mackenzie – see attached e-mails re Dr Foster audit

Pete Mackenzie advised that there was an ISD commitment via Adam Redpath to be involved in future chronic pain work.

Discussion took place between the group regarding the Dr Foster audit that is being undertaken in England and Wales. Consideration was given as to whether or not Scotland should partake in the pilot that is due to start at the end of March. The cost for Scottish participation in the pilot would be £14.5k. Following discussion between the group, it was apparent that there were still a number of ongoing questions and concerns that needed to be addressed before a final decision regarding involvement could be given. These

concerns related to amongst other things, ongoing costs, if Scotland was to continue involvement after the pilot, the differing types of service between Scotland and England and Wales as well as previous experiences of Scottish involvement in Dr Foster audits. It was decided that before a decision was made either way, it would be beneficial for a meeting to take place between Ellen Klaus (Dr Foster), Pete Mackenzie, Will Scott and Sean Doherty. Pete Mackenzie agreed to contact Ellen Klaus to arrange.

Action (12): PM

It was noted that it may be beneficial for some group members to attend the National Clinical Data for Quality Improvement Advisory Group (NCDAG) meeting taking place on 30 April 2010, which is being hosted by Dr. John McKnight and Professor Lewis Ritchie. It was agreed that Steven Robertson would contact Jennifer Graham to advise of attendance of some chronic pain group members at the meeting. Pete Mackenzie will confirm in due course the names of the attendees.

Action (13): SR & PM

9. Written updates from Stakeholders

Written updates had been submitted from stakeholders (see *appendix 3*) and discussion took place between group members where there was appropriate representation:

- **Pain Association Scotland**

Phil Sizer and Susan Douglas-Scott discussed the LTCAS funding in more detail and in particular the differences between patient and staff-led approaches. It was noted that although the Pain Association had not been successful for funding in the 2nd phase, it is still acceptable for the Pain Association to submit a proposal for funding for a new model from the 3rd phase. It was noted that there was approximately £700k available for the 3rd phase. The closing date for applications for this phase is at the end of March 2010.

Please note, after the meeting David Falconer of the Pain Association Scotland has asked us to make the following amendment:

The Pain Association Scotland did not apply for funding in the second round. At the time the bid was made for the third round the LTCAS were unclear if they were having a third round.

When it was decided it would go ahead with the third round the application was unsuccessful.

New projects are not the only ones that are funded as can be seen from some of those who have previously been awarded funds.

- **Chronic Pain MCN Greater Glasgow & Clyde**

No additional update or discussion.

- **British Pain Society (BPS)**

No additional update or discussion.

- **Long Term Conditions Collaborative**

Discussion took place regarding the how chronic pain strategy linked in with the Collaborative. Iona Philp ran through the written update and advised that the date detailed in bullet point 3 regarding the T6 Network meeting is the 1st April and not the 24th March as stated. It was noted that Pete Mackenzie will be involved in the June meeting and Iona Philp will liaise with Pete Mackenzie, prior to that.

Action (14): IP & PM

10. AOCB

- **18 Weeks referral to treatment programme**

Some discussion took place between group members regarding the 18 weeks referral to treatment (18WRTT) and how it relates to chronic pain. This item would be carried over to the next meeting.

- **Consensus Conference**

It was agreed that this item would be carried over to the next meeting.

11. Date of next meeting

The date and time of the next meeting is: Thursday 24 June 2010, 10am-1pm. The meeting will take place in the Ground Floor Boardroom, Elliott House, Edinburgh.

List of Action Points – 2 March 2010

Action number	Agenda item	Action	By	Timescale for completion/ update
1	3.1	SR will clarify with Blair Smith that this action point related to the CSO funded report on PMPs and if so, would be moved to the research group remit.	SR	ASAP
2	3.1	The paper on self-management and pain service provision has been received by Pete Mackenzie and Phil Sizer will circulate it in electronic format to the other project steering group members.	PS	ASAP
3	3.1	NHS QIS Communications Unit still investigating the possibility of accessing The Chronic Pain Policy Coalition DVD 'Chronic Pain in the UK - The Vital Issues'	SR	ASAP

		via the NHS QIS website. However, there are IT issues regarding this, although, other options are still being investigated including access via Youtube.		
4	3.1	Draft framework and implementation plan - SD-S drafted and presented an overarching person centred aim as well as eight revised aims to the group and Pete Mackenzie advised that these should be incorporated into the project documents.	PM/NHS QIS	ASAP
5	3.1	Chronic Pain links with morbidity and mortality in deprived areas – Blair Smith & Stewart Mercer documents. Information to be e-mailed out to project steering group members	PM	Attached
6	3.1	Draft framework and implementation plan – noted rewording would be undertaken in the mandate documentation being undertaken by NHS QIS and Pete Mackenzie.	PM/NHS QIS	ASAP
7	3.1	Carried forward. GRIPS Priority Action 2 – there is an aspiration to arrange a consensus conference or equivalent around redesign of chronic pain services once the NHS QIS project initiation document has been finalised. Pete Mackenzie will report back following the MSK Consensus Event in May to the next Steering Group meeting in June 2010.	PM	ASAP
8	4	Chief Executives' meeting on the 23 March 2010. Pete Mackenzie will update the Regional Planning Chief Executives (RPCE) documentation and slide presentation for this meeting.	PM	ASAP
9	4	18 weeks referral to treatment (18WRTT) – chase up waiting times information.	PM	ASAP
10	6	Audrey Taylor will chase up Pete Mackenzie's e-mail to the NES	AT	Malcolm Wright has replied

		Chief Executive requesting a meeting with them.		indicating Sonya Lam AHP and LTC Director in NES will arrange a meeting
11	7	A chronic pain aspect in all relevant SIGN guidelines – Pete Mackenzie to send letter to SIGN about this, following a decision on the formal application. This will only be sent if the application is unsuccessful.	PM	After a formal decision has been received from SIGN
12	8	Dr Foster's Audit - a meeting to be arranged between Dr Ellen Klaus (Dr Foster), Pete Mackenzie, Will Scott and Sean Doherty to discuss pilot queries.	PM	By 04/03
13	8	National Clinical Data for Quality Improvement Advisory Group (NCDAG) meeting taking place on 30 April 2010 – confirm project steering group attendance.	PM & SR	By 12/03
14	9	Long Term Conditions Collaborative – June meeting. Pete Mackenzie & Iona Philp to liaise prior to meeting.	PM & IP	ASAP

Ref: SR

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