

SCOTTISH PARLIAMENT

CROSS PARTY GROUP ON ARTHRITIS AND MUSCULOSKELETAL CONDITIONS

MINUTES OF MEETING ON 27th JUNE 2012

Introduction

1. Helen Eadie welcomed all present and thanked those involved in planning the meeting.

Key Points Relating to Future Business

2. The issue of therapeutic oedema gloves, at present not available on the Scottish Drugs Tariff, had been raised by NHS Tayside. The Group would explore what support it might give to influence change: Katie McAlarey and Matt Barclay had relevant information which they would make available and Colin Howie advised that the means of change, the gloves being an orthotic device rather than a medicine, was properly via a Single Technology Appraisal by NICE, not through the SMC. Lack of robust evidence was likely to be an obstacle to success.

ARMA Musculoskeletal Map of Scotland

3. The group welcomed Steve McBride, Chair of the ARMA Group in Scotland and Federico Moscogiuri, Director of ARMA. The ARMA Musculoskeletal (MSK) Map, based on responses to Freedom of Information requests made to the 14 Scottish Health Boards in July 2010, gave a picture of the quality of MSK services across the country. Key findings included: an inconsistency of care and services available to people with MSK conditions; an inconsistency of working information held by Boards affecting their capacity to evaluate services; inequities in the provision of biologic drugs, intravenous services and the allocation of consultant time for RA; a failure to assess application of best practice and SIGN Guidelines.

4. Group members expressed concern about appropriate and equitable access to anti-TNF medicines. The threshold for receiving these might at present be higher than elsewhere in Europe, but it was essential that patients should not face delays - in the form of 'waiting lists' – once their need for these treatments had been established. **Dr John Hunter undertook to explore via the Scottish Society for Rheumatologists whether rationing of this kind was being practised.**

5. In answer to questions it was confirmed that the Map included all MSK conditions but that it covered only over-16s (though information for children could readily be accessed via the MCN for Children). In response to a question about SIGN supporting the implementation of its Guidelines it was explained that SIGN itself had no mandate to do this, but that patient groups could do much themselves to promote progress within the healthcare system.

OA Nation Report

6. Steve McBride presented key findings of the recent Arthritis Care-commissioned report, *OA Nation 2012* (available in full on the Arthritis Care web site). This report set out the wide-ranging physical, financial and emotional impact of osteoarthritis (OA) on the 8.5 million Britons currently affected and suffering daily pain – a number set to rise dramatically with the projected increase in the population over 50 and in obesity. Even at present the total cost to

the UK economy was estimated at 1% of GNP including lost working years and healthcare spending. Group members noted the report with concern.

7. The issue of financial impact on surgical services, already affected by budgetary restraint, was one of particular concern. Colin Howie flagged up various ways in which, even now, Health Boards under pressure to reduce spending were 'managing' access to surgical services: the exclusion of patients on grounds of having BMI over 35; rating procedures, including joint replacements - in fact one of the best and most effective surgical interventions available - as being of 'limited worth'. The use of the term 'elective' (clearly having arthritis and its resulting surgery is not a free choice) for those patients awaiting necessary, planned surgery allowed them to be set aside in favour of emergency cases which in effect 'jumped the queue'. This also caused displacement into emergency expenditure which had rocketed as a result. Colin Howie stressed that, even in the face of growing demand and shrinking resources, management must not be too prescriptive: the individual patient was the professional's challenge and patients with chronic conditions, as partners in their own care, should have ready access to clinicians managing their case.

Meeting the Needs of People with RA - Current Reviews of Service Provision

8. Liz Murphy, consultant rheumatologist at Wishaw General Hospital, gave an excellent presentation on current provision for people with RA, recent developments, key issues and challenges and the questions which must be addressed in planning the way forward. This was a crucial time with effective treatments available and real potential to improve outcomes, including sustaining employability, throughout a well-managed patient journey. The SIGN Guidelines and a number of reports, audits and professional standard-setting exercises provided the framework within which to test and improve practice and disease management. Key issues were the high cost of RA (reckoned at £8bn per year), the variability of the standard of care across the country and the need to manage and support chronic disease, thus maintaining the benefits of swift diagnosis and early establishment of control. The ambitious target of 90% remission after 12 months was welcome and should be endorsed.

9. Challenges and questions for Scotland at present, given that we had ample data on which to base action, were how to ensure best practice, harness enthusiasm of rheumatology teams, set up robust systems of quality improvement, promote a holistic approach and manage the drug budget for biologics. In particular Liz Murphy recommended: the involvement of Health Improvement Scotland (HIS) and LTCAS to support the adoption of best practice and measurement of outcomes; work to utilise the MSK Rehabilitation Framework Project; developing a network of vocational rehabilitation; and keeping patient self-management as a strong focus. It was critical that the ScotPHN Report, due shortly, be made to count, and the Cross Party Group might wish to return to this after publication.

10. Liz McKay-Saville, member of NRAS, spoke to the Group of her own experience as a patient, much of which strongly bore out the lessons of the previous presentation. The most telling points were the repeated delays before diagnosis and then before treatment against a rapidly worsening disease picture, the severity of disease which had to be suffered in order to 'qualify' for biologic treatment, the huge shift experienced in lifestyle and quality of life, the loss of career and of 'place' in the order of things. This was a powerful illustration of why we must work to achieve swift and consistent delivery of the best care which is now available.

The Group welcomed the 90% remission at 12 months target, querying whether it could be extended to cover all inflammatory arthritis. Liz Murphy indicated that this would weaken the target making it harder to deliver. Rather RA could be used as the spearhead to establish progress which in turn could embrace other conditions, as with the hip fracture target.

11. The Group explored ways it might contribute to progress, as highlighted by Liz Murphy, in meeting the needs of people with RA. Possible lines of action were:

- **to table a motion after the summer, linked to World Arthritis Day and the CPG October meeting on arthritis and complex bone disorders in children.**
- **to ask Parliamentary Questions.**
- **to promote implementation of SIGN Guidelines through the Public Petitions Committee, subject to any prior work undertaken by the PPC in this or any similar area.**
- **to pose to the Scottish Government and the Health Committee the question of how success is measured in the delivery of health.**
- **to have as an aim the holding of a conference or collaborative event on the whole question of implementation of SIGN Guidelines.**

12. The next meeting would be on the 24th October at 5.30 pm, the following at the same time on 5th December. This latter would concentrate on the very recently updated *Report on Delivery of RA Services in Scotland* commissioned by the Scottish Inflammatory Diseases and Rheumatology Industry Group (SIDRIG).

13. The meeting closed with thanks to all concerned.

Attending:

Margaret	McCulloch	MSP
Anne	McTaggart	MSP
Faisal	Ahmed	Royal Hospital for Sick Children, Glasgow
Karen	Allan	Strathclyde Lupus Group, Lupus UK
Phil	Atkinson	
Matthew	Barclay	Community Pharmacy Scotland
Julia	Burdge	NRAS
Sharon	Campbell	RGN
Meng May	Chee	NHS Greater Glasgow and Clyde
Joyce	Davidson	Scottish Paediatric and Adolescent Rheumatology Network
Angela	Donaldson	Arthritis Care
Tom	Downie	NASS
Andrew	Feltoe	Scottish Chiropractic Association
Jacqueline	Forde	Health Inequalities Alliance Ltd
Jamie	Hewitt	National Rheumatoid Arthritis Society

Colin	Howie	NHS Lothian
John	Hunter	Gartnavel General Hospital
Iain	Macdonald	NASS Edinburgh
Sheila	MacLeod	National Rheumatoid Arthritis Society
Sophie	Matthew	NASS
Katie	McAlarey	Greater Glasgow and Clyde
Steve	McBride	ARMA Scotland
Janet	McComiskey	Strathclyde Lupus Group, Lupus UK
Liz	McKay-Saville	NRAS
Federico	Moscogiuri	ARMA Scotland
Elizabeth	Murphy	NHS Lanarkshire
Michael	New	NRAS
Patricia	Osborne	Brittle Bone Society
Simon	Packer	Pain Concern
Tracy	Rendall	Scottish Network for Arthritis in Children
Anne	Simpson	National Osteoporosis Society
Lucy	Watson	Pain Concern

Apologies:

Catherine	Stihler	MEP
Nanette	Milne	MSP
Jim	Eadie	MSP
Guy	Armstrong	UCB Pharma Ltd
Carole	Callaghan	Rheumatology, Edinburgh Western General
Diane	Crake	NHS Tayside
Maggie	Brooks-Carter	Scottish Massage Therapists Organisation
Iain	Dingwall	Sports Chiropractor
Margaret	Duncan	NHS Ayrshire and Arran
Margaret-Mary	Gordon	NHS Greater Glasgow and Clyde
Amy	Hefford	Abbott
Anne	McEntegart	NHS Greater Glasgow and Clyde
Ann	Murray	Framework for Adult Rehabilitation
Paulo	Quadros	Intlife
Diane	Thomson	Pfizer