Arthritis and MSK Cross Party Group Meeting 03/05/23, 6pm-8pm

Attendance in person

MSPs:

- Paul O'Kane MSP
- Pam Duncan-Glancy MSP
- Jenny Minto MSP
- Rachel Hamilton MSP

Non-MSPS

- Morag Innes, Office of Pam Duncan-Glancy MSP
- Neil Basu, University of Glasgow
- Alison Black, NHS Grampian and University of Aberdeen
- Martin Davison, Consultant Orthopaedic Surgeon, NHS Lanarkshire
- Kathryn Berg, University of Edinburgh
- Douglas Guest, Versus Arthritis
- Nick Clements, Scottish Committee for Orthopaedic and Trauma
- Sue Cole, NRAS
- Laura Neil, NHS24
- Deborah Nelson, Royal Osteoporosis Society

Virtual attendance

- Sue Cole
- Maureen McAllister
- Michelle Stevenson
- Alan MacDonald
- Lorna __
- Stefan Siebert
- Ailsa Bosworth
- Nicci Motiang
- Caron Jenkins
- Dorothy-Grace Elder
- Lesley Rose
- Louise Wilson
- Heather Ann Baxter
- Gerald Ellison
- Catherine Hughes
- Stephen Bridgman
- Robin Munro

Agenda item 1

Welcome, housekeeping & opening remarks

- CPG noted its thanks to Anne Simpson for her dedication, knowledge and expertise which will be missed

- Paid thanks to Emma Roddick MSP for all the work that she did – will write letter to Emma for her work
- Note apologies & Paul apologised as has to leave early
- Funding approved for FLS service after ROS campaign
- Pam visit to FLS QEUH
- Note upcoming JIA Awareness Week & theme #BustingMyths & encouraged everyone in CPG to get involved
- New member Gary McFarlane approved
- Laura Neil listed as present at Jan meeting but wasn't – she had sent apologies – minutes approved besides that amendment
- Noted representation of Scot Govt here – Jenny Minto MSP
- No response to Emma R biologic letter
- Letter to Covid Enquiry & working on best ways & means to do that due to changes round membership of enquiry & will update CPG forthwith
- Informed Jackie B that PHS website not updated

Agenda item 2

Election of new secretariat & deputy convener

- Alan McGinley self-nominated for secretariat on interim position until September – Dorothy-Grace Elder concerns about secretariat linked to Govt funding – Pam explained what the role involves – Alan nominated & will revisit in Sept – seconded by Rachel Hamilton
- Rachel Hamilton self-nominated as Deputy Convener – seconded by Paul O'Kane

Agenda item 3

Jenny Minto MSP, Minister for Public Health and Women's Health

- Pam welcomed the Minister to her portfolio
- Health is key priority
- Meetings like this help bring issues to forefront
- Important that people with arthritis & msk receive best possible care throughout Scotland
- Healthboards making progress reducing number of patients on orthopaedic lists – wants to drive improvements in these specialities – Scot Govt funding +4mil biggest increase in planned care capacity ever created – additional capacity for knee & hip surgery
- Work with health boards to understand patient pain & appropriate support where needed
- Services must take opportunity to improve care for people with chronic pain – pain management plan July 2022 – want people with chronic pain to be able to take control of their condition & be more empowered to make decisions regarding their care
- Access to care & physiotherapy for people living in rural areas will be a key focus
- Scot Govt will promote clear & national approach to pain management
- Would welcome CPGs support for actions set out in plan & framework
- Care needs to be consistent regardless of socio-economic factors or areas
- Undertaking new programme Waiting Well – active & preventative waiting period – access to info & signposting to services – 3 areas of focus: improve info on NHS inform; explore ways of proactive wellbeing screening & support from local NHS & community; work to improve – acknowledged the work of Versus Arthritis and thanked them

- Emphasised she is here to listen & learn & work with all partners to ensure everyone listening with Arthritis & MSK conditions have access to best possible care & support
- Questions →
    1. Deborah Nelson ROS – "Half of women over 50 will suffer a broken bone due to osteoporosis. These fractures are the fourth greatest driver of premature death and disability. Yet despite this, the Scottish Government's Women's Health Plan contains just a handful of mentions of osteoporosis. What plans does the Minister have to ensure that bone health is included in the work of the Scottish Government's Women's Health Plan, not just as something which affects people later in life, but something which should be considered right throughout women's life course?" this needs to go beyond a focus on menopause → the Minister noted the need to have a women's health policy & areas where we need to delve deeper with the resources we have
    2. Louise Wilson (NHS Orkney) Qu. There appears to be an increase in autoimmune disease post COVID – with recurrent waves of COVID what actions need to occur to meet NHS future demand, particularly with a "minimisation" of the impact of COVID approach that seems to be occurring? Indeed, what is planned re informing the public of the risk of repeated COVID infections so that individuals can undertake their own risk informed protective actions? → the Minister said she will take her question away to raise with officials & get response
    3. Dorothy-Grace – CPG on chronic pain – asked whether the Minister approved that Facebook was being used to determine patient participants in the Pain Management Framework → Minister wasn't aware of Facebook being used, but agreed to take the question away and get more info. She also agreed to come along to the next Chronic Pain CPG to discuss this in more detail.
    4. NRAS John Patron – highlighted the disproportionate effect of rheumatoid arthritis & JIA on women, and asked whether the Scot Govt will look at the workforce plan for rheumatology, the lack of rheumatology units and shortages of consultants and nurses → the Minister noted that the Govt is looking at where to put funding across areas and will come back to the CPG with a response on the BRS report → Rachel Hamilton MSP noted that since Covid RA patients have been given appointments that aren't face to face which means some key issues are missed (swelling joints is autoimmune response) and that face to face is important. She also noted that women 2/3X more likely to get RA as example of an autoimmune condition, yet the women's health plan is primarily focused on menopause, periods, sexual health etc but doesn't extend further. Lastly, she highlighted issues of diet and nutrition and their impact on RA are missing from the Women's Health Plan & NHS inform websites (although are available on Versus Arthritis website)
    5. Laura Neil – highlighted the need for early detection and prevention of MSK conditions and MSK pathways, including through digital solutions and opportunities for digital pathways and that NHS24 could perhaps do more on this and take some strain off of emergency services → the Minister said that with Maree Todd MSP (previous office holder for MFPH), CabSecHSC, she met NHS24 where they discussed the benefits this can have and that she will explore this further
    6. Alan McGinley – highlighted the need for dedicated treatment centres & support plans

Agenda item 4

Neil Basu, Professor of Musculoskeletal Medicine & Vasculitis, Honorary Consultant Rheumatologist: 'Towards a National Solution for Rheumatology Patients Disabled by Fatigue'

- Saw there was no clear treatment path for patients with chronic fatigue
- Fatigue has a major negative impact on IRD patient wellbeing
- Versus Arthritis funded trial to implement non-pharmaceutical care into NHS
- CBA & PEP – both reduce fatigue severity & enhance overall wellbeing at one year
- PEP is cost-effective for the NHS & reduces primary care burden & reduces societal costs
- Success assessed 1 year on – holistic benefits of interventions, such as improvements to mental health
- Health-economic analysis with NHS in mind when considering cost/cost effectiveness – treated it like a drug & comfortably met ICER measurement
- Proposed a call centre across Scotland where people can speak on the phone to a physiotherapist so they can understand their clinical condition
- Carol from MSK Network – noted the value of the research beyond rheumatoid conditions e.g. long covid
- Ben from Versus Arthritis – noted that CBT was perhaps less effective than PEP because it relies heavily on in person care, rather than the model used, which was over the phone

Agenda item 5

Martin Davison, Consultant Orthopaedic Surgeon NHS Lanarkshire, Vice Chair of the Scottish Hip Fracture Audit: 'Good Hip Fracture Care in Scotland – Importance to patient, hospital and society'

- 22 hip fractures per day every day
- Beds used by patients with hip fractures are more than stroke and heart patients combined – across Scotland in 2021, hip fracture patients accounted for 142713 bed days
- Less than 5% of patients managed without surgery
- Audit is second of its kind in the world
- 12 standards of care are part of it, developed on basis of evidence
- Scottish Standards of Care for Hip Fracture Patients (SSCHFP) – collection of management goals to ensure a consistently high standard of care to patients admitted with hip fracture to any Scottish hospital – "Adherence to the SSCHFP is associated with better patient outcomes. These findings confirm the clinical utility of the SSCHFP and support their use as a benchmarking tool to improve quality of care for hip fractures." (Farrow et al., 2018)
- Action plan for any underperforming units
- Single nurse post pulled due to lack of funding = drop in standards, then funding for the audit was secured, the impact of removing the post was highlighted and the post was kept
- Since the audit, there has been an increase in percentage of patients returning home before 30 days = saves money
- Impact of Covid – 3X increased chance of mortality if you get Covid when recovering from a hip fracture
- Average mortality 78% - same as average globally (roughly)
- Orkney contributes to hip fracture audit since 2021 and Shetland since 2022
- International collaboration – sharing knowledge & helping other places to set up similar audits
- Ageing population – 32% more hip fractures predicted by the end of the decade

- Audit is dynamic & evolving

Agenda item 6

Alison Black, Consultant Rheumatologist NHS Grampian, Chair of Bone Interest Group of Scotland: 'How might we prevent fractures?'

- Scotland is the home of the Fracture Liaison Service (FLS) with the first service developed in Glasgow in 1999
- Anyone who suffers a low trauma fracture over the age of 50 should be offered a DXA scan (or placed directly onto treatment) in Scotland
- Universal coverage of FLS in Scotland but variable quality
- Agreement with Audit Scotland that a Scottish audit of all low trauma fractures would be valuable in line with the English FLS audit, with recent agreement re funding obtained
- Zoledronic acid for management of hip fracture prevention in men & women – begins to have clinical benefit within 1 month – however, can result in hypocalcaemia if Vitamin D levels are low & can be associated with a rare side effect of ONJ
- Cross-country work to agree UK & Ireland standard of care on the use of IV zoledronate therapy post-hip fracture & planned dissemination internationally
- Plan:
    1. Give all suitable patients IV zoledronate at least 48 hours post-surgery for low trauma hip fracture but pre-discharge
    2. On discharge of all patients, send copy of discharge letter to local osteoporosis service unless patient has been deemed end of life care
    3. Local osteoporosis service will follow up subsequent treatment for those given IV zoledronate & consider follow up DXA scans for those already on bone therapy at time of fracture
- Group discussion covered detail on when impact will be known and how people with underlying MSKs can identify fractures (given they often go unnoticed in this group). The digital solution at the QEUH FLS was also highlighted.

Agenda item 7

Date of next meeting: 20th Sept – AGM – 6-8pm