Scottish Government

NATIONAL ADVISORY COMMITTEE FOR CHRONIC PAIN

MEETING MINUTES

Date: 26 June 2019

Time 14:15 – 15:45

Attendees:

Dr Gregor Smith (GS), Scottish Government (Chair)
Prof Blair Smith (BS), National Lead Clinician for Chronic Pain
Prof Lesley Colvin (LS), University of Dundee
Dr Rachel Atherton (RA), Consultant Psychologist SNRPMP
Dr Paul Cameron (PC), Clinical Lead at NHS Fife Pain Management Service
Amber Hagelstein (AH) – (the ALLIANCE)
Marianne Hayward (MH), Head of Health HSCP South Lanarkshire
Phil Mackie (PM)– ScotPHN
Prof Tim Eden (TE), (Patient Rep)
Sonia Cottom (SC), Pain Association Scotland (3rd Sector Rep)
Angela Donaldson – Bruce (ADB), Versus Arthritis (3rd Sector Rep)
James O'Malley (JOM) – Versus Arthritis (3rd Sector Rep)
Dr Pat Roche – (PR) Pain Concern (3rd Sector Rep)
Adam Rennie (AR)– ISD
Amanda Stewart (AMS)– ISD
Carolanne D'Arcy(CD) – ISD
Anita Stewart (AS), Scottish Government
Carolyn Chalmers (CC), Scottish Government
Chris White (CW), Scottish Government
Mark Lawson (ML), Scottish Government
Jemma McGuffie (JM), Scottish Government - Secretariat

1. Welcome, Introductions and apologies

GS welcomed Versus Arthritis to the Committee. Apologies were received from Dr Grecy Bell.

2. Publication of quarterly chronic pain waiting times

NHS Information Services Division presented the latest publication of quarterly chronic pain waiting times statistics and the Committee discussed the narratives provided by some NHS Boards. More information was requested about the regular engagement also taking place with Boards, as part of the Waiting Times Improvement Plan. (ACTION)

The Committee thanked ISD for providing the interactive historical report and suggested feedback to improve it. (ACTION)

The Committee discussed the statistics in light of recent negative press articles that accompanied their release. It was felt that it would be helpful for the Scottish Government to highlight examples of work underway across Scotland to improve waiting times and pain services. (ACTION)

3. Matters Arising

PC provided an update on his attendance at the Chronic Pain Policy Coalition meeting held at the House of Lords. This provided an opportunity to hear about developments and challenges affecting chronic pain services across the UK and to share improvement work underway across Scotland. GS reminded the Committee to utilise their networks to bring relevant topics to NACCP for discussion and to disseminate information back afterwards (ACTION).

LC updated the Committee on a recent discussion with clinicians, the Royal College of Paediatrics and Child Health, and policy colleagues about implementation of the Management of Pain in Children and Young People guideline. Various actions are being explored including a Managed Clinical Network.

4. Chronic Pain Report – implementation and engagement

BS provided a short presentation to summarise the overview he provided to the Scottish Access Collaborative Programme Board about the Chronic Pain Specialty report. This report has been signed off and has been published[1]. The Committee endorsed this report and agreed to advise the Modern Outpatient Programme on its draft implementation proposal in due course. (ACTION)

5. TOR – Patient Reference Group and appointment of executive

CC and AS have met with Health Improvement Scotland to consider ways to harness patient engagement. The creation of an independent lived experience consultation group for Chronic Pain in Scotland, developed by relevant third sector organisations, would provide wide opportunities to engage across government and other partners. Versus Arthritis agreed to convene a meeting with interested organisations and policy areas to explore this. (ACTION)

The Committee ratified the appointment of Aline Williams from NHS Greater Glasgow and Clyde as a Service Manager representative on NACCP.

The Committee also agreed to the creation of a Committee Executive comprising BS, AS , MH and SC representing clinical advice, policy, integration and third sector. This Executive will assist the Chair by providing strategic oversight to inform and drive the business of NACCP. It will be trialed for a year and reviewed after 6 months.

[1] https://learn.nes.nhs.scot/18195/scottish-government-health-and-social-care-resources/scottish-access-collaborative-making-connections-for-staff-and-patients/specialty-group-pages/chronic-pain-specialty-group/chronic-pain-report

6. Dependence – DRDs, withdrawal

GS and PM provided an update about the Atlas of Variation – currently waiting to find out how many maps can be produced annually. This will inform prioritization of map production.

CW highlighted that the Scottish Government is awaiting the publication of a Public Health England review of prescription medicine dependence and withdrawal, with a view to undertaking a tailored study of activity and issues in Scotland. ML also advised that the Scottish Government is convening a two year task force on drug related deaths – with the first meeting expected to take place in Summer 2019. NACCP can contribute and provide advice in both of these areas. (ACTION)

7. Summary of Agreed Actions

Ref.	Actions from meeting on 25 June 2019	Responsible
1	Update NACCP on the Waiting Times Improvement Plan progress on chronic pain specialty	WTIP policy team
2	Revise the interactive statistical report	ISD
3	Review content of press communications about waiting times statistics	NACCP Executive
4	Utilise networks to disseminate information from NACCP and highlight issues for NACCP review	All
5	Share the draft Implementation Plan for the SAC report with NACCP for comment	CC
6	Convene a meeting with interested organisations and policy areas to explore the creation of an independent Chronic Pain Patient Reference Group for Scotland	Versus Arthritis/ PAS/ Pain Concern/ the Alliance
7	Engage with NACCP, as required, for advice about the prescription medicine dependence and withdrawal review and the drug related death taskforce	CW/ ML

8. Any Other Business – To attach the findings of the Survey on Scottish Specialist Pain Workforce to the minutes.

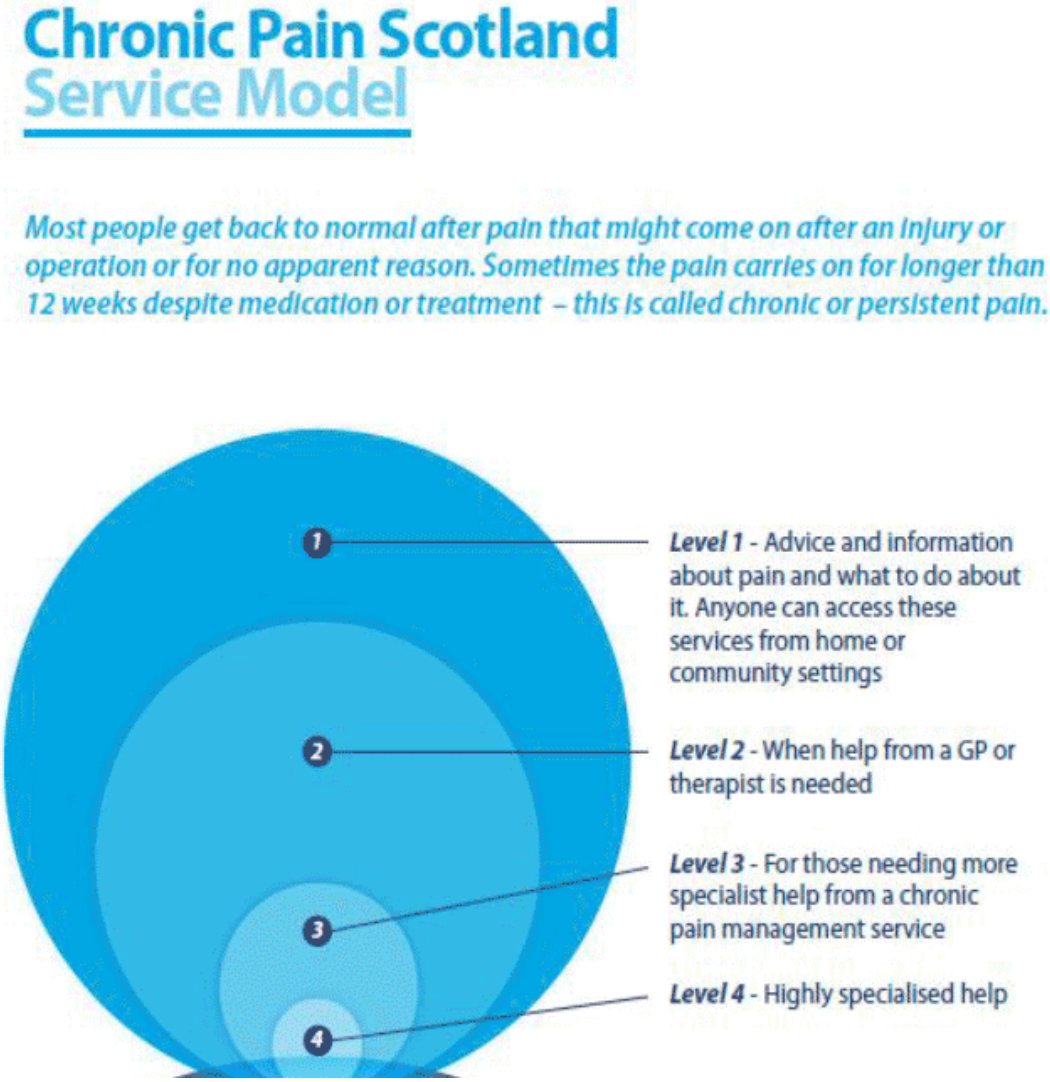
9. Next Meeting on 25 September 2019, 14.00 @ St Andrew's House, Edinburgh

Annex

Findings of Scottish Specialist Pain Workforce Survey
(as at 1 August 2018)

Introduction

1. The Scottish Model for Chronic Pain illustrates the services available to people with chronic pain, with the majority being treated in the community or primary care.



2. Level 3 specialist pain services are multi-disciplinary services that are traditionally led by consultant doctors (anaesthetists) and delivered at NHS Board level in Scotland. The Faculty of Pain Medicine (FPM) sets out minimum standards for a specialist pain service[2] that includes it must:
    a. be an interdisciplinary team where each individual has a high level of expertise in different aspects of complex pain management. The team should include: physicians, psychologists, physiotherapists and specialist

[2] https://www.rcoa.ac.uk/system/files/CSPMS-UK-2015-v2-white.pdf

nurses, with access to others such as pharmacists and occupational therapists.

b. cover the needs of the patient as a whole involving other specialists, such as neurosurgeons, neurologists, gynaecologists, urologists, rheumatologists, oncologists, as necessary.

3. NHS Boards have cited workforce shortages, as a contributing factor to lengthening waiting times for chronic pain services in Scotland. This is supported by the findings of a 2017 FPM census that found there were a similar ratio of chronic pain doctors (anaesthetists) in Scotland in 2017 compared to 2011, equivalent to ~1/100,000 people[3], that highlighted more were needed.

4. As there is not currently a central mechanism to routinely collect data about the workforce delivering specialist pain services in Scotland, the National Advisory Committee for Chronic Pain (NACCP) advised the Scottish Government to undertake a one-off survey to obtain this data (including information on recruitment and retention, and succession planning). See Annex A for a description of the methodology used.

Summary

5. Returns were received from all 14 regional NHS Boards in Scotland that oversee the specialist level 3 services in hospitals.

6. 10 of the 14 NHS Boards reported difficulties with recruitment and retention. The reasons cited include: geographical location; shortage of anaesthetic trainees specialising in pain; the need to achieve efficiency savings and Board non-replacement policy for retirees.

7. In order to address these difficulties, Boards are taking a variety of actions such as nurses and allied health professionals (AHPs) providing a first contact non-medical role and delivering educational classes (on self-management), using senior AHPs alongside medical consultants and offering fellowship/ assistant roles that lead to higher learning e.g. doctorates and/or recruitment of consultants.

8. Boards also report working closer with other disciplines such as paediatrics, gastroenterology, neurology, rheumatology and psychology/ mental health services. One of the Island Boards has a service level agreement with NHS Grampian (NHS Western Isles) and the other two are exploring opportunities for shared appointments/joint use of locums.

9. NHS Greater Glasgow and Clyde is the only Board where some element of the specialist pain service is not reliant on a single post holder. (As at August 2018, NHS Greater Glasgow and Clyde did not report any issues with recruitment of specialist staff, however, since then it has advised it has a number of vacancies within its specialist pain clinics that remain unfilled).

[3] Scottish FPM Census 2017 Summary – Dr Jon McGhie

10. Remote geographical locations appear to be a factor for the location of vacancies within some disciplines such as psychology and physiotherapists.

Survey findings – adult services

Consultants (including Anaesthetists)

- The consultant establishment consisted of 172.4 'direct clinical care' (DCC) job plan sessions per week to the pain services at 1 August 2018 (referred to hereafter as 2018), and 163 DCC sessions per week at 1 August 2016 (referred to hereafter as 2016).
- This amounts to 3.17 DCC sessions per 100,000 population in 2018, and 3.02 in 2016.
- Consultant establishment also contributed 70.3 'supporting professional activities' (SPA) job plan sessions per week in 2018, and 62.6 SPA sessions per week in 2016.
- This amounts to 1.29 SPA sessions per 100,000 population in 2018, and 1.16 in 2016.
- Taking DCC and SPA sessions together, the total consultant provision was 4.49 per 100,000 population (equivalent to 0.45 WTE per 100,000) in 2018 and 4.18 per 100,000 (equivalent to 0.42 WTE per 100,000) in 2016.
- The above figures include sessions represented by vacant posts. In 2018, 16.75 DCC sessions per week (9.7%) were vacant, and 3.5 SPA sessions per week (5.0%) were vacant.
- Excluding vacancies, the combined current DCC and SPA consultant service provisions was therefore 222.5 sessions in 2018. This amounts to 4.09 sessions per 100,000 population, equivalent to 0.41 WTE per 100,000, and a drop of 3.1 sessions since 2016.
- For comparison, the overall Consultant Anaesthetist vacancy rate nationally was 3.4% in September 2018, based on whole time equivalent (WTE).
- Around 7% of all consultant anaesthetists work at least one session in the pain services.

Other doctors

- Under 10 posts nationally in 2018. Very little change in WTE since 2016. No vacancies.

Trainee Doctors

- Under 10 posts nationally in 2018. In 2018, 25.0% vacancy rate nationally.

Psychologists

- The WTE increased from 14.9 in 2016 to 16.0 in 2018 (including vacancies).
- This amounts to 0.27 WTE per 100,000 population in 2016, and 0.29 WTE per 100,000 population in 2018.
- As at 1 August 2018, the vacancy rate was 8.8% nationally (1.4 WTE).
- Excluding vacancies, the current psychologist service provision in 2018 was therefore 14.6 WTE, a drop of 0.3 since 2016

Physiotherapists

- The WTE increased from 21.9 in 2016 to 24.1 in 2018 (including vacancies).

- This amounts to 0.41 WTE per 100,000 population in 2016, and 0.44 WTE per 100,000 population in 2018.
- In 2018, the vacancy rate was 6.6% (1.6 WTE). For comparison, the overall physiotherapist vacancy rate nationally was 6.7% in September 2018, based on WTE.
- Excluding vacancies, the current physiotherapist provision in 2018 was therefore 22.5 WTE, an increase of 0.6 since 2016.

Psychiatrists
- Under 10 posts nationally in 2018. None reported for 2016.

Occupational Therapists
- Under 10 posts nationally in 2018. No change in WTE since 2016.

Nurses
- The WTE increased from 24.3 in 2016 to 25.9 in 2018 (including vacancies).
- This amounts to 0.45 WTE per 100,000 population in 2016, and 0.48 WTE per 100,000 population in 2018.
- In 2018, the vacancy rate was 11.6% (3.0 WTE).
- Excluding vacancies, the current nurse service provision in 2018 was therefore 22.9 WTE, a drop of 1.4 WTE since 2016.
- For comparison, the overall qualified nursing and midwifery vacancy rate nationally was 5.3% in September 2018, based on WTE.

Pharmacists
- Under 10 posts nationally in 2018. No change in WTE since 2016.
- No vacancies as at 1 August 2018.

Survey findings – children's services

Consultants (including Anaesthetists)
- Under 10 posts nationally in 2018. No change in number of posts since 2016, however, 76% more DCC sessions.

Some of comments received from NHS Boards
- No current issues identified with recruitment
- Advertised more than three times and not managed to recruit anyone.
- Recurrent difficulties with recruitment of suitable clinicians for roles in our service including physiotherapists, medical consultants, nurses and other AHP disciplines
- Lack of adequately trained people both in medical and allied health professionals
- No filled higher (of possible 4 per year) or advanced (of possible 1 per year) pain medicine training posts filled past year and no prospective candidates…. Several retirees likely in both nursing and in medical staff in next 5 years. Non-replacement policy in place by trust.

Annex A – Methodology

A questionnaire was issued to the Chief Executives of all 14 territorial NHS Boards (questions included below), seeking both qualitative and quantitative information on the Board's specialist pain service. All Boards provided a response. In some cases this was followed up with further queries to clarify aspects of the data (for example, to establish whether numbers of posts included vacancies or not) and in the process some of the data initially provided was revised.

A Data Protection Impact Assessment was carried out prior to the gathering of data. Where there are some practitioner groups that have fewer than 10 members of the workforce mentioned in the data return (either at Board level or when aggregated nationally), this is considered not sufficiently anonymised by the Office of National Statistics and will be treated as if it is personal data.

Survey Questions

1. Name of organisation (e.g. NHS Board or HSCP) with oversight of the Specialist Pain Service in your area for chronic pain for:
    a) adults –
    b) children and young people –

2. Please can you provide a named contact for workforce related queries within your organization e.g. the relevant service manager on Specialist Pain Services for:
    a) adults –
    b) children and young people **–**

3. Please tell us how many of the following clinical health professionals you directly employ, as part of your Specialist Pain Service for:

a) adults

	In post at 1 August 2018			In post at 1 August 2016			Vacant at 1 August 2018		
Profession/ Discipline	Number of posts	Number of Job Plan Sessions		Number of posts	Number of Job Plan Sessions		Number of posts	Number of Job Plan Sessions	
		DDC**	SPA***		DCC	SPA		DCC	SPA
Anaesthetist Consultant									
Consultant (Other)*									

*** please indicate which specialities**

**** Direct Clinical Care (DDC)**

***** Supporting Professional Activities (SPA)**

	Number of posts	WTE in the pain service	Number of posts	WTE in the pain service	Number of posts	WTE in pain service
Associate Specialist						
GP – with a special interest						
Psychologist						
Physiotherapist						
Psychiatrist						
Occupational Therapist						
Nurse						
Trainee Doctor						
Pharmacist						
Other (please specify)						

b) children and young people

	In post at 1 August 2018			In post at 1 August 2016			Vacant at 1 August 2018		
Profession/ Discipline	Number of posts	Number of Job Plan Sessions		Number of posts	Number of Job Plan Sessions		Number of posts	Number of Job Plan Sessions	
		DCC**	SPA***		SPA	DCC		SPA	DCC
Anaesthetist Consultant									
Consultant (Other)*									
Paediatrician									

*** please indicate which specialities**
**** Direct Clinical Care (DDC)**
***** Supporting Professional Activities (SPA)**

	Number of posts	WTE in the pain service	Number of posts	WTE in the pain service	Number of posts	WTE in pain service
Associate Specialist						
GP – with a special interest						
Psychologist						
Physiotherapist						
Psychiatrist						
Occupational Therapist						
Nurse						
Trainee Doctor						
Pharmacist						
Other (please specify)						

4. What issues do you have with recruitment to and/or retention in your Specialist Pain Service for:
    a) adults?
    b) children and young people?
5. Please describe any actions you are taking to address these?
6. What action are you taking around succession planning to account for any upcoming retirements and/or other departures?
7. Do you have any Specialist Pain Services dependent on a single post holder?