

Minutes of Meeting

Cross-Party Group

Arthritis and Musculoskeletal Conditions

Wednesday 21 February 2022 6.30pm-8pm

Convenor Pam Duncan-Glancy MSP

Present

MSP

Pam Duncan-Glancy MSP

Rachael Hamilton MSP

Emma Roddick MSP

Non-MSP Group Members

Murray Brown

Sue Cole

Richard Cuthbert

Sharon Douglas

Dr Margaret Mary-Gordon

Dorothy Grace Elder

Dr Rosemary Hollick

Professor Colin Howie

Dr Alan Madonald

Maureen McAllister

Eddie McGill

Alan McGinlay

Roma Menlowe

Lorna Neil

John Paton

Professor Duncan Porter

Professor Stefan Siebert

Jenny Snell

Anne Simpson

Dr Louise Wilson

Apologies

Lauren Bennie

Paul Cockburn

Ali Doyle

Andrew Fell

Graeme Rose

Carol Williams

Agenda

Item 1 Welcome and Housekeeping

Pam Duncan-Glancy MSP , as Group Convenor ,welcomed everyone to this first meeting since the re- registration of the Group in September 2021.The meeting was declared quorate with MSP members thanked for their attendance and support

Item 2

Approval of minutes of 22 September 2021

Draft minutes circulated -no corrections had been received-minutes approved

Item 3

To consider applications to join the Group

Paul Cockburn

Scottish Committee for Orthopaedic and Trauma/Mr Alastair Murray

Galapagos

Imogen Kelly NHS Lothian/Scottish Paediatric and Adolescent Network

All applications approved

Item 4

Arthritis and Musculoskeletal Conditions in Scotland-the current state of the nation

Convenor welcomed all speakers

- Rheumatology services in crisis:"the fierce urgency of now"

Dr Rosemary Hollick, Senior Clinical Lecturer, University of Aberdeen and Honorary Consultant, University of Aberdeen

Dr Alan Macdonald, Scottish Society of Rheumatology and Consultant Rheumatologist NHS Grampian

Dr Hollick began by acknowledging that the COVID-19 pandemic has driven innovation and rapid advances and adaptations in healthcare...but it has also exacerbated existing weaknesses in health systems and brought some to the point of collapse. As services remobilise and reconfigure there is a unique opportunity to take a fresh approach.

Main points:

Rheumatology patients require lots of care –these are chronic and complex conditions

Inability to access care has significant impact on patients and accrual of health

More clinically vulnerable people less likely to be satisfied with remotely-delivered healthcare

The importance of data – impossible to manage what we can't measure

Sustainable workforce is required to meet patient needs-shortages throughout all parts of the multidisciplinary team-consultants, nurses, physiotherapists, podiatrists, occupational therapists, psychologists, pharmacists

For example:

Minimum recommendation = one consultant per 60,000 - 80,000 population but in Scotland= one consultant per 111,637

<https://rheumatology.org.uk/Portals/0/Documents/Policy/Reports/BSR-workforce-report-crisis-numbers.pdf>

Convenor referred to her attendance at the recent meeting of Convenors of the Chronic Pain Cross Party Group with the Cabinet secretary and had had the

opportunity to refer to the recent British Society of Rheumatology Workforce Report- and was surprised when it emerged that he was not aware of the report.

- Impact of the pandemic on orthopaedic services in Scotland

Mr Alastair Murray, Chair, Scottish Committee for Orthopaedics and Trauma

Main points of the presentation were as follows:

NHS Scotland has mounted an effective and commendable response to provide treatment for patients with Covid-19. Since March 2020 staff and beds in orthopaedic units have been, and continue to be, repurposed for non-orthopaedic services, mainly covid support. However, the cost of doing so has been considerable but more importantly in terms of the suffering of patients awaiting life changing treatment for non-Covid related illnesses

70% of elective orthopaedic surgery has been lost as a result of the diversion of resources to tackle the Covid-19 pandemic. Health Boards have, with some variability, been very slow to return resources to orthopaedics following each wave of Covid and continue to see elective orthopaedic surgery amongst the lowest of their priorities.

The “FSSA prioritisation tool”, introduced as a short term emergency measure at the beginning of COVID, places >50% of orthopaedic patients waiting in the lowest priority for surgery and continues to be used. Under the Treatment Time Guarantee TTG (Patients’ Rights Scotland Act 2011) patients have a right of access to some of the most cost effective and long lasting treatments available which will return them to virtually normal life. The FSSA tool renders the TTG undeliverable for tens of thousands of patient in Scotland.

How long does NHS Scotland intend to continue with its use?

25% of patients on the waiting list for hip or knee replacement report a quality of life less than that of someone who has suffered a dense stroke. Many report that their quality of life is “worse than death” living with severe pain, loss of independence and resulting mental problems

Reference:

<https://online.boneandjoint.org.uk/doi/full/10.1302/0301-620X.101B8.BJJ-2019-0116>.

A patient added to the waiting list for a hip replacement in January 2022 will now wait between 18 months to 3 years for surgery depending on Health Board, a postcode lottery.

Having focussed attention and resource on Covid-19 for the last two years NHS Scotland must now refocus and prioritise the care crisis for those who wait for all life- changing treatments.

An urgent return of resource (beds, clinics, staff and theatres) is required to slow escalating waiting times.

Every 6 months on the waiting list, a patient with hip or knee arthritis suffers significant progression in frailty with an associated increased requirement for care in the community.

There has been a significant increased number on waiting lists using opiates since 2019 and a clinically significant increase in disability. This in itself is known to lead to chronic pain, increased depression and reduction in the benefit from any subsequent joint replacement.

Reference:

Farrow et al Impact of COVID-19 on opioid use in those awaiting hip and knee arthroplasty: a retrospective cohort study)

The waiting list for orthopaedic surgery in Scotland has risen from 21,000 in March 2020 to >37,000 by January 2022.

The National Treatment Centre(NTC) Programme was planned before the effects of COVID. They will greatly assist any "covid recovery". However the NTC's currently being built will not provide significant capacity until beyond mid-2023. Many major NTC's have not yet gone beyond the planning phase. By the time the NTCs are functional, the orthopaedic waiting list in Scotland will have deteriorated further and Scotland's ageing population will add to the problem.

A patient added to the waiting list for a hip replacement in January 2022 will now wait between 18 months to 3 years for surgery depending on Health Board, a postcode lottery.

In summary:

Having focussed attention and resource on Covid-19 for the last two years NHS Scotland must now refocus and prioritise the care crisis for those who wait for all life changing treatments.

An urgent return of resource (beds, clinics, staff and theatres) is required to slow escalating waiting times.

- Osteoporosis Policy Landscape in Scotland

Craig Jones, Chief Executive and Lucinda Roberts, Head of Policy and Public Affairs

The case for support from policy-makers is as follows:

300,000 people in Scotland have osteoporosis

44,000 fragility fractures per year in Scotland

One in two women and one in five men aged >50 are expected to break a bone

180,000 people living with undiagnosed spinal fractures in Scotland

Very significant unmet need-26% are living with long-term pain

29% of respondents had to prompt their own health assessment

Only 53% feel the benefits and drawbacks of medication were properly explained

A 15 point drop in satisfaction that people are getting the level of monitoring and review they need- just 32% in 2021

Very significant unmet need- An 8 point drop in the proportion of people who feel they have enough information to manage their osteoporosis- 56% in 2021

A small drop in the proportion who say they're confident about managing their osteoporosis -54% from 58% in 2014

Greater unmet need amongst people from lower-income households across most areas

Changing the system-steps required

100% coverage of quality Fracture Liaison Services (FLS)

Integration of digital tools in primary care to prevent the first fracture

Join the dots with a new coherent pathway of care and prevention

A fair share of research funding

FLS quality essential- not just coverage -but currently no FLS database / audit for Scotland

Need to address:

Huge variation in quality of service provision and unacceptable waiting times for DXA bone density across Scotland

Support already from parliamentarians includes:

Pam Duncan-Glancy MSP's Motion for World Osteoporosis Day signed by 36 MSPs

SPQs on osteoporosis tabled by Annie Wells MSP

Next Steps-Call for debate and further action in 2022

- **Item 5**

Group Discussion and Look to the Future-Prorities and Plans

Dr Rosemary Hollick reminded that services were not perfect pre pandemic-this was a common theme from all presentations.

Professor Colin Howie reminded the Group that Musculoskeletal Conditions were not -but should be -a priority for the Scottish Government

Also- the Recovery Plan required to be updated

Mr Al Murray commented that patients are waiting too long for their orthopaedic/joint replacement surgery-becoming more frail in the interim and therefore jeopardising their chances of an optimum recovery when eventually treated. These interventions are highly successful-with huge improvements in quality of life and allowing people to return to work and to live without pain

Treatment Centres to address waiting times are the right policy but resources need to be shared as they come on stream

Alan McGinley, Versus Arthritis, referred to the recent Scottish Waiting Times Summit Report published by Scotland Versus Arthritis

Sharon Douglas from the Scottish Network for Arthritis in Children was concerned about the impact of Covid on children and transition to adult services

Dr Louise Wilson highlighted the key role of the 3rd sector in supporting people to manage their conditions

Emphasis on the benefit of hearing from people with lived experience of managing their various conditions

Dorothy-Grace Elder stated that Covid was an excuse for long standing poor services and staff shortages-concerned that promotion of self management programmes could replace people having access to vital NHS services

Lucinda Roberts reiterated the value of Fracture Liaison Service audit being established in Scotland- awareness of osteoporosis as a major public health problem and prevention of fragility fractures

Rachael Hamilton MSP - reaching out across the chamber would be useful- identify rheumatology champions

Dr Alan Macdonald called for support from the Cross Party Group and a plan of action

- **Item 6**

Summary and Meeting Dates 2022

Convenor Pam Duncan-Glancy MSP thanked everyone for their contributions to the discussions with special thanks to the speakers who had taken time to prepare presentations in these current ,very hard- pressed circumstances.

Priorities:

to inform the Cabinet Secretary , Minister for Public Health and key Scottish Government officials of the key items for attention as discussed:

Recovery Plan- currently inadequate

The overall staffing crisis in Rheumatology

Waiting times for joint surgery- particularly-is the Cabinet Secretary aware of the use and full impact of 1-4 prioritisation?

To raise awareness among Parliamentarians

Next meeting date to be advised

Meeting closed at 8pm