

Scottish Parliament Cross Party Group on Chronic Pain

MINUTES: Meeting on March 2, 2022 on line, 6 pm

Welcome by Chair Monica Lennon MSP.

Minutes of our Sept 14 2021 meeting approved.

MSPs Meeting with Health Secretary. MSPs Rona Mackay, Monica Lennon and Pam Duncan Glancy met health secretary Humza Yousaf and his deputy Maree Todd on February 21 2022.

They said they'd stressed the huge amount of continued suffering without better resources and more staff. Our MSPs and patients had tried for a meeting since August 2021. MSPs asked the ministers to speak to the Group, rather than MSPs only. The Health Secretary promised to meet the CPG at some future point but no patients at this time.

MSPs reported they'd pushed for waiting times for around 40,000 return patients to be published for all Scotland. Mr Yousaf promised to consider this. Only new patient waits are published, the minority, limited to 18 weeks but returns wait up to three years in some areas.

(There is still no word on abusive online posts against women chronic pain patients not being stopped by Clinical Priorities or the Alliance. Patients say they experienced no proper safeguarding on the NACCP committee)

Highland campaign.

Kirstin Laing, an NHS Highland patient, thanked the Group for their support of pain services and appreciation of Highland services. Many in the Highlands are alarmed that their lead clinician, Dr John Macleod, is due to retire around August. He is a real local hero – he pioneered the service and our secretary's research showed it was possibly the best in Scotland on waiting times and patient appreciation. Kirstin and other patients are anxious that Dr Macleod's kind offer to return part time is accepted by the Board. The meeting thanked Kirstin. She and her husband are among hundreds depending on the Highland service.

Patient reaction to the new "Framework" for pain services Report. Criticism by patients was mainly of "waffle". The meeting wanted hard facts on patient and staff numbers, any investment or how change would be implemented. What's happening to injection and infusion service is still not answered.

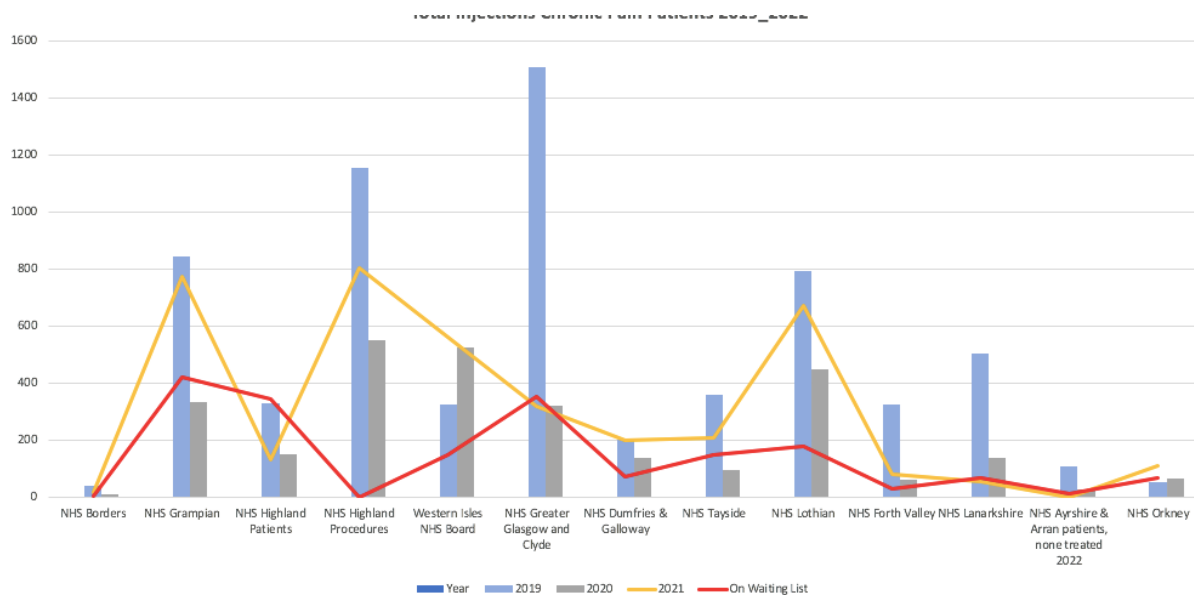
Liz Barrie pointed out that it was hard to discuss as it was waffle not an action plan and 10 patient reps such as herself had not been shown it before printing.

Our patients were told by the Alliance they'd join the Government's National Advisory Committee on Chronic Pain (NACCP) to "co produce" a better services plan with officials. But they were invited to only two private NACCP meetings in 2021, not allowed to see documents, saw no "co production" and had not heard of the Committee from Clinical Priorities or the Alliance since the last meeting on May 26 2021. They did not want to be used as patients to tick boxes.

*We are still pursuing a Unanimous Motion from our Sept 14 meeting to request different officials handle chronic pain policy and patients, not Clinical Priorities. This is the third time in recent years we've asked for changed officials.

All Health Boards round Scotland - pain clinic results Voluntary secretary's report on her new findings under Freedom of Information from health boards.

She said that specialist services such as injections and infusions were severely down again. Fife used to be the only area which did not give outpatient injections or lidocaine infusions. Now, Ayrshire & Arran have also cut in the last couple of years and too many areas offer one but not the other. Many thanks to Anne Marie who compiled this great chart on injection cuts from the figures Dorothy asked health boards to give. The high blue towers are from 2019.



“How to design and deliver effective co-production” Some of our patients have had a depressing recent experience of what was claimed to be “Co production” on the Scottish Government's National Advisory Committee on Chronic Pain. (NACCP) They had been promised a co-production by the Alliance. But they were not given promised information or documents to help them contribute to planning better pain services.

Dr Elke Loeffler of Strathclyde University, is one of Britain's leading experts and authors on co production. It's the way forward when done properly She outlined that

proper co-production involved patients fully in planning change, with true equality with officials and managers. It was not “top down”. It was agreed that proper co production was very different from what patients had endured on the NACCP committee. Dr Loeffler’s slides were sought by numerous members and she was thanked warmly.

MSPS Monica Lennon (chairing), Rona Mackay, Miles Briggs, Jackie Baillie, Clare Adamson, Pam Duncan Glancy (6)

NON MSPS Dr Elke Loeffler (guest speaker), Hazel Borland, George Welsh, Dorothy-Grace Elder, Pauline Firth, Faith Ougham, Dr Jackie Mardon, Jane Ormerod, Anne Simpson, Shaben Begum. Quesir Mahmood, Irene Logan, Margaret Coats, Tracy Ibbotson, Andy Stuart, Catherine Hughes, Anne Hughes, Hazel Young, Liz Barrie, Gordon Barrie, John Russell, Rona Agnew, Mary Craig, Fiona Shannon, Dr Karen Gardiner, Carla Kasper, Kirstin Laing, Christine Macfarlane, Jean Rafferty, Dr Barbara Nicholl, Anne Murray, Anne Marie Diamond, Dr Patrick Trust, Paulo Quadros, Ian Semmons, David Caulfield, Irene Wilson, Irene Loudon, Hussein Patwa, Dr Mary Loudon, Geraldine McGuigan, Steve Kent, Alex Stobart, Isabella Smith, Leigh Mackie, John Thomson, Anne Cameron, Kay Devenish, Amber Welsh, Claire Daisley. 50 (56 total incl. MSPs)