

**CROSS-PARTY GROUP ON ARTHRITIS AND  
MUSCULOSKELETAL CONDITIONS – MINUTES OF MEETING  
ON WEDNESDAY 30 SEPTEMBER 2015**

1. Margaret McCulloch welcomed all present, including Nanette Milne MSP and Margaret McDougall MSP.

**Meeting on 3 June: Minutes and Matters Arising.**

2. The minutes were approved with no matters arising.

**Digest of Campaigning Activities: June – September 2015**

3. The paper, prepared in the secretariat and tabled at the meeting, represented a drawing together of the activities within the constituent organisations to further our common purpose. Included were legislation, ministerial correspondence, PQs, motions, debates, receptions, exhibitions and anything else of appropriate interest. The intention was to produce this at each meeting so that the group might maintain oversight. Members were asked whether the exercise was desirable in principle, whether they would contribute and what comments they might have on form and scope. **The paper would be circulated electronically and responses invited to guide future action.**

**Addressing the Problem of Sedentary Behaviour in Older People**

4. Professor Dawn Skelton gave a lively and informative talk outlining the Medical Research Council-funded study led by Glasgow Caledonian University, looking at the prevalence and consequences of sedentary behaviour, considering harm we may do patients in our care settings and outlining simple ways to reduce sedentary behaviour in a realistic way. The following points were made in discussion –

- Government health education possibly placed too much emphasis on combatting obesity at the expense of encouraging a positive approach to exercise, or, at a more modest level, purposeful activity. The anti-obesity message, however, remained important in tackling a range of conditions including diabetes.

- Group exercise programmes always tended to attract low uptake; a more productive and realistic approach was for modest exercise as part of daily life.
- It was very important to build into formal education of nurses, physiotherapists and carers better awareness of the risks of sedentary behaviour and simple strategies for minimising these. Indeed spreading awareness generally would be positive.
- Better-informed GPs could support this key message. It was essential, given the heavy and diverse responsibilities of GPs, that they be provided with standardised and therefore readily useable referral processes. Training and other strategies which generated confidence among GPs in their handling of MSK issues – an area that received only brief coverage in most medical schools – would be helpful also.
- Addressing sedentary habits in the workplace was another priority.
- Integration of Health and Social Care should provide further opportunities to raise awareness.

**5. Margaret McCulloch agreed to lodge a motion on the subject and would be happy, too, to take other appropriate steps to support spreading the word.** She would bear in mind the message about risks of sedentary behaviour in relation to the Inquiry on Age and Social Isolation currently being undertaken by the Equal Opportunities Committee of which she was convenor.

### **Allied Health Professionals Delivering ‘One-Stop’ Foot Rheumatology Clinics**

**6.** Dr Mhairi Brandon gave an inspiring account of an initiative in Greater Glasgow and Clyde to bring about a seamless pathway of care for foot problems across primary and secondary sectors, to improve the whole patient journey, dramatically reducing hospital visits, and to work flexibly across disciplines to offer a truly patient-centred service. The process of driving this initiative had taken tenacity, imagination, good training and real willingness to listen to patients. It would be valuable to look at ways in which this model might be replicated elsewhere in the system.

7. In discussion the following points were raised –
- The initiative which had resulted in the ‘one-stop’ foot clinic was thoroughly welcome and to be applauded. Hopefully there would be opportunities to develop such patient-centred and common sense arrangements more widely, to everyone’s advantage.
  - Further examples of ‘one-stop’ facility included a Welsh service for Ankylosing Spondylitis and arrangements planned in Fife for 2016.
  - Gatekeeping of some sort was needed to access the service – GP, regular clinic, nurse advice line.

**8. It was agreed, in light of the evening’s discussions, that representation of social care on the CPG would be beneficial; this would be explored.**

9. Margaret closed the meeting with warm thanks to all concerned. **The next meeting would be on Wednesday 25th November at 5.30pm.**

### **In Attendance**

Margaret McCulloch MSP, Convenor CPG  
Nanette Milne MSP, Deputy Convenor  
Margaret McDougall MSP

Sheila MacLeod – NRAS, Secretary CPG  
Janice Johnson – PSALV  
Mayrine Fraser – NOS  
Jill Cornevale – Rheumatology Service WGH  
Euan McRorie – Consultant Rheumatologist WGH  
Sheila Terry – NRAS  
Anne Simpson – NOS  
Janet Harkess – College of Occupational Therapy  
Mhairi Brandon – NHSGGC  
Greg Stevenson – Roche Products Ltd  
Ali Mehdi – Consultant Orthopaedic Surgeon, NHS Borders  
Maureen McAllister – Arthritis Care

Dawn Skelton – Glasgow Caledonian University  
Lorna Neill – PMR-GCA Scotland  
Iain Macdonald – NASS  
Murray Brown - NASS

## **Apologies**

Catherine Stihler, MEP  
Dr Margaret Mary Gordon  
Elizabeth McIvor  
Dr Elizabeth Murphy  
Dr Stefan Siebert  
Matthew Barclay  
Ann Murray  
Colin Shearer  
Paolo Quadros  
Coreen Kelday  
Joan Kerr  
Jim Walker  
Janet McComiskey

CPG Secretariat  
October 2015