

PE1690/D

NHS Borders submission of 3 July 2018

I have received advice from clinicians directly involved in the provision of care for patients with ME-CFS. This includes consultants in Neurology, General Medicine and Psychiatry and our Associate Director for General Practice.

The approach taken within NHS Borders is holistic and patient centred in nature and is coordinated by our General Practitioners who ensure patients are directed to sources of appropriate support.

The service provided for patients is consistent with the Scottish Governments' 2010 Good Practice Statement on ME-CFS.

NHS Borders ensures appropriate training, dissemination and awareness of relevant information among medical professions by means of its clinical management and governance structures, for which our Medical Director is responsible.

Referrals made to Secondary Care are often aimed at addressing the factors that are preventing recovery or making things worse for patients.

Specifically with regard to GET (graded exercise therapy) and CBT (cognitive behavioural therapy) the view of our clinicians is that these treatments have the best evidence base.

With regard to CBT in particular, it was highlighted to me that the aim of this treatment is to address the thoughts or behaviours maintaining or exacerbating the ME-CFS itself, ie. it is not confined to co-morbid (or causative in a proportion of cases) mental illness such as anxiety and depression.