Chief Medical Officer and Public Health Directorate

T: 0131-244 3023
E: craig.bell@scotland.gsi.gov.uk

The Scottish
Government

From the Chief Medical Officer
Dr Harry Burns MPH
FRCS(Glas) FRCP(Ed) FFPH

Enquiries to:

Craig Bell
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 3023
craig.bell@scotland.gsi.gov.uk

---

18 November 2010

SGHD/CMO(2010)25

Addresses
For action
General Practitioners
Medical Directors, NHS Boards (to be circulated to all relevant Hospital Specialists, in particular Neurologists, Paediatricians and Community Paediatricians, Cardiologists, Psychiatrists, and Infectious Disease Consultants
Practice Managers

For information
Chief Executives, NHS Boards
Primary Care Leads, NHS Boards
Chairs, NHS Boards
Directors of Public Health, NHS Boards

Dear Colleague

SCOTTISH GOOD PRACTICE STATEMENT ON ME-CFS

Management of patients with Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME-CFS) has been a challenge for GPs in the past, due to the dearth of supporting evidence. A synthesis of the best available current evidence, including evidence drawn from patients' experience, to assist with the differential diagnosis and clinical management in primary care of adults with ME-CFS is presented in a Scottish Good Practice Statement on ME-CFS. The statement and associated documents have been developed by working groups that were led by or included General Practitioners, as well as neurologists and people with ME-CFS, and were produced in line with SIGN methodology. They have been subject to a rigorous process of peer review, and details of the clinicians and others involved in that process are set out in Appendix 5 to the main document.

Attached to this letter is an electronic copy of the Scottish Quick Reference Clinical Guide on ME-CFS. It is intended to provide GP colleagues with summary guidance, and is derived from the full Scottish Good Practice Statement on ME-CFS. The full document also includes interim advice relating to children and young people, as well to those severely affected by the condition. There is also a Patient Guide, "What someone should know if they or their doctor think they might have ME-CFS". The Good Practice Statement is available only in a web version, on the SHOW website:

http://www.show.scot.nhs.uk/GoodPracticeStatementonME-CFSforGeneralPractitioners

Copies of the Quick Reference Clinical Guide and the Patient Guide are also available through that link. You may find it useful to look at the information that is being made available to patients.

I am pleased to be able to say that the Good Practice Statement has been endorsed by both the Council of the Royal College of General Practitioners Scotland and the Scottish Neurosciences Council.

I hope GP colleagues will find the one-page algorithm on page 8 of the Quick Reference Clinical Guide helpful in describing the generic care pathway for people with ME-CFS. The Health Directorates are aware, however, that the secondary care services across Scotland referred to in the pathway are currently patchy. We are therefore considering the recommendations for service development set out in a needs assessment of ME-CFS recently published by the Scottish Public Health Network. This can be found on the ScotPHN website at http://www.scotphn.net/pdf/Final_report_web_version_240910_pdf.pdf

The development of more specialist services should also form part of the work currently under way in implementing the NHS Quality Improvement Scotland clinical standards for neurological services. We are supporting the development of neurological Managed Clinical Networks to lead the process of service improvement in each NHS Board.

As the guidance to Primary Care colleagues may well have an impact on referral patterns, I should be grateful if Medical Directors could arrange for circulation of this letter and its attachment to all relevant Hospital Specialists, in particular Neurologists, Paediatricians and Community Paediatricians, Cardiologists, Psychiatrists, and Infectious Disease Consultants.

As the introductory statement to the Quick Reference Clinical Guide makes clear, we regard it as a 'living' document, and it will be subject to periodic review as the evidence base evolves. Against that background, and the need to inform optimal management of ME-CFS, we would very much welcome comments from GPs on their practical experience of using the document. Those comments should be sent to my colleague Craig Bell, whose contact details are given on the first page of this letter. We shall be seeking similar feedback from organisations that represent people living with ME-CFS.

I see the Clinical Guide as an important contribution to *Delivering Quality in Primary Care*, by delivering services that are safe, effective and, above all, person-centred.

Yours sincerely

Harry Burns

HARRY BURNS