

**PE1517/DD**

**Cabinet Secretary for Health, Wellbeing and Sport**

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**The Scottish  
Government**  
Riaghaltas na h-Alba

Michael McMahon MSP  
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Public Petitions Committee  
Scottish Parliament  
EH99 1SP



**LEGACY 2014**  
XX COMMONWEALTH GAMES  
SCOTLAND

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Our ref: A12852530  
9 December 2015

Dear Michael

Thank you for providing me with the opportunity to give evidence to the Public Petitions Committee on 2 October regarding transvaginal mesh implants. I welcome the Committee's ongoing interest and support for women who have experienced complications.

During my appearance I endorsed the Independent Review's recommendations and agreed to investigate a number of points raised by the Committee.

The Committee expressed concern regarding the Scottish Government's request to suspend mesh implant procedures and asked for a copy of the news release to clarify the position in respect of women who preferred to continue with this procedure, fully aware of all the risks. A copy of the news release is attached as Annex A and is consistent with the Cabinet Secretary's statement to Parliament on 26 June 2014, where he confirmed that "Where individual women and their clinicians agree on the need for a particular service this will still be available".

The Committee requested that I write to MHRA conveying their views and I can confirm that I have written to MHRA's chairman Professor Sir Michael Rawlins, conveying my and the Committee's wish to have assurance that MHRA will consider the Report's conclusions.

The Scottish Government has very recently received correspondence from the Co-Chief Investigator of the SIMS trial, Professor John Norrie. The Chief Medical Officer's staff are currently reviewing this evidence and will shortly write to health boards on this clinical matter.

I have taken advice on how to improve communication with women who are experiencing complications following a mesh implant procedure and I am content to focus resources where they are most needed to benefit women affected. The mesh helpline poster and letter outlining reportable adverse events has been circulated to all health boards and primary care leads. We will also explore ways of checking the benefit of the helpline and other support for women experiencing serious complications. The Expert Group will also consider ways of

improving awareness of clinical teams, including an e-learning package for healthcare professions, which may particularly benefit GPs, the first point of contact for most women. NHS Information Services Division (ISD) discussed with the Committee the lag between an operation becoming available and a specific code that describes it becoming available. The Committee expressed concern regarding this and asked if it was possible to recode all procedures carried out during this lag time. I agreed that we would investigate this and based on advice from ISD I am unable to request that health boards recode existing procedures for transvaginal mesh implants. I appreciate that this is perhaps disappointing but ISD has provided strong reasons as to why we should not pursue this option. Essentially the work could not guarantee that the data would be coded to the level of accuracy sought and the re-direction of resources to do this is considerable and would divert attention from preparation of current activity data. I think it is also important to understand that the generic code used during the “lag period” is unlikely to have been used for other non-mesh procedures and ISD has confirmed that it is able to identify, with a reasonable degree of certainty, the total group of patients receiving a mesh tape procedure.

Lastly, I can confirm that we will write in due course to the Scottish Mesh Survivors Group in response to their “minority opinion” report.

I trust this covers the points raised and I look forward to this work moving forward to develop new care pathways to improve support for all women affected by this issue.

**SHONA ROBISON**

## Annex A

# Mesh medical devices

Downloads

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**Scotland**

**Health and Community Care**

### **Health boards asked to consider the suspension of mesh devices.**

Health Secretary Alex Neil has asked the Acting Chief Medical Officer (CMO) to write to all health boards to ask them to consider the suspension of polypropylene mesh medical devices.

Speaking at parliament this morning, he also announced that a Scottish-based independent review would be set up to report on the procedure, reporting early in the new year.

Mr Neil was addressing the Public Petitions Committee at the Scottish Parliament, which was considering a petition by Elaine Holmes and Olive McIlroy, on behalf of the Scottish Mesh Survivors - "Hear Our Voice" campaign.

Mr Neil said:

**"I can confirm** that in the last year the CMO has written three times to all GPs, through Medical Directors, alerting them to the possibility that women may suffer complications following insertion of these mesh implants, and that all adverse events should be reported to the MHRA (Medicines and Healthcare Products Regulatory Agency).

**"In addition today I have asked for an independent review to be set up urgently to report on the issues** raised such as complication rates and under reporting. This review will report at the beginning of 2015 taking account of the European Commission's study on these devices.

**"I do not have authority to withdraw these products but I have asked the CMO to write to all Health Boards** to consider the suspension of these services until further evidence becomes available early next year.

**"Where individual women and their clinicians agree on the need for a particular service this will still be available."**