

Minister for Public Health and Women's Health submission of 25 July 2023

PE1865/NNNN: Suspend all surgical mesh and fixation devices

Thank you for your letter of 20 June concerning the above-named petition.

You seek confirmation in your letter about the availability of non-mesh surgery. Consultations with the Scottish Association of Medical Directors and others confirm that there is sub-specialist coverage in complex hernia repair, including non-mesh repair, on a regional basis across the country. Relevant surgeons are operating in NHS Lothian, NHS Fife and NHS Grampian. In addition, a further sub-specialist has now been recruited and will be based at the Golden Jubilee National Hospital. This surgeon will begin work in September and will have weekly access to theatre with a view to improving waiting times for patients requiring specialist repair.

You also seek confirmation about the development and implementation of the [NHS Scotland Scan for Safety Programme](#), which is led by NHS National Services Scotland, in partnership with NHS Boards. The programme aims to deliver significant improvements in data capture connected to medical devices and equipment, and thereby to improve patient safety. Plans at present involve the Scan for Safety approach being in place in four pilot sites this year. The programme will then aim, over the next three years, to encompass 75 per cent of high-risk implantable devices used in acute care, with progress after that towards 100 per cent.

It is important to note, however, that Scan for Safety is not the only data collection programme currently under consideration. Officials are working with NHS colleagues and others to explore the best means by which to progress a registry of hernia repair procedures. This could be through a system developed by NHS Scotland and / or through the inclusion of Scottish data in a UK-wide registry. A registry is under development by the British Hernia Society, and this provides one option for progress. It is also possible that an NHS England registry could be developed as part of a Medical Device Outcomes Registry, to which Scottish might data might be added.

There are no plans at present to centralise specialist treatment of hernia and associated complications. Hernia repair is a very common procedure (the Scottish Health Technologies Group reports that 4,465 male inguinal hernia repairs were undertaken in 2019-20) and it is important to ensure access to provision across Scotland. Moreover, hernia repair is, on occasion, required in an emergency situation and to concentrate services in one location could be detrimental to patient safety.

I can confirm that Shouldice-type repair is one of the non-mesh repair techniques used in Scotland. With respect to eligibility criteria, you will be aware that the patient selection process used by the Shouldice Hospital is relatively stringent. The NHS, by comparison, cares for a wider demographic, and will look to provide appropriate treatment for all patients. That said, it is recognised that better outcomes are achieved when patients are in an appropriate physical condition for surgery, whether it is a mesh or non-mesh repair that is used. This means there will be recognition of the need to ensure that anyone presenting for surgical hernia repair is physically in an appropriate condition for their procedure.

Finally, I note that during discussion at the Committee session on 14 June, members raised patients' concerns about where to seek information to enable informed choice, or where to seek support if they are worried about potential complications. The Committee will be aware of the Chief Medical Officer's Realistic Medicine strategy, an approach to healthcare that aims to put the patient at the centre of decisions about their care. It puts a focus on shared decision making between patients and clinicians, and encourages the use of BRAN during consent discussions: what are the benefits, risks, and alternatives, and what if I do nothing? NHS 24 has launched a public awareness campaign "[It's Ok to Ask](#)" to support patients and health and care professionals to have positive conversations about care and treatment.

Further, patients must not hesitate to speak to their GP in any situation where they are concerned about complications, and the Chief Medical Officer has previously written to GPs to stress that all patients with concerns about mesh must be listened to and have those concerns taken seriously.

I hope this is helpful.

Regards,

Jenni Minto MSP