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05 June 2023

## Health, Social Care and Sport Committee meeting, 16 May Response to request for additional information

Thank you for your letter of 17 May in follow up to the Health, Social Care and Sport Committee meeting on 16 May.

Firstly, Mr O'Kelly has asked me to pass on his thanks for the kind wishes you expressed in your letter. Please be assured that, during Mr O'Kelly's absence, Ministers and officials remain supported by a team of clinical advisers within the Chief Medical Officer's Directorate. Furthermore, when required, the Scottish Government can also take advice from members of the mesh Accountable Officers group, two of whom appeared before the Committee alongside Mr O'Kelly on 2 May. That said, due to the short notice nature of Mr O'Kelly's absence, prior commitments meant that alternative arrangements for the Committee on 16 May could not be made and I apologise to members for this.

### The Service

The specialist service in Glasgow is holistic in nature. The team includes expertise in physiotherapy, pharmacy, pain management and mental health, as well as specialist nurses. Colleagues in all of these fields are available, as required, to patients who have been referred and are being seen by the service and all play a central role in multidisciplinary team (MDT) discussions.

After surgery, long-term care will ordinarily be provided by the patient's local Health Board, however, the MDT will liaise with local services to establish support and signpost patients with ongoing healthcare needs including incontinence, rehabilitation, pain management and

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psychological distress. Should the need arise patients who have been discharged from the service in Glasgow after surgery, or indeed patients who opted instead for more conservative treatments after assessment by the MDT, can be referred back to the service in Glasgow for further advice or treatment as deemed necessary.

## Patient information

Information on the patient pathways is provided to all patients considering surgery, whether that be in Glasgow or via one of the two independent providers. A patient information leaflet has been developed for all patients who are considering having surgery carried out by the independent providers and, as well as setting out the pathway, also includes information on travel, accommodation, pre-operative checks and aftercare. This leaflet is already available on the NHS National Services Scotland website [here](#). A hyperlink to that page will be included in the NHS Greater Glasgow and Clyde website.

Patients opting for surgery in Glasgow are guided through the process from the beginning. All patients who are referred to the service receive an initial telephone call from specialist nurses in order to introduce themselves, answer questions and give reassurance. Thereafter the specialist nurses will provide ongoing support during the patient's journey. Information about the service in Glasgow is also provided on the NHS Greater Glasgow and Clyde [website](#). This includes information about the services offered, the referral pathway, and what patients can expect during their visit to the service. It also includes contact details for those seeking further information, including those who wish to contact the specialist nurses.

The information available to patients verbally, via leaflet, or provided online is reviewed regularly, taking into account patient feedback.

## Referral pathways

During the Committee session I committed to providing a copy of the referral pathway for patients with mesh complications. I have therefore attached a copy at the Annex, though I should also stress that this pathway is available on the NHS Greater Glasgow and Clyde website and independent provider leaflet as linked to above.

Referral pathways for mesh removal treatment, whether carried out by the specialist service in Glasgow, by NHS England, or by the two independent providers, have been agreed and communicated to mesh Accountable Officers in all Health Boards.

As indicated during the Committee session I am happy to share a copy of the new service level agreement between NHS Greater Glasgow and Clyde and NHS National Services Scotland. It is expected that this will be available during the summer and I will therefore write to the Committee again in due course.

I am very pleased to confirm that the GP training package has now been made available to GPs on NHS Education for Scotland's digital training platform, [TURAS](#). The package is intended to help GPs feel more confident about supporting women with mesh complications

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and to help develop a better awareness of the care options available. Topics within the package include:

- an introduction and background to pelvic floor disorders for women;
- a review of the background history to pelvic mesh in the UK;
- an overview of pelvic mesh complications; and
- case studies.

## Women's Health

Professor Anna Glasier was appointed as Women's Health Champion on 26 January 2022. Her role will be central to driving forward improvement in women's health through the Women's Health Plan and beyond, achieving an ambition to address the inequalities that have persisted in women's health for far too long.

The role of the Champion does not exist in isolation and Professor Glasier is working with the Scottish Government, and partners across all sectors, to help drive forward improvement in women's health and the provision of women's health care. Her initial priorities are set out in the [Women's Health Plan Report on Progress](#) and include menstrual health, menopause and heart health.

We have launched a [Women's Health Platform](#) on NHS Inform to help women find the information they need on a range of issues relating to their health. We will shortly be adding content to the platform on continence, including a short animation explaining the pelvic floor and its function. There will be a focus on prevention with help and advice on pelvic floor exercises alongside advice on care and support for those experiencing symptoms.

Professor Glasier will play a key role in raising awareness of the resources available on NHS Inform across both public and professional audiences. ,

As soon as the NHS Inform resources become available, the Chief Medical Officer will write to all GPs to raise awareness of those resources as well as the GP learning package referenced earlier.

The Scottish Government has no plans to develop an incontinence strategy at present. NHS Boards regularly assess continence patients' needs, with the assessments undertaken by dedicated Bladder and Bowel Teams or community nursing staff. This ensures that patients' needs are met, either through treatment or provision of appropriate containment products. Referrals can also be made by patients' GPs where necessary, and also by a range of other healthcare professionals including pharmacists, consultants and care home staff.

Where a patient has been assessed as requiring continence products, these are provided by their local NHS Board's continence service on prescription. As such, any person that is suffering from incontinence should seek a referral to their local continence service in order that their incontinence can be assessed, treated where appropriate, or managed through the prescription of continence products.

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## Medical records and the role of GPs

Officials are continuing to work with counterparts across the UK to develop registries in relation to the use of medical devices. One of these is a Pelvic Floor Registry which will allow the recording of all treatments for pelvic organ prolapse and stress urinary incontinence, as well as mesh removal procedures. A pilot involving four Health Boards (NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside and NHS Grampian) is expected to begin shortly, as soon as data sharing agreements are in place.

The pilot will be overseen by an [Implementation Group](#) that involves patient and third sector representatives, clinicians and information governance colleagues and, after the pilot has concluded, an evaluation will be carried out to determine the best way to roll out the Registry across all Health Boards in Scotland. Individual patient data held within the Pelvic Floor Registry will not be made routinely available to primary or secondary care, but reports on the collected outcomes related to interventions for stress urinary incontinence and pelvic organ prolapse will come from the registry in due course.

The Pelvic Floor Registry will not include information relating to hernia repair. However, officials are working with the British Hernia Society to explore options for the implementation of a hernia mesh registry.

Separately, the NHS Scotland [Scan for Safety Programme](#), will introduce electronic point of care scanning that will enable better data capture for high risk medical devices. In time this new programme will include devices such as hernia mesh and will provide valuable information to clinicians and patients about devices used in their care. .

Within the Scan for Safety programme there includes a commitment to enabling patients to access data about implanted devices used in their care. Clinicians will also have access to this data, however the exact roles and mechanisms for access are subject to ongoing development work.

## Credentialing

I can confirm that the Scottish Government fully supports efforts to introduce a credential in mesh removal surgery. Ministers recognise the key role this can play in demonstrating the skills that our surgeons possess and the assurance this can give to patients considering surgery.

At this stage, a curriculum has been developed by the Royal College of Obstetricians and Gynaecologists. It is understood that the Royal College is in the process of launching a pilot exercise to benchmark a limited number of UK clinicians against this curriculum, prior to rollout more generally. Clinicians within the Glasgow service plan to be involved in this initial exercise and have submitted registration paperwork accordingly. However, the precise timing of the exercise is for the Royal College to determine.

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The credential that has been developed is aimed at clinicians undertaking removal surgery. As such, there are no plans to credential primary care colleagues at this time.

Pre-employment checks in respect of surgeons' skills, qualifications, etc., are a matter for the employing Health Board. NHS Greater Glasgow and Clyde confirms that the surgical team is highly qualified and experienced and members are, for example, sub-specialists in urogynaecology. All surgeons are required to comply with local and national audits of outcomes, in line with national requirements. Data is shared at national and international meetings, as well as published, thus demonstrating level of skill and surgical outcomes. At present, all procedures are logged onto British Society of Urogynaecology database in line with national requirements and data is submitted both to NHS National Services Scotland to ensure review of outcome data, and to a UK-wide mesh group.

## Staffing

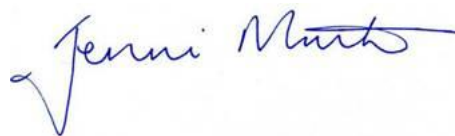
The specialist Mesh Service is located on the Queen Elizabeth University Hospital campus, allowing access to the core urogynaecology team, specialist urology and colorectal surgery, dependent on patients' needs. Patients attending the Complex Mesh Removal Service have access to a number of specialist surgeons who are involved in the assessment, MDT and surgery for these patients.

However it is recognised that a dedicated Urology resource for the Mesh Service is required and recruitment to a Consultant post is being progressed in conjunction with NHS Lothian. This post is expected to be advertised and recruited to within next 6 months.

Recruitment teams at NHS GGC are also working hard to address a Consultant staffing vacancy within the Board. In the meantime, appropriate arrangements have been put in place to ensure the safety and wellbeing of patients.

I hope that the Committee will find the information in this letter helpful.

Yours sincerely,



**Jenni Minto MSP**

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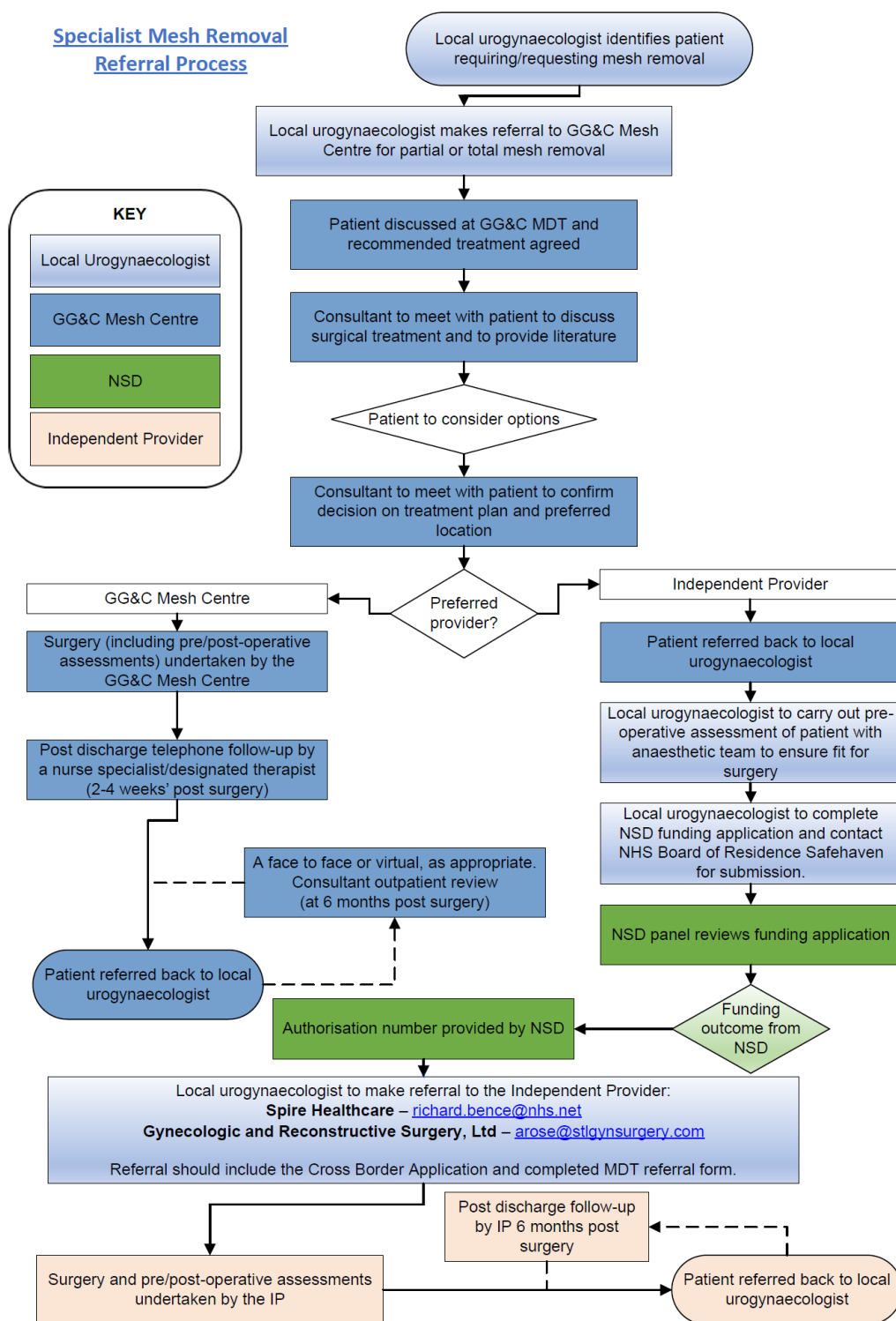


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## PATIENT PATHWAY



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