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COMPLEX MESH SURGICAL SERVICE

Thank you for your letter of 22 June. I welcome the Committee's continuing interest in services for women who have been affected by transvaginal mesh, in particular the specialist mesh removal service in Glasgow. I thought you would wish to be aware that the Scottish Government's Press Office received queries from the media about the contents of your letter to me on the day before it was received in my office. I am sure you will be as disappointed by this as I was.

I note the Committee's view that the Scottish Government and NHS colleagues have acted with a lack of urgency in respect of this issue. I would respectfully disagree with that view. The Complex Mesh Surgical Service (CMSS) was established in 2020 at the height of the COVID-19 pandemic. By the end of July this year, 89 women had undergone surgery in Glasgow and, as shared previously with the Committee, the service has received good feedback from patients who have passed through it. 26 women have travelled to the USA or Bristol for surgery. Furthermore, over 20 women have been reimbursed for surgery that they sought and paid for on a private basis.

As I and my officials stated in evidence, it is accepted that there is scope for further improvement in the service, and there is a clear commitment from the service in Glasgow to do that, based in part on patient feedback. NHS Greater Glasgow and Clyde (NHS GGC) is presently undertaking a further round of patient engagement. The Scottish Government, mesh Accountable Officers and other NHS colleagues will continue to work together to improve the service and wider support for those who have suffered so seriously from complications after having had mesh implanted.

Turning to the issues set out in your letter, I will address each of them in the order in which you raise them.

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Referral pathways

The service provided in Glasgow is a specialist one, for complex surgery. Referrals must therefore come from secondary care, and this is explained in the referral pathway set out on the CMSS website, previously shared with the Committee. This approach is in line with standard practice, whereby patients are referred by a local urogynaecology specialist to ensure that referrals are appropriate and necessary prior investigations have been completed locally. This is also essential as any operative notes can only be made available to CMSS by secondary care. A letter will shortly be issued to GP's highlighting the referral pathway and the available patient resources that patients can be signposted to.

Health Board Accountable Officers are scheduled to meet on the 1 September. During that meeting there will be discussion of the next Service Level Agreement between NHS National Services Scotland (NHS NSS) and NHS GGC, and I therefore hope to be in a position to share a final version of that document with the Committee during the autumn.

Waiting times

The Government is committed to eradicating long waits, which have been exacerbated by the pandemic. It is planned to do this by maximising capacity and redesigning services, including through the roll out of National Treatment Centres with significant additional capacity.

With specific reference to the CMSS, it is accepted that waiting times for a first appointment at the CMSS are too long at present. This is something that NHS GGC is working on: the service has increased outpatient clinic capacity and has plans for a further increase. Waiting times from decision on treatment to surgery are now, however, generally within the treatment time guarantee.

NHS NSS specifies that the CMSS must apply NICE Guideline [NG123](#) on the management of urinary incontinence and pelvic organ prolapse in women. This Guideline includes advice on the identification and treatment of mesh complications. Other Health Boards are also aware of this guidance.

Waiting Well aims to support an active waiting period by providing access to good information, signposting to local services and community assets, and to professional support and services as required. The work started in Autumn 2022, and the steering group has membership from planned care, public health, primary care, medicine, nursing and allied health professionals. Over the next 2-3 years the aim is to implement a set of principles and approaches across Scotland that have the core purpose of ensuring that people's health and wellbeing does not deteriorate from preventative causes in the waiting period. A Waiting Well hub is in development on NHS Inform, and is expected to be live by October.

Communication and information

Information about the CMSS is available for patients on the NHS GGC website, here: [National Complex Mesh Surgical Service – NHSGGC](#). Patients should be referred to this website.

The NHS NSS website also has information about the service, as it does about all of the 68 specialist services presently commissioned on a national basis by National Services

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Division. A hyperlink takes patients from the NHS NSS website to the information provided on the NHS GGC website. The NHS GGC website continues to be improved, based in part on patient feedback.

NHS GGC reports that a patient leaflet is under development and it is hoped that this will be finalised shortly. It is important to note, however, that the service already offers patients a range of information depending on the type of mesh they were implanted with, including leaflets produced jointly by the British Association of Urological Surgeons and the British Society of Urogynaecology. [This leaflet](#), for example, provides advice on removal of a retropubic sling. The service also uses [patient decision aids](#) produced by NICE. These leaflets are also available on the GGC [website](#). These materials are used to inform and supplement discussion between the patient and her clinicians and, further, patients are debriefed post-surgery by nurses and doctors, and are shown photographs of what was removed. This process is intended to ensure that patients understand what is planned to be removed and what was actually removed. Patients are also seen by a dedicated psychologist who highlights to the clinical team any issues or further questions that patients have, or where further clarity is required. A leaflet about the Complex Mesh Clinical Psychology Service is available [here](#).

Holistic support

Peer support can play a positive role in situations such as the one faced by those affected by mesh complications. That is why the Scottish Government asked the Health and Social Care Alliance to establish a support group, and leaflets were produced and distributed to patients visiting the CMSS in Glasgow. Unfortunately, limited interest meant that plans could not be taken forward. However, the Alliance has implemented a wider women's health stakeholder group that comprises women with a range of lived experience, including transvaginal mesh, and the Alliance is very happy to hear from women with concerns about mesh with a view to participating. Furthermore, the Alliance has also developed a 'Conversation Café' toolkit for women's health, intended to guide individuals who wish to set up, host and evaluate their own independent Café: [Conversation-Cafe-toolkit-for-womens-health-Digital.pdf \(alliance-scotland.org.uk\)](#).

The role of GPs and clinicians

There are no plans to identify every woman who has previously had mesh implanted. To attempt to do so would place a considerable burden upon Health Boards and, further, would have the potential to cause unnecessary alarm or concern amongst mesh patients who have experienced no complications. The Government is however currently liaising with Public Health Scotland about the development of a Pelvic Floor Registry. Such a registry would allow clinicians to record the details of pelvic floor procedures undertaken on individual patients which, in time, will have the potential to permit recall in the event of a safety concern, as well as comparison of outcomes associated with different types of procedure.

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 Health 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 class III and class IIb devices used in acute care, with progress after that towards 100 per

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cent. There is more information about classes and categories of medical devices available [here](#).

With respect to GPs' identification of women who are affected by mesh, as previously advised a GP learning package has been made available on Turas, NHS Scotland's online learning platform. The package is intended to help GPs feel more confident about supporting women with mesh complications and to help develop a better awareness of the care options available. It includes case studies and provides an introduction and background to pelvic floor disorders for women, a review of the background history to pelvic mesh in the UK, and an overview of pelvic mesh complications. As in any situation where patients present at their GP with a concern, GPs are expected to apply clinical knowledge and ask appropriate and relevant questions of the patient in order to identify the potential cause of any issue. The Chief Medical Officer wrote to all Health Boards in 2018 to stress upon GPs and other clinicians that they must take patients' concerns seriously at all times and take appropriate and proportionate action in response, following agreed referral pathways for further investigation and treatment as deemed necessary.

You also requested an "update on work and latest anticipated timescales around the establishment of a single patient record and data platform". Our [Digital](#) and [Data](#) strategies aim to make the right information available to all appropriate staff, when and where it is needed, building on the existing use of electronic patient record systems used by all Health Boards and GP practices. Whilst our strategy is for all health records to be held electronically, this will not result in a single, discrete electronic patient record that maintains all of the data from all of the health and care systems in Scotland in a single platform. Clinical portals are in place across Scotland within acute services and provide access to multiple specialist clinical systems, supporting the better transfer of information between Health Boards and within services. This technology places the focus on allowing medical records to be stored, linked and shared securely according to the information needed.

Regional Clinical Portals allow clinicians to access different pieces of information about an individual patient as a single electronic record including those patients from other Health Boards if and when required. Further key national developments are also underway that will further improve data sharing, such as the GP IT Programme, the National Digital Platform, development of an integrated health and social care record, and the provision of citizen access through the Digital Front Door. This is in addition to local improvements being made by Health Boards and their partners, such as through enhancements to TRAKcare.

We continue to work with partners across Scotland to ensure that information, with the appropriate safeguards in place, is available to all staff when and where they need it.

Specialist training in treating mesh complications

The Royal College of Obstetricians and Gynaecologists (RCOG) reports significant progress regarding the training pathway for the mesh removal credential, having now developed a Mesh Complications Management Training Pathway for Established Practitioners. Further detail regarding the pilot and process can be found on the RCOG website, here: [Mesh Complications Management Training Pathway Pilot | RCOG](#). NHS NSS expects all surgeons working within the CMSS in Glasgow to work to complete the credentialing syllabus.

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The Mesh training pathway has been developed with the three surgical colleges and each assessment panel will consist of a member of each surgical specialty. Practitioners who have met the requirements will be certified by the RCOG, the Royal College of Surgeons of England, the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow. RCOG has pursued this level of endorsement to help ensure confidence in the pathway. Furthermore, the General Medical Council is currently working on how credentials will be embedded in its structure, including the sign-off and maintenance of credentials.

Contract extensions for continued provision of mesh removal surgery have been offered to both Dr Veronikis in the USA and Spire Hospital, Bristol.

Staffing

NHS GGC will progress recruitment for a specialist consultant as quickly as possible. However, as previously indicated, the mesh service is located on the Queen Elizabeth University Hospital Campus, which allows access to the core urogynaecology team as well as specialist urology and colorectal surgery dependent on patient need. This is in line with NICE guidance. The service has access to a number of specialist surgeons who are involved in the assessment, MDT and surgery for these patients and, as previously advised, is also supported by NHS Lothian.

Prevention for SUI and POP

As stated in your letter, a range of information on issues relating to women's health is provided on the NHS Inform platform. This resource sets out information on women's health at key stages of life:

- girls and young women (puberty to around 25);
- middle years (around 25 to 50 years); and
- later years (around 50 years and over).

A number of topics are covered including mental health, periods and menstrual health, sexual health and contraception, pregnancy and maternity, vaginal health, and long term conditions. Some topics are included in more than one life stage. Education materials about pelvic health are provided under all three life stages and covers the topics of pelvic floor muscles, pelvic organ prolapse, transvaginal mesh implants, urinary incontinence in women, and urinary tract infections.

The website includes information aimed at pregnant women, 'Ready, Steady, Baby', with a section on pelvic floor health and pelvic floor exercises: [How to look after your pelvic floor | Ready Steady Baby! \(nhsinform.scot\)](#). In addition, a hard copy of Ready, Steady, Baby is given to all pregnant women in Scotland.

With respect to education in schools, the Scottish Government does not take a prescriptive approach to the curriculum in Scotland and it is up to individual schools and local authorities to decide upon the approaches used and the external partnerships built to help them deliver relevant and engaging learning. Curriculum for Excellence is the national approach to learning and teaching for young people aged three to 18 in Scotland. The curriculum is not statutory and therefore it is for teachers, head teachers and other professional educational

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practitioners to decide the development and implementation of the curriculum within the overall framework.

The Government is specific about the need for children and young people to gain knowledge appropriate to their age and stage of education. Relationships, sexual health and parenthood (RSHP) education is intended to help children and young people build positive relationships as they grow older and should present facts in an objective, balanced and sensitive manner within the framework of curricular values and an awareness of the law on sexual behaviour. Teachers therefore have the flexibility to include content on pelvic floor health if they feel it appropriate to the RSHP lesson at senior phase, S4 to S6.

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

Yours sincerely,

A handwritten signature in blue ink that reads "Jenni Minto". The signature is fluid and cursive, with a large initial 'J'.

Jenni Minto MSP

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