Citizen Participation and Public Petitions Committee
Wednesday 8 October 2025
15th Meeting, 2025 (Session 6)

PE1865: Suspend all surgical mesh and fixation devices

Introduction

Petitioner Roseanna Clarkin and Lauren McDougall

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while—

- a review of all surgical procedures which use polyester, polypropylene or titanium is carried out; and
- guidelines for the surgical use of mesh are established.

Webpage https://petitions.parliament.scot/petitions/PE1865

1. The Committee last considered this petition at its meeting on 19 February 2025. At that meeting, the Committee agreed to write to the Scottish Government.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.

3. The Committee has received new written submissions from the Minister for Public Health and Women's Health and the petitioner, which are set out in **Annexe C**.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government gave its initial response to the petition on 2 July 2021.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 17 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
October 2025

Annexe A: Summary of petition

PE1865: Suspend all surgical mesh and fixation devices

Petitioner

Roseanna Clarkin and Lauren McDougall

Date Lodged

17 May 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while—

- a review of all surgical procedures which use polyester, polypropylene or titanium is carried out; and
- guidelines for the surgical use of mesh are established.

Previous action

I have been in contact with my MSP, and Scottish Government officials who advised that the concerns of hernia and other mesh survivors would be heard along with those of TVT and pelvic mesh survivors. They never were.

I also met with the Cabinet Secretary for Health and Sport.

Background information

Information on polypropylene and polyester mesh and stitches clearly states the potential complications of their use and titanium protacks carry a cancer warning.

We understand mesh must be used in life or death situations, but we want to ensure that—

*mesh is only used when essential;
*patients have alternatives to mesh; and
*mesh is only used with the fully informed consent of the patient.

We want the use of mesh devices and stitches to be suspended while a review of all surgical procedures which implant any form of polyester, polypropylene or titanium products – for example hernia mesh, rectomesh, mesh used in hysterectomies – is carried out and guidelines for the use of surgical mesh are established.

We are also calling for suspension of the use of titanium protacks that are used with hernia mesh, as these carry a cancer warning.

While we recognise and support women with TVT or pelvic mesh implants, the mesh that we are talking about is not the same. It is put into the body differently and used for different purposes.

Annexe B: Extract from Official Report of last consideration of PE1865 on 19 February 2025

The Convener: Welcome back. We continue our consideration of continued petitions.

PE1865, which was lodged by Roseanna Clarkin and Lauren McDougall, calls on the Scottish Parliament to urge the Scottish Government to suspend the use of all surgical mesh and fixation devices while a review of all surgical procedures that use polyester, polypropylene or titanium is carried out and guidelines for the surgical use of mesh are established.

We are joined for our consideration of the petition by Katy Clark and our former committee colleague, Carol Mochan, both of whom have previously been concerned with the issues raised by the petition. Good morning to you both.

We most recently considered the petition nearly a year ago, last March, when we agreed to write to the Cabinet Secretary for NHS Recovery, Health and Social Care and to the Scottish Parliamentary Corporate Body. At this point, I should probably remind colleagues that I am a member of the SPCB.

The SPCB's response sets out the process for appointing the patient safety commissioner for Scotland. The post was first advertised in March 2024, although, as members might be aware, it remains unfilled and was readvertised on 7 February.

We have also received a response from the Minister for Public Health and Women's Health, which highlights the expectation that, regardless of where mesh removal surgery takes place, local health boards should provide any necessary aftercare that patients might require. The response also highlights that

"A patient should decide upon their treatment with their clinician, following meaningful discussion and sharing of all necessary information",

and that those discussions should be documented.

On the issue of natural tissue repair, the minister tells us not only that a "significant number" of hernias are repaired without mesh in Scotland, but that Government officials are working with surgeons who have a specific interest in hernia repair and have begun to identify individuals who have the skills to take forward surgical hernia repair that is consistent with the Shouldice technique, on which the committee took oral evidence from the Shouldice folk in Canada back in February 2022—PE1865 is a long-standing petition.

We have also received two submissions from the petitioners. The first draws our attention to an article in the Journal of Abdominal Wall Surgery on hernia repair surgery in adolescents and suggests that a similar approach, whereby consideration is given to the risks of hernia recurrence and mesh complications, should be adopted for hernia repair in adults. The petitioners believe that hernia surgery should be considered as principled surgery, with surgeons being trained specifically in the Shouldice and natural tissue repair techniques as well as mesh techniques. In their second submission, Roseanna and Lauren restate the call for a centre of excellence

to be established as a means of ensuring that informed patient pathways are available for natural tissue repair and mesh removal.

Alongside that call, the petitioners continue to advocate for an independent review of the use of mesh, and they have provided a brief summary of their meeting with Terry O'Kelly, who is the Scottish Government's senior medical adviser, whom the committee previously heard from, and representatives of the Scottish Health Technologies Group, which has only strengthened their calls for an independent review to be carried out.

I will invite Katy Clark and Carol Mochan to contribute before the committee considers how best to proceed. However, it is only fair to say—I say this as someone who has been closely associated with the issue for more than a decade—that the committee is not certain how to take this particular petition forward. Important issues have been raised. There has certainly been some advance in respect of the Government's approach to the use of Shouldice techniques, which was a bit of an uphill push, but which the committee, with our introduction of the Shouldice evidence, helped to make happen. However, we are a little unsure as to what more we can usefully do, given that the parliamentary session is now beginning to wind down from the point of view of our ability to consider petitions.

I am keen to hear from Katy and Carol before we make any determination. It has been decided that Katy will speak first.

Katy Clark (West Scotland) (Lab): I am grateful to have the opportunity to make a contribution. I have met some of the petitioners on a number of occasions, including this week. The lead petitioners are both constituents. One of them has suffered quite severe complications as a result of the hernia mesh procedure; the other is the daughter of a deceased person who was also a constituent and who underwent the hernia mesh procedure. They are working with a range of campaigners across Scotland—and, indeed, the rest of the United Kingdom—who are collating information about the complications.

The submission that I made to the committee very much focuses on data. As the convener said, we had the opportunity to meet the minister and, as a result of that, we had a subsequent meeting with medical advisers and officials. It is clear to the petitioners that there is a lack of data in relation to the extent of the problem.

I have previously advised the committee of freedom of information requests that were submitted to health boards. We did not get information from many health boards, but the information that we got was concerning. The petitioners are concerned about the basis on which work is proceeding. Frankly, the data that we have does not truly reflect the scale of the number of people who have complications. That was the focus of the written representation that I made to the committee.

I wonder whether the committee would be willing to engage further with the Scottish Government on the issue, as it is clearly not an issue that will go away. The petitioners and many others continue to suffer the consequences of the hernia mesh procedure, and the campaign will continue. It would be appropriate for the Scottish

Parliament to be engaged with that in order to ensure that an evidence-based approach is taken and that work is undertaken to gather such evidence.

The Convener: Has the subsequent meeting that you mentioned taken place? Am I correct in picking up that it has?

Katy Clark: Yes, that is correct. That meeting took place before Christmas. I attended it, along with the petitioners.

The Convener: Okay—thank you.

Carol Mochan (South Scotland) (Lab): I thank the committee for inviting me to attend the meeting, because, as members know, I have previously spoken on the issue, and I want to ensure that people are fully aware of the extent of the situation involving people who have undergone the mesh procedure.

I echo the points that have been made by Katy Clark and the petitioners in their submissions to the committee. I support their point about the lack of data on the number of patients who are experiencing complications as a result of the use of mesh. It is concerning that we do not know whether we are capturing that data, which is important. The submissions highlighted the fact that the data that is currently being relied on is inconsistent, incomplete and often outdated. We should all take that issue very seriously. I will not repeat the point that the convener made about that, which was well made. It is clear the minister has taken the issue seriously.

Although the Scottish Health Technologies Group report is interesting, there is good reason to think that the data sets that it used are, as one of the petitioner's submissions highlights, "narrow and incomplete". Action could be taken to look at that.

In addition, the absence of follow-up data is worrying. We do not know whether any follow-up work is being done, although a commitment has been made that such work will be done. The full extent of mesh-related complications is also worrying. Given that complications might not be immediately apparent after surgery, could we have a system in place that would allow us to look at that?

I echo the points that Katy Clark made, and I request that the committee keeps the petition open and perhaps writes to the Government regarding a review of the current data sets, so that we can continue to support the work of the petitioners.

The Convener: Thank you. Do colleagues have any thoughts? I am between a rock and a hard place on this one. There is probably not much more that we can do in this parliamentary session, and I am minded to move to close the petition. However, I might be prepared to defer closing it, and to indicate to the Government that although we are moving in that direction, we would like to have further confirmation on the points that have been raised about data, in particular.

If colleagues are content, we could approach the Government to get a specific response on that. However, we should be mindful of the fact that, notwithstanding any response that we got, we are probably nearing the point at which we would have to say that any future work on the issue would be best served by the lodging of a

fresh petition in the next session of Parliament. I think that I would feel most comfortable if we agreed to go down the route of giving the Government a further nudge on the aspect that arose from the work of the Scottish Health Technologies Group, as amplified in Katy Clark's written submission and the oral submissions of our colleagues.

Fergus Ewing: The evidence that we have heard from our colleagues today indicates that there has been a lack of response from health boards. I do not know why that is, but that is the situation. Because that is the case, Katy Clark sought to obtain relevant information but has not received it. Were we to close the petition today, the petitioners could easily and legitimately lodge a fresh petition, calling for the data to be analysed. Rather than have all that delay and extra work, we might as well keep the petition open so that we can ask for the information that Katy Clark has, quite rightly, sought. I am aware of the evidence that Clare Adamson gave on behalf of her constituents. Plainly, those who are affected have been affected very profoundly.

The Convener: Do we agree to keep the petition open on that basis?

Members *indicated agreement.*

Annexe C: Written submissions

Minister for Public Health and Women's Health written submission, 21 March 2025

PE1865/WWWW: Suspend all surgical mesh and fixation devices

Thank you for your letter of 21 February concerning the above named petition. I am grateful to the Committee for its extended consideration of this petition during this session, and my officials have been grateful for the opportunity to meet with the petitioners to discuss the issues that are the focus of the petition.

Your letter, along with the petitioners, seeks assurance regarding the Scottish Government's plans for maintaining datasets related to surgical mesh and fixation devices, ensuring they remain as up-to-date, complete, and accurate as possible. The petitioners propose a further review.

The Scottish Government agrees with the objective of ensuring that evidence is as up to date as possible. We do consider that the independent review undertaken by the Scottish Health Technologies Group (SHTG) offers an accurate analysis of the most relevant and high-quality research evidence on the use of mesh for hernia repair. SHTG projects are based on thorough and systematic literature searches, carried out by evidence specialists. The reviews and meta-analyses included in the SHTG review represent the highest quality and most reliable type of evidence available for assessing clinical effectiveness and safety. Moreover, engagement with stakeholders and interested parties helps ensure that any additional studies are considered prior to publication of a SHTG review.

The evidence on hernia mesh published since 2021 aligns with the SHTG advice, both in terms of outcomes and patient follow-up. But I wish to underline that SHTG – and the Scottish Government – remain committed to considering new evidence should it become available.

The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for overseeing the safety and regulation of medical devices in the UK, including implantable devices, and they keep the safety of all medicines and medical devices under continual review. Having looked at all the available sources of information, including scientific papers and clinical trials, the MHRA has confirmed that their position is that there is currently no evidence for them to take further regulatory action with regards to surgical mesh. They are however keeping this issue under review and will continue to work with colleagues across the health sector to monitor and examine evidence as it becomes available.

The National Institute for Health and Care Excellence (NICE) regularly reviews evidence to update its clinical guidance and some of their products include hernia repair: Products - Hernia | Topic | NICE. For anyone seeking to influence clinical guidance, individuals can submit evidence via the NICE Contact Us portal (https://www.nice.org.uk/get-involved/contact-us). Additionally, in Scotland, the Scottish Intercollegiate Guidelines Network (SIGN) is part of the Evidence Directorate of Healthcare Improvement Scotland and collaborates with health and social care professionals, patient organisations and individuals to produce evidence-

based guidelines for NHS Scotland. Any group or individual can propose a guideline topic or request that the research is considered in Scottish clinical guidelines.

Patient safety is of paramount importance for NHS Scotland and the Scottish Government is committed to improving and utilising medical device data at national level and maximising its use to improve patient safety. With this aim in mind, a number of programmes and initiatives to provide up-to-date and comprehensive data for medical devices, including pelvic and hernia mesh, are underway. These include:

The Scottish Pelvic Floor Registry Audit Programme (SPFRAP), led by Public Health Scotland (PHS), being established in NHS Scotland, to enable an evidence and data-based approach to improving the provision of pelvic health services for those seeking treatment for pelvic organ prolapse, stress urinary incontinence and complications from previous pelvic mesh surgery across NHS Boards, primary care and independent providers.

The data collected by SPFRAP will also provide the required data for the UK Pelvic Organ Prolapse and Stress Urinary Incontinence registry currently being developed by the Department of Health and Social Care (DHSC). The UK registry aims to ensure that appropriate clinical vigilance data is collected, surgical outliers can be identified and comparative performance and outcomes are routinely available.

With specific regards to hernia mesh data, **the British Hernia Society (BHS) has established the British Hernia Society Registry**, which is now live. This registry aims to collect data on elective and emergency hernia repairs across the UK, including data on complications and patient-reported outcomes. This will inform guidelines and best practices for surgeons and healthcare providers. Scottish Government officials will observe the registry with interest and consider whether it provides a suitable registry solution.

Furthermore, NHS Boards are currently implementing the **NHS Scotland Scan for Safety Programme**, led by NHS National Services Scotland (NSS), in partnership with NHS Boards, to provide the rapid electronic traceability of implantable devices. Using Point of Care (Poc) scanning technology, implantable devices will be linked to patient identification allowing for the rapid electronic search to trace devices in the event of a safety recall and will improve our future knowledge of real world outcomes for medical devices.

Every Health Board has a formal complaints procedure and patients must not hesitate to make a complaint if they are in any way unhappy with their treatment. It is through feedback of this nature that the Health Board can identify any issues and take steps to make improvements in the future. If unhappy with the Health Board's final decision, patients can ask the Scottish Public Services Ombudsman (SPSO) to review their complaint. Guidance on making a complaint can be found at Complain about an NHS service - mygov.scot. For help and advice with complaints, contact your local Patient Advice & Support Service (PASS). The service is free, independent and confidential.

I hope this is helpful.

Yours sincerely,

Jenni Minto MSP

Petitioners written submission, 22 April 2025

PE1865/XXXX: Suspend all surgical mesh and fixation devices

To the Petitions Committee,

We are aware of the intention to close this petition, and we write to express our deep concern and disappointment. We understand you may feel there is no further route for this petition, but we strongly disagree. In our view, the issues raised remain unaddressed, and meaningful action from the Scottish Government has yet to materialise.

There are still no clear patient pathways for hernia mesh-injured individuals. No formal guidelines have been established regarding the use of mesh, and there is no evidence to show that the BRAN (Benefits, Risks, Alternatives, and doing Nothing) framework is being actively implemented across NHS Scotland by surgeons. We continue to hear from patients who are neither being offered non-mesh alternatives nor receiving fully informed consent—despite commitments made in Parliament by former Women's Health Minister, Maree Todd, and Mr. Terry O'Kelly.

The statement that "this is new mesh, not like the old one" echoes troublingly familiar rhetoric from the transvaginal mesh scandal. We fear history is repeating itself. If this petition is closed, we are left with no option but to consider submitting another—asking for the very same things. This would be both demoralising and difficult, especially considering it took two years just to have this petition brought before the Committee.

Regarding the response from current Women's Health Minister, Jenni Minto, about the meeting with the Scottish Health Technologies Group (SHTG), we were deeply shocked by the use of incomplete and outdated data to inform their recommendations. The data cited did not span more than one year and is already outdated. More accurate, current evidence is available. The refusal to consider a new report, even after the flaws in the original data have been proven, is extremely concerning. It suggests the Government continues to turn a blind eye—allowing further harm to constituents and failing to uphold its duty of care.

We have consistently called for collaboration and inclusion, asking to be involved as patient representatives and to engage with the NHS to voice our concerns. Yet, our efforts have been met with silence. We feel our experiences and pleas are falling on deaf ears. No progress has been made. Our suffering continues. The very report the Government commissioned clearly recommends offering natural tissue repair—but this still isn't happening in practice.

Personally, I have contributed to the creation of the APICCTHS model—designed to address what happens when the NHS gets it wrong. But why are we not focusing on getting it right from the start?

We are simply asking to work together to build a system that listens to patients, values their lived experience, and ensures access to safe, transparent, and appropriate care. We urge you not to close this petition. If it is closed, what hope do we have of being heard at all?

Please reconsider. We believe there is still important work to be done, and we ask for your support in making that happen.