

PE1865/TTTT: Suspend all surgical mesh and fixation devices

Minister for Public Health and Women's Health written submission, 22 April 2024

Thank you for your letter of 25 March concerning the above named petition. I am responding as Minister for Public Health and Women's Health as mesh falls under my portfolio responsibilities.

I note the further evidence outlined in [the Committee's Official Report dated 20 March 2024](#).

Patient pathway following mesh removal with an independent provider

Firstly, I would like to address concerns raised about the patient pathway for women who have undergone mesh removal surgery with an independent provider in Bristol or the US.

Regardless of where mesh removal surgery takes place, whether it is undertaken by the specialist service in Glasgow or by one of the two independent providers, it is expected that aftercare is provided by the patient's local Health Board, [as set out on page 8 of NHS National Services Scotland's patient leaflet](#), which is provided to all patients considering surgery with an independent provider. The independent provider is expected to share the patient's consultation report, operative report and pathology report with their Health Board in Scotland. The intention of this process is to ensure that patients can, where possible, receive treatment as close to home as possible.

The contracts with the independent providers are for mesh removal surgery. It is however recognised that, following such surgery, some patients will require subsequent revision/reconstructive procedures. This is considered in each case after a period of time to allow for tissue healing and recovery of function. This care will be undertaken within the NHS and, in most cases, this will be in Scotland. This approach means that patients that choose to have mesh removal surgery with one of the independent providers or with the NHS centre in Glasgow (or in England) are in the same position in relation to subsequent procedures. If for any reason a patient's local Health Board is unable to provide care, processes are in place to access treatment elsewhere within the NHS.

Any patient who has concerns after returning from the independent provider should not hesitate to seek assistance from their General Practitioner or local clinical team, who will be able to provide advice and ongoing care as required.

Guidelines for the surgical use of mesh

In the Official Report, Katy Clark MSP queried current practice and guidelines surrounding the continued use of surgical use of mesh in Scotland.

The halt on the use of transvaginal mesh for treating Stress Urinary Incontinence (SUI) and Pelvic Organ Prolapse (POP), implemented in September 2018, remains

in place. The use of mesh in gynaecology in other sites, for instance abdominally inserted gynaecological mesh, is subject to high vigilance protocols, which includes assurance of competence and documentation of the decision-making process. Some of the procedures for which mesh continues to be used are complex and long established, and there are few, if any, viable alternatives.

[The high vigilance protocol was issued to Health Boards at the same time as the halt was announced](#), and was reiterated in a [letter from the Chief Medical Officer in October 2023](#). Accountable Officers are in place in each Health Board to oversee adherence to the high vigilance protocol. Furthermore, proposed treatment must adhere to the principles outlined in Realistic Medicine, particularly patient centred care and shared decision making. A patient should decide upon their treatment with their clinician, following meaningful discussion and sharing of all necessary information, including benefits, risks and alternative treatments.

In respect of the ongoing use of mesh in hernia repair, the Committee is aware of the two reports commissioned by the Scottish Government to investigate the use of mesh in hernia repair. [The first concentrated on inguinal hernia repair](#) and [second examined hernia repair more generally](#). Both reports were carried out by Scottish Health Technologies Group (SHTG). The reports support the continued use of surgical mesh in hernia repair whilst recommending that consideration should be given to patient preferences and access to alternative hernia treatment options like non-mesh repair should be made available where possible and where clinically appropriate. [The British Hernia Society provides guidance on a range of treatments, which can be accessed here](#). Secondly, [the General Medical Council provides guidance on informed consent, which can be accessed here](#).

The Scottish Government expects all NHS Boards and their clinicians to adhere to GMC guidelines and to have clinical governance in place to ensure this is the case. We are also clear that all discussions on treatment options between a patient and their clinician must be documented. With respect to mesh, including hernia mesh, this was made clear in the Chief Medical Officer's letter to Medical Directors of February 2018 and October 2023.

Surgeons' skills (natural tissue repair)

I note Ms Clarkin's concerns about the skills of surgeons to perform natural tissue repair, and I would like to reassure the Committee that a significant number of hernias are repaired without mesh in Scotland. With specific regards to natural tissue inguinal hernia repair, officials are working with a collaborative of Scottish surgeons with specific interests in hernia surgery, and individuals have been identified in Scotland who have the skills to take this forward. However, this type of surgery is for a defined population consistent with physical characteristics as were identified by the Shouldice report and previously discussed with the Committee. This means that there will be recognition of the need to ensure that anyone presenting for surgical hernia repair is in an appropriate physical condition for their procedure.

Meeting request

Mr Terry O'Kelly, Senior Medical Advisor, and I met with Katy Clark MSP and three of her constituents, including Ms Clarkin and Ms McDougall, on 15 November 2023

and heard a detailed report of their experiences and their concerns, including patient pathways following mesh removal surgery and guidelines for clinicians who use surgical mesh. As an action from this meeting Scottish Government officials are in the process of arranging for Ms Clarkin and Ms McDougall to meet with SHTG to discuss the SHTG reports into hernia repair in more detail, ensuring key representatives from SG and SHTG are available to attend.

As such I believe that another discussion on these topics may not be productive at this time. However, please be assured that the Petitioners' views and concerns have been carefully noted and are being given careful consideration.

Yours sincerely,

Jenni Minto MSP