The Scottish Parliament
Pàrlamaid na h-Alba

PUBLIC PETITIONS COMMITTEE

AGENDA

10th Meeting, 2017 (Session 5)

Thursday 18 May 2017

The Committee will meet at 9.30 am in the Robert Burns Room (CR1).

1. **Consideration of a continued petition:** The Committee will consider a continued petition—

   PE1517 by Elaine Holmes and Olive McIlroy on behalf of Scottish Mesh Survivors - "Hear Our Voice" campaign on Polypropylene Mesh Medical Devices;
   and will take evidence from—
   Tracey Gillies, Chair, Independent Review of Transvaginal Mesh Implants;
   and then from—
   Shona Robison, Cabinet Secretary for Health and Sport, and Catherine Calderwood, Chief Medical Officer, Scottish Government.

Catherine Fergusson
Clerk to the Public Petitions Committee
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The Scottish Parliament
Edinburgh
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The papers for this meeting are as follows—

Item 1

Note by the Clerk	PPC/S5/17/10/1
PRIVATE PAPER	PPC/S5/17/10/2 (P)

Public Petitions Committee

10th Meeting, 2017 (Session 5)

Thursday 18 May 2017

PE1517 on Polypropylene Mesh Medical Devices

Note by the Clerk

Petitioner	Elaine Holmes and Olive McIlroy on behalf of Scottish Mesh Survivors – "Hear Our Voice"
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to: 1. Suspend use of polypropylene Transvaginal Mesh (TVM) procedures; 2. Initiate a Public Inquiry and/or comprehensive independent research to evaluate the safety of mesh devices using all evidence available, including that from across the world; 3. Introduce mandatory reporting of all adverse incidents by health professionals; 4. Set up a Scottish Transvaginal Mesh implant register with view to linking this up with national and international registers; 5. Introduce fully Informed Consent with uniformity throughout Scotland's Health Boards; and 6. Write to the MHRA and ask that they reclassify TVM devices to heightened alert status to reflect ongoing concerns worldwide.
Webpage	parliament.scot/GettingInvolved/Petitions/scottishmeshsurvivors

Purpose

1. This is a continued petition which was last considered by the Committee at its meeting on 29 September 2016. At that meeting the Committee agreed to defer further consideration of the petition until the final report of the Independent Review was published. The final report was published on 27 March, with a Ministerial Statement from the Cabinet Secretary on Thursday 30 March.

2. At this meeting, the Committee will take evidence from the Chair of the Independent Review, and then from the Cabinet Secretary and the Chief Medical Officer.

3. Members have been provided with a copy of the final report. Circulated with this paper is a submission from the petitioners. The Committee is invited to consider what action it wishes to take on the petition.

Background

4. Transvaginal mesh can be used in pelvic organ prolapse (POP), and transvaginal tapes can be used in the treatment of stress urinary incontinence

(SUI). For both conditions there are non-surgical interventions, though it may be necessary to consider surgery in certain cases.

Suspension of mesh procedures

5. The Session 4 Committee took evidence from the petitioners on 3 June 2014. The Committee was impressed by the urgency of the matter and invited the then Cabinet Secretary, Alex Neil MSP to give evidence to the Committee.

6. On 17 June 2014, Mr Neil appeared before the Committee and in his opening statement indicated that he would seek a moratorium on the use of mesh procedures in Scotland and establish an Independent Review.

Role of the Medicines and Healthcare products Regulatory Agency (MHRA)

7. The Scottish Government does not have the power to regulate what medical devices are licensed for use in the UK. The MHRA regulates medical devices in the UK and works closely with similar agencies across the EU.

8. The MHRA gave evidence at the Committee's meeting on 24 February 2015. It stated that it works closely with other regulators around the world, manufacturers and a number of other health bodies, including NHS Scotland, to ensure patient safety. The MHRA monitors reports of adverse incidents and the current scientific evidence and makes judgements on risks based upon that information. At the time, the MHRA's view was that the evidence available to it did not support removing these devices from the market. The MHRA noted that in its view, clinicians should improve their reporting of adverse incidents but it does not support mandatory reporting on the basis that making something mandatory may not be the best approach to ensuring adverse incidents are reported by clinicians.

9. At the same meeting the Committee heard evidence via video-conference from a lawyer working on litigation cases in New Jersey, Adam Slater. Mr Slater explained that he is involved in thousands of cases and in his view, mesh devices are not safe. The Committee ensured that Mr Slater's evidence was made available to the MHRA and the Scottish Government's Independent Review.

Independent Review

10. The Independent Review was set up in the summer of 2014. The group that undertook the Review was chaired by Dr Lesley Wilkie, former Director of Public Health at NHS Grampian. The group comprised patient representatives (including the petitioners), clinicians, senior health officials, the MHRA, and professional bodies. The remit of the Review was to "evaluate both the efficacy and the extent and causes of adverse incidents and complication rates associated with stress urinary incontinence and for pelvic organ prolapse".

11. The Review published its interim report on 2 October 2015. The report was 'interim' because the Review wished to issue its final report after the results of the PROSPECT study and the final opinion of the European Commission's Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on the use of mesh implants. The final report of the PROSPECT study was

published in December 2016; the SCENIHR's final opinion was published on 3 December 2015, and is discussed briefly later in this paper.

12. The Review's interim report came to a number of conclusions which are included at the end of this paper. The preface of the report summarised its work thus—

> "We found some concerning features about how new techniques are introduced into routine practice, how and for how long they are followed up, how women are informed of the risks and benefits so that they can give true informed consent and also how adverse events are reported and to what extent.
>
> "Our conclusions focus on the need for improved governance around both the introduction of new procedures or techniques and also of how women are assessed and treated, both initially and in the event of any side effects following surgery. Reporting of adverse events is another area where we feel that a tighter, more explicit practice is required and we suggest ways the government should consider to ensure this area is improved. We differentiate between the use of mesh in the treatment of stress urinary incontinence and when it is used in the repair of pelvic organ prolapse. We see the need for an Expert Group to oversee the implementation of an improved way of working, and of organising services. We are aware that some of our conclusions have wider implications and see the need to embed this in the Patient Safety and Clinical Governance strands of the NHS."

13. The Cabinet Secretary, Shona Robison MSP, stated that she accepted all of the conclusions of the report and apologised to the women who had had to campaign to have their voices and concerns heard. The Cabinet Secretary stated that in line with the conclusions of the report interim safeguards will be put in place. She also stated that she wanted to be in possession of the final report before implementing permanent changes.

Expert Group on Transvaginal Meshes

14. All of the conclusions of the interim report included recommendations for the Expert Group on Transvaginal Meshes to take forward.

15. The Expert Group was established in 2013 to look at improving clinical practice and pathways of care for women who experience complications after the implant of a mesh device. The group suspended its activities during the main work of the Independent Review and was re-formed in August 2015. Shortly before dissolution the Committee sought assurances that the expert group's work would be publically available. In her letter to the Committee of 11 February 2016, the Cabinet Secretary, Shona Robison, confirmed that a website containing information about the group's work would be established.

Single incision mini-slings (SIMS) trial

16. The Session 4 Committee also asked for an update on the review of the protocols of the current SIMS trial in light of the interim report. The Cabinet Secretary stated in her letter of 11 February 2016 that the Chief Medical Officer

was nearing the completion of the review and would write to the Committee and petitioners once she has done so.

17. The report was provided on 1 July 2016. It concluded that "in the light of available evidence, there [we]re no objective grounds for the Scottish Government to request that the SIMS trial be stopped.

- The study has been approved following independent scientific and ethical scrutiny.
- The independent data monitoring committee has not raised any safety concern.
- The scientific questions the trial has set out to answer remain unanswered and answering them would provide important new evidence.
- NIHR [National Institute for Health Research] as funder and the trial team are both clear that the trial is important and there are no grounds for the trial to be stopped.
- The trial is consistent with both the spirit and letter of the IR [Independent Review]."

SCENIHR opinion on mesh

18. The final SCENIHR opinion on mesh was published in December 2015. SCENIHR's recommendations include:

- Material properties, product design, overall mesh size, route of implantation, patient characteristics, associated procedures (e.g. hysterectomy) and surgeon's experience are aspects to consider when choosing appropriate therapy.
- The implantation of any mesh for the treatment of POP via the vaginal route should be only considered in complex cases in particular after failed primary repair surgery.
- For all procedures, the amount of mesh should be limited where possible.
- A certification system for surgeons should be introduced based on existing international guidelines and established in cooperation with the relevant European Surgical Associations.

The final report: issues for consideration

High-level summary of the report's conclusions on SIU and POP

19. In relation to the surgical treatment of SUI, the final report recommends that "women must be offered all appropriate treatments (mesh and non-mesh) as well as the information to make informed choices". It recommends a retropubic approach when surgery involves polypropylene or other synthetic mesh tape. (Conclusion 7). For the surgical treatment of POP, the report recommends "[T]ransvaginal mesh procedures must not be offered routinely". (Conclusion 8)

20. During the Ministerial Statement the Cabinet Secretary stated that "[T]hose recommendations are clear, unambiguous and incredibly important". However, with regard to conclusion 8, the petitioners in their submission query the use of "routinely", asking if it is acceptable to "re-open the door to the most risky

prolapse procedure … when all Scottish surgeons have already stopped doing it".

Events prior to publication of the report

21. On 5 March 2017, the BBC reported that the petitioners had resigned from the group over the 'diluted' report. It subsequently reported[1] that one of the medical experts on the group resigned over concerns about the new chapter 6 of the final report, compared to the chapter 6 from the interim report.

22. On the date that the final report was published, the BBC provided further coverage, reporting that the petitioners felt betrayed, and concerns of a whitewash.[2]

23. In their submission to the Committee in advance of this meeting, the petitioners identify concerns about the transparency, integrity and the process and purpose of the review. In particular, they highlight concerns relating to—

- shared-decision tables
- chapter 6
- reporting of mesh adverse events
- recording of mesh procedures on a national register
- classification of mesh
- inclusion of the petitioners' input to the report.

24. The concerns expressed by the petitioners under each of these points are summarised below.

Shared-decision tables

25. The petitioners express their concerns about the lack of publication of all tables that were expected to be considered to enable the group to fully consider and discuss the benefits and risks of non-mesh and mesh procedures. They suggest that there was evidence within the tables to show that non-mesh procedures are safer than mesh ones.

26. The petitioners note that, although a decision was taken to publish the tables only one – table 6.1 – is contained within the body of the report. The others are "outside the report and published online – hidden out of sight and among meeting minutes and agendas".

27. This was an aspect of the review that was covered in the media and within the Parliament, at Topical Questions on 7 March, and during the course of the Cabinet Secretary's statement to the Parliament on 30 March.

[1] BBC Scotland. 15 March 2017. Medical expert quits mesh implant review group. Available at: http://www.bbc.co.uk/news/uk-scotland-39279028
[2] BBC Scotland. 27 March 2017. Mesh implant campaigners 'betrayed' by report publication. Available at: http://www.bbc.co.uk/news/uk-scotland-39408064

28. The petitioners pose some specific questions and have made a request for action with regard to the provision of tables within the report.

Chapter 6

29. The petitioners consider that chapter 6 of the final report is "biased and misleading", in that it "directs the reader to the conclusion that mesh procedures are better than non-mesh ones". They expand on this point—

> "It does so by describing all advantages of mesh procedures but not mentioning the important mesh-related adverse events, including the most common one of mesh erosion/exposure or the most serious one of chronic pain."

30. They compare chapter 6 of the final report to that within the interim report, noting how the interim report described one procedure in great detail (over 10 pages) while the current report describes "over seven procedures in less than four pages". They consider that—

> "This chapter encourages surgeons to direct patients towards having mesh surgery which contradicts Conclusion 1 of shared-decision making."

31. They pose questions about why the chapter fails to mention the most common or most serious adverse events of mesh surgery, and fails to mention the advantages of non-mesh surgery.

Mandatory reporting of mesh adverse events

32. The petitioners state that they repeatedly asked that reporting of mesh adverse events to MHRA should be mandatory, and that these requests were ignored until they had resigned from the review group and subsequently met with the Cabinet Secretary. While they clearly welcome the recommendation to make the reporting of mesh adverse events mandatory, the petitioners consider that this is a "clear indication that the government is calling the shots, not the group members", and that this demonstrates that the review is not independent.

Mandatory recording of mesh procedures

33. The petitioners also refer to their repeated requests to make it mandatory for all mesh procedures and follow-up data to be recorded on a national database. They express their disappointment that these requests, which were supported by other representatives on the review, were ignored, and ask how accurate information on adverse events can be obtained if the recording of procedures is not made mandatory.

Classification of mesh

34. In their submission, the petitioners say that on 27 February 2017, when they became aware of a forthcoming announcement from the European Union that

mesh was to be reclassified to the highest risk category, they wrote to group members and the Cabinet Secretary.

35. They are concerned that this was ignored, noting that page 12 of the report says that mesh is a medium risk device, and querying why there is no reference to the reclassification within the final report.

36. The reclassification[3] was published on 8 March 2017. In her response of 28 April to a written question from 31 March, about the concerns that the reclassification was not included in the final report, the Cabinet Secretary said that the final report made clear that the reclassification was anticipated "at the time of writing". She added that "subject to their formal adoption", the new EU Regulations will reclassify surgical meshes to Class III. The Cabinet Secretary's full response is included within Annexe C to this paper.

Inclusion of petitioners' input to the report

37. The petitioners express their frustration that, "[D]espite repeated communication" their input to patient chapter 3 was not removed. They explain that this was clearly communicated at a meeting with the Cabinet Secretary and Chief Medical Officer, and also in writing to the Chair of the review.

38. The petitioners pose some questions in an attempt to understand why their input was not removed, as they had requested.

39. In their conclusion, the petitioners argue that the resignation of four members of the review group within four months of publication of the final report "is an indication of a whitewash".

40. They note that while any decision on the sale or supply of mesh rests with the MHRA, it is still within the Scottish Government's gift to decide whether or not the devices should be used. They say that to ensure no other women have to endure the adverse events of mesh procedures—

> "The way forward is to refrain from lifting the mesh suspension until a judiciary or similar stand-alone independent body examines all the evidence in a transparent public manner."

Other issues

41. Other issues that the Committee may wish to consider in taking evidence include—
    - The study of adverse mesh event published in the journal *Nature* not being included
    - Legal action in respect of mesh that has been taken by a number of state-level attorneys general in the United States

[3] Available at: http://data.consilium.europa.eu/doc/document/ST-10728-2016-REV-4/EN/pdf

- Concerns about the possible use of counterfeit material in mesh devices and the US Food and Drug Administration's safety alert for Urogynecologic Surgical Mesh implants.

Parliamentary Action

42. During Topical Questions on 7 March, following the resignation of the petitioners from the review group, in response to questions relating to the removal of information that was contained within the interim report – which the petitioners signed up to -, and concerns that new evidence had been omitted and that there was no mention of the reclassification of mesh by the European Union, the Cabinet Secretary said—

    "What is important at the end of all this is that we make sure that whatever guidance is given to the NHS and clinicians is based on the most robust evidence."

43. During the Ministerial Statement on 30 March, in response to a question from Alison Harris MSP on why the report does not recommend that mesh procedures be reclassified to highest possible risk category, in accordance with the recently issued European Union guidelines, the Cabinet Secretary answered—

    "The chair has assured me that all the evidence that was received is either in the final report or on the website".

44. The issue has also been the subject of a number of questions and motions, which are set out in annexe C to this paper.

Action

45. The Committee is invited to consider what action it wishes to take on the petition. Options include—

    - To invite the petitioners, and any other relevant stakeholders, to provide evidence at a future meeting
    - To reflect on the evidence heard and to consider a note by the clerk at a future meeting
    - To take any other action it considers appropriate

Clerk to the Committee

Annexe A

The following submission is circulated in connection with consideration of the petition at this meeting—

- PE1517/JJ: Petitioners' submission of 8 May 2017 (401KB pdf)

All written submissions received on the petition can be viewed on the petition webpage.

Annexe B

Conclusions of the Independent Review's interim report followed by conclusions of the final report

Conclusion 1
Interim
Robust clinical governance must surround treatment, the decision to use mesh and the surgical approach used. To support decision making, management of the individual patient should take place in the context of multi-disciplinary team assessment, audit and review. The use of a comprehensive information system will underpin this. **The Expert Group should address this with NHS planners, including an assessment of any administrative support required for the clinical teams.**

Final
Fundamental to the treatment of patients with SUI and POP is patient-centred care which should include patient choice and shared decision making supported by robust clinical governance. To support shared decision making, management of patients must take place in the context of a multidisciplinary team (MDT), supported by a quality assurance framework. In addition, the Scottish Government should consider the alternative methods for the capture of adverse events set out in chapter 8 to determine the most effective way to ensure complete notification.

Conclusion 2
Interim
Evidence of involvement in multi-disciplinary team working, engagement in audit activity and recording and reporting of adverse events should be an important part of consultant appraisal and thus statutory revalidation of medical staff. **The Expert Group should work with Medical Directors as Responsible Officers to include this in the conduct and supervision of appraisal. In addition the Scottish Government should consider the alternative methods for the capture of adverse events set out in chapter 8 to determine further the most effective way to ensure complete notification.**

Final
Evidence of involvement in MDT working; engagement in all relevant local and national audit activity; and the mandatory recording and reporting of adverse events, in line with GMC guidance, should be necessary parts of consultant appraisal and thus statutory revalidation of clinical staff. The Expert Group should work with Medical Directors and Responsible Officers to ensure this is included in the appraisal of all relevant staff.

Conclusion 3
Interim
Informed consent is a fundamental principle underlying all healthcare. There has been extensive work done by the Expert Group which preceded the establishment of the Independent Review, with leadership by both patients and clinicians. This has resulted in an SUI information leaflet and consent form.

Following on from this the Independent Review concludes that additional work is required to ensure that this work is extended to include POP procedures and that the SUI leaflet is reviewed in the light of this work and other recent developments. This should be addressed by the Expert Group as a matter of urgency. Other points highlighted by the Independent Review include the provision of adequate time for discussion and reflection. Patients should be provided with information enabling them to report adverse events if these occur.

Final

Informed consent is a fundamental principle underlying all healthcare interventions. Extensive work was carried out by the Expert Group prior to the establishment of the IR, with leadership by both patients and clinicians. This has resulted in an information leaflet on Synthetic Vaginal Mesh Tape Procedure for the Surgical Treatment of Stress Urinary Incontinence in Women and consent form. Following on from this, the IR concludes that additional work is required to ensure that this work is extended to include all appropriate SUI and POP procedures and that the existing SUI leaflet is reviewed in the light of this work and other recent developments. This should be addressed by the Expert Group as a matter of urgency. Other points highlighted by the IR include the provision of adequate time for discussion and reflection. Patients should be provided with the information they need in order to make informed choices. Patients also require appropriate information, which must include device identification, to allow them to report adverse events if these occur.

Conclusion 4

Interim

The Independent Review does not consider that current research studies on safety and effectiveness will provide evidence on long term impact of mesh surgery. The lack of extended long term follow up and related outcome data, including information on quality of life and activities of daily living, should be addressed. **The Independent Review recommends the Expert Group highlights this knowledge gap to funders of health research and the research community. Opportunities for routine audit should be explored by the Expert Group in conjunction with NHS Scotland.**

Final

The IR does not consider that current research studies on safety and effectiveness provide sufficient evidence on long-term impact of mesh surgery. The lack of long-term follow up and related outcome data, including information on quality of life and activities of daily living, should be addressed. The IR recommends the Expert Group highlights this knowledge gap to the research community and those that fund health research. Opportunities for routine audit should be explored by the Expert Group in conjunction with NHSScotland.

Conclusion 5

Interim

Good information, as stated before, is essential to good patient care. The experience of the Independent Review has been that there are many gaps although there is information both in a professionally led database (the BSUG

database) and routine NHS information (SMR01 and SMR00). **It is recommended that the Expert Group works with ISD, BSUG and others to ensure that an information system is developed which is universal, robust, clinically sound and focused on fostering good patient outcomes. Work already underway on consistent coding by ISD will be vital to this endeavour.**

Final

Good information is essential to good patient care. The experience of the IR has been that, although data on the provision of SUI and POP surgery is held both in professionally-led databases and routine NHS activity data, the information derived from such sources could be improved. It is recommended that the Expert Group works with key stakeholders to address information gaps and ensure that available information is used as effectively as possible to support safe and effective care. The IR notes that, as an important first step towards this, ISD has already secured the creation of new data codes that will allow more precise recording of mesh surgery and any subsequent mesh removal/revision within routine NHS activity data records.

Conclusion 6

Interim

The Independent Review expressed serious concern that some women who had adverse events found they were not believed, adding to their distress and increasing the time before any remedial intervention could take place. Improving awareness of clinical teams of the possible symptoms of mesh complications together with good communication skills, (including good listening and empathy) is an essential part of good clinical care. **The Independent Review concluded that the Expert Group should review the training and information available to clinical teams and find ways of incorporating patient views in multi-disciplinary working. It should also continue oversight of the mesh Helpline.**

Final

The IR expressed serious concern that some women who had adverse events felt they were not believed, adding to their distress and increasing the time before any remedial intervention could take place. Improving awareness amongst clinical teams of the possible symptoms of mesh complications together with good communication skills, (including good listening and empathy) is an essential part of good clinical care. The IR concluded that the Expert Group should review the training and information available to clinical teams in primary and secondary care and find ways of incorporating patient views in MDT working. The importance of developing pathways for the treatment of complications is emphasised, ensuring involvement of clinicians with the appropriate skills to take forward the personalised and holistic care necessary in these situations.

Conclusion 7

Interim

A review of the different sources of evidence available to and considered by the Independent Review (patient experience, clinical expert opinion, research

evidence and epidemiological evidence from routine information) has led us to express concern in this Interim Report at the use of the transobturator rather than the retropubic approach for routine surgery for stress urinary incontinence using mesh. The clinical governance arrangements that we have recommended will allow an individual case to be considered in the context of a multi-disciplinary assessment, including patient views. **We await the final publication of key research reports but wish to register these concerns and to recommend that the Expert Group in the following months before the publication of the final report explore further appropriate pathways to ensure the techniques chosen take the differential patient and clinical experience, as well as research evidence into account.**

Final

In the case of surgical treatment for SUI, a review of the different sources of evidence has led us to recommend that women must be offered all appropriate treatments (mesh and non-mesh) as well as the information to make informed choices. Management of patients must follow agreed care pathways and the importance of multidisciplinary assessment is emphasised. When surgery involving polypropylene or other synthetic mesh tape is contemplated, a retropubic approach is recommended. The Expert Group must develop appropriate pathways, including one for management of those suffering complications. Work with Medical Directors and Planners will be required to ensure their smooth implementation.

Conclusion 8

Interim

Similar concern is expressed, both for effectiveness and adverse events, at the use of transvaginal mesh in surgery for pelvic organ prolapse. The clinical governance arrangements that we have recommended will allow an individual case to be considered in the context of a multi-disciplinary assessment, including patient views. **We await the final publication of key research reports but wish to register these concerns and to recommend that the Expert Group in the following months before the publication of the final report explore further appropriate pathways to ensure the techniques chosen take the differential patient and clinical experience, as well as research evidence into account.**

Final

In the surgical treatment of POP, current evidence does not indicate any additional benefit from the use of transvaginal implants (polypropylene mesh or biological graft) over native tissue repair. Transvaginal mesh procedures must not be offered routinely. The Expert Group must develop appropriate pathways to meet clinical needs and also for the management of those suffering complications. Work with Medical Directors and Planners will be required to ensure their smooth implementation.

Annexe C: Parliamentary action

In addition to the Topical Questions on 7 March, and the Ministerial Statement on 30 March 2017, the following questions and motions have been lodged.

Written Questions

S5W-03445: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 04/10/2016
To ask the Scottish Government, further to the answer to question S5W-00491 by Shona Robison on 16 June 2016, what communication it has had with the (a) Medicines and Healthcare Products Regulatory Agency and (b) UK Government regarding action that is being taken to ensure that counterfeit medical products and medicines are not being used in the NHS.

Answered by Shona Robison (01/11/2016):
The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for regulating medical devices in the UK. Any allegations regarding the use of counterfeit material, or any other adverse event, are investigated by the MHRA and device and drug alerts are issued as required.

With reference to the alleged use of counterfeit material in Boston Scientific's trans-vaginal mesh products, I can confirm that the Scottish Government has contacted the MHRA on more than one occasion, most recently at the beginning of October. To date, the alleged use of counterfeit material has not led to any reported adverse events associated with the devices, and the MHRA has not therefore been required to take enforcement action or to issue any device alerts.

S5W-03446: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 04/10/2016
To ask the Scottish Government what information it has regarding the number of counterfeit medical products and medicines that have been seized in the last 10 years.

Answered by Shona Robison (01/11/2016):
The Medicines and Healthcare products Regulatory Agency is responsible for regulating medicines, medical devices and blood components in the UK, and the Scottish Government does not therefore hold the information sought.

S5W-07726: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how many (a) transobturator mesh tape and (b) prolapse mesh procedures have been carried out by each NHS board in each month since June 2014.

Answered by Shona Robison (17/03/2017):
The number of transobturator mesh tape and prolapse mesh procedures carried out by the NHS between June 2014 to Sep 2016 are set out in the following tables. The numbers of procedures carried out by each Health Board are not broken down by month due to the small numbers of patients involved.
NHS Scotland Totals by Month

	NHS Scotland Totals by Month		
	Total Transobturator Tape	Total Transvaginal Mesh Procedures for Pelvic Organ Prolapse (POP)	Total Transabdominal Mesh Procedures for Pelvic Organ Prolapse (POP)
June 2014	26	0	6
July 2014	20	*	*
August 2014	8	0	13
September 2014	9	0	13
October 2014	10	*	14
November 2014	*	*	9
December 2014	*	*	9
January 2015	5	*	7
February 2015	6	*	9
March 2015	9	6	10
April 2015	5	*	9
May 2015	*	*	9
June 2015	8	0	11
July 2015	0	*	*
August 2015	*	0	15
September 2015	*	*	7
October 2015	0	*	17
November 2015	*	0	16
December 2015	*	0	11
January 2016	*	*	12
February 2016	*	*	15
March 2016	*	*	14
April 2016	*	*	20
May 2016	*	*	19
June 2016	*	*	15
July 2016	*	0	11
August 2016	*	*	12
September 2016	*	*	16
Total	148	38	327

	Health Board Totals - June 2014 to September 2016		
	Total Transobturator Tape	Total Transvaginal Mesh Procedures for Pelvic Organ Prolapse (POP)	Total Transabdominal Mesh Procedures for Pelvic Organ Prolapse (POP)
Golden Jubilee National Hospital	0	0	0
NHS Ayrshire and Arran	*	12	*
NHS Borders	28	*	*
NHS Dumfries and Galloway	63	*	0
NHS Fife	12	5	31
NHS Forth Valley	0	*	13
NHS Grampian	5	*	37
NHS Greater Glasgow and Clyde	35	0	116
NHS Highland	0	0	*
NHS Lanarkshire	0	6	17
NHS Lothian	*	*	23
NHS Orkney	0	0	0
NHS Shetland	0	0	0
NHS Tayside	*	7	70
NHS Western Isles	0	0	*
Non-NHS Provider	0	*	7

Note: where a figure is not given, this is to protect patient confidentiality due to the small numbers involved.

Source: NHS National Services Scotland.

S5W-07727: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017

To ask the Scottish Government whether it will allow (a) transobturator mesh tape and (b) prolapse mesh procedures to be used after the Independent Review of Transvaginal Mesh Implants reports.

Answered by Shona Robison (20/03/2017):

The Independent Review is expected to publish its final report during the spring. Health boards will then be expected to take appropriate action, and an Expert Group will work with them to identify and enact the measures necessary to ensure that the Review's recommendations are implemented.

S5W-07728: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017

To ask the Scottish Government whether it will allow mesh procedures (a) that have no proven benefit and (b) where the risks are believed to outweigh the benefits to be carried out after the Independent Review of Transvaginal Mesh Implants reports.

Answered by Shona Robison (20/03/2017):

I refer the member to the answer to question S5W-07727 on 20 March 2017. All answers to written parliamentary questions are available on the Parliament's website, the search facility for which can be found at: http://www.parliament.scot/parliamentarybusiness/28877.aspx

S5W-07729: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government what alternative non-mesh procedures are available to treat stress urinary incontinence and pelvic organ prolapse.

Answered by Shona Robison (17/03/2017):
Options for the treatment of both stress urinary incontinence and pelvic organ prolapse are discussed in the Independent Review's interim report.
http://www.gov.scot/Publications/2015/10/8485/4.

S5W-07730: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether it is content that all available evidence will be included in the final report published by the Independent Review of Transvaginal Mesh Implants.

Answered by Shona Robison (17/03/2017):
I understand that all relevant evidence available has been considered by the Review. The passage of time between the publication of the Interim Report and the forthcoming Final Report is due to the Review awaiting the publication of several key studies.

S5W-07731: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether the report of the Independent Review of Transvaginal Mesh Implants will publish all of the evidence and findings regarding patient choice in a manner that will be understandable to non-experts.

Answered by Shona Robison (17/03/2017):
I understand that attempts have been made to make the Review's final report as accessible as possible. However, as with any report of this kind, it will contain necessarily detailed, in-depth analysis of medical evidence that is, by its very nature, complex. An Expert Group is tasked with taking forward the recommendations of the Review. In response to previous recommendations it produced a patient-centred information and consent leaflet, and it will be expected to continue to take a patient-friendly approach in relation to the Review's final recommendations.

S5W-07732: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether it considers that the Independent Review of Transvaginal Mesh Implants has conducted itself in an impartial manner, and what its reasons are for its position on this.

Answered by Shona Robison (17/03/2017):
Ministers and government officials have taken great care to allow the Review to take an independent view on the matter, and the members' range of experiences and expertise was intended to ensure that a comprehensive examination of the situation was possible. This is a complex, technical area and the Scottish Government has given the Review wide latitude to prepare the report without interference from Government.

S5W-07733: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government what impact it considers the resignation of two medical mesh-injured members of the Independent Review of Transvaginal Mesh Implants has had on the balance of the group.

Answered by Shona Robison (17/03/2017):
The resignation of the two members was unfortunate, has caused me concern, and I plan to meet with Ms McIlroy and Ms Holmes shortly in order to properly understand their reasons for resigning. I am, however, aware that Ms McIlroy and Ms Holmes have contributed much to the Review over the past three years and would hope that this is reflected in the Review's final report.

S5W-07734: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether it will reclassify all medical mesh implant products as high risk, in light of the EU's recent decision to do so.
Answered by Shona Robison (17/03/2017):
It is the responsibility of the MHRA to regulate medical devices in the UK, and the Scottish Government will act as necessary, according to its advice.

S5W-07735: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government, in light of its interim report being published in October 2015, for what reason the report of the Independent Review of Transvaginal Mesh Implants has yet to publish.

Answered by Shona Robison (17/03/2017):
The Independent Review has awaited the publication of several key studies that it wished to consider as part of its deliberations. These were published at the very end of last year, and the Review aims to issue its final report this spring.

S5W-07736: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how many meetings of the Independent Review of Transvaginal Mesh Implants have taken place since its interim report was published in October 2015.

Answered by Shona Robison (17/03/2017):
The Independent Review has met three times since the publication of the interim report: March 2016, January 2017 and March 2017.

S5W-07737: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how many meeting of the Independent Review of Transvaginal Mesh Implants sub-group there (a) were before and (b) have been since October 2015, also broken down by location, and whether the minutes have been or will be circulated to the the review group's members.

Answered by Shona Robison (17/03/2017):
The Chair of the Independent Review has confirmed that the clinician members of the review met twice; firstly in October 2016 (Edinburgh), and subsequently in January 2017 (Glasgow). In addition, the clinician members held a teleconference in January 2017. The nature of these meetings was to agree the content of the chapter

of the final report for which the clinicians were responsible, and separate minutes were not therefore taken.

The Chair of the Review also held teleconferences with both the Scottish Mesh Survivors members and with the other patient representative in January 2017. These were informal discussions and were not minuted.

S5W-07739: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government for what reason the Chief Medical Officer said in December 2016 that there was no other alternative treatments for stress urinary incontinence and pelvic organ prolapse other than mesh when, prior to mesh being developed from the late 1990s, it is understood that non-mesh treatments were the most common form of treatment.

Answered by Shona Robison (20/03/2017):
This does not accurately reflect the Chief Medical Officer's position. In 2014 the Acting Chief Medical Officer wrote to all Health boards requesting that they consider the suspension of the use of mesh to treat stress urinary incontinence and pelvic organ prolapse. In doing so, the Acting chief Medical Officer asked that, before coming to a decision, Health Boards carefully consider evidence relating to both mesh treatments and its alternatives. The present Chief Medical Officer further wrote to Health boards in 2015 to confirm that the request to suspend procedures remained in place, and also to direct Health Boards to the Patient Information and Consent Leaflet, which notes all alternative treatments in relation to stress urinary incontinence.

S5W-07740: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government under what circumstances it considers that the use of medical mesh would be unavoidable, and whether the report of the Independent Review of Transvaginal Mesh Implants will confirm and describe these situations.

Answered by Shona Robison (17/03/2017):
Decisions around the circumstances in which the use of mesh in any individual patient's treatment is appropriate are a matter between the patient and the clinicians involved in her case. The Independent Review is expected to publish its final report during the spring. Health Boards will take appropriate action depending on the report's recommendations.

S5W-07741: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether there are any situations in which standard non-mesh procedures cannot be provided by the NHS, and whether it expects the final report of the Independent review of Transvaginal Mesh Implants to identify and describe these situations.

Answered by Shona Robison (17/03/2017):
I refer the member to the answer to question S5W-07740 on 17 March 2017. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at http://www.parliament.scot/parliamentarybusiness/28877.aspx

S5W-07742: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government what its position is on whether, compared to standard non-mesh treatments, medical mesh devices increase the risk of complications that can have an irreversible and detrimental impact on the lives of people who experience them.

Answered by Shona Robison (17/03/2017):
I refer the member to the answer to question S5W-07740 on 17 March 2017. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at http://www.parliament.scot/parliamentarybusiness/28877.aspx

S5W-07743: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how many legal cases have been lodged in relation to non-mesh treatments for stress urinary incontinence and pelvic organ prolapse in Scotland.

Answered by Shona Robison (17/03/2017):
Records suggest that there are no active cases or claims relating to non-mesh treatments for stress urinary incontinence or pelvic organ prolapse.

S5W-07745: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how the recommendations of the Independent Review of Transvaginal Mesh Implants will protect women who could be invited to participate in research involving the use of medical mesh products.

Answered by Shona Robison (17/03/2017):
Until the Independent Review's recommendations are published it is not possible to comment on them. In general terms, clinical research in Scotland is governed by the Scottish Executive Health Department Research Governance Framework for Health and Community Care, published in 2006. The RGF sets exacting and well established standards around the ethics, science, patient care, information, health and safety, finance and quality research culture for clinical research studies. It also details the responsibilities and accountabilities of key people and organisations involved in research studies to ensure robust governance arrangements are in place to assure these standards are maintained. The full document is available from the Scottish Government website. http://www.gov.scot/Topics/Research/by-topic/health-community-care/chief-scientist-office/6864/6933.

S5W-07746: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how many adverse incidents there have been involving the use of medical mesh devices to treat hernias.

Answered by Shona Robison (17/03/2017):
NHS National Services Scotland confirms that a total of six incidents involving abdominal hernia repair mesh have been reported since 1994.

S5W-07747: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether there is mandatory reporting of adverse incidents that are a result of using medical mesh devices to treat hernias.

Answered by Shona Robison (17/03/2017):
Adverse incidents involving any medical device must be reported as per General Medical Practice guidance.

S5W-07748: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government how many pending legal cases there are that involve the use of medical mesh devices to treat hernias.

Answered by Shona Robison (17/03/2017):
Records suggest that there are fewer than five current legal cases involving the use of mesh to treat hernias.

S5W-07749: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether informed consent is always required from patients being treated for hernias with medical mesh devices.

Answered by Shona Robison (17/03/2017):
Informed consent and shared decision making are expected prior to any procedure being carried out. The Chief Medical Officer goes into this in more detail in her Realistic Medicine report.
http://www.gov.scot/Resource/0051/00514513.pdf.

S5W-07750: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government what alternative, non-mesh treatments are available to patients being treated for hernias.

Answered by Shona Robison (17/03/2017):
Non-mesh treatments include both surgical and non-surgical interventions. Surgical interventions include the use of simple suture repairs or the use of host native tissue.

S5W-07751: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government what assessment it has made of the average cost of (a) mesh and (b) non-mesh treatments for stress urinary incontinence and pelvic organ prolapse.

Answered by Shona Robison (17/03/2017):
The Scottish Government has not made an assessment of these costs.

S5W-07752: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether it will recommend making it mandatory to (a) use a medical mesh device registry and (b) report adverse events involving medical mesh devices and, if not, what other methods it will use to record the number and extent of adverse incidents involving these devices.

Answered by Shona Robison (17/03/2017):
I refer the member to the answer to question S5W-07740 on 17 March 2017. All answers to written Parliamentary Questions are available on the Parliament's website, the search facility for which can be found at http://www.parliament.scot/parliamentarybusiness/28877.aspx

S5W-07753: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government what administrative, emotional and legal support it provides to lay members of the Independent Review of Transvaginal Mesh Implants group who have resigned.

Answered by Shona Robison (17/03/2017):
The Independent Review's secretariat has provided support to all members of the Review. This has included, amongst other things, the arranging meetings at convenient times and in appropriate accommodation, the arranging of teleconferencing facilities, the provision of hard copy papers, the refunding of travelling expenses, and other assistance upon request. Scottish Government officials are unable to provide legal advice.

S5W-07754: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government on what dates it has met the Medicines and Healthcare products Regulatory Agency since the interim report from the Independent Review of Transvaginal Mesh Implants was published in October 2015.

Answered by Shona Robison (17/03/2017):
Scottish Government staff have participated in formal Cross-UK forum meetings with the MHRA, regarding pharmacy and medical device issues, in January 2016, April 2016, July 2016, October 2016 and January 2017. A meeting also took place between Scottish Government officials, Health Facilities Scotland and MHRA in February 2017.

Other ad-hoc meetings involving a range of Scottish Government staff have taken place as required.

S5W-07755: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government whether the Medicines and Health Care products Regulatory Agency expressed an opinion on the Interim report of the Independent Review of Transvaginal Mesh implants, which was published in October 2015.

Answered by Shona Robison (17/03/2017):
A member of the MHRA has served on the Independent Review, and therefore endorsed the interim report. The report was featured on the MHRA website in October 2015.
https://www.gov.uk/government/publications/use-safety-and-efficacy-of-transvaginal-mesh-implants-in-the-treatment-of-stress-urinary-incontinence-and-pelvic-organ-prolapse-in-women.

S5W-07756: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017
To ask the Scottish Government when it has (a) met and (b) been in contact with any medical mesh device manufacturer since the publication of the interim report from the Independent Review of Transvaginal Mesh Implants in October 2015.

Answered by Shona Robison (17/03/2017):
Neither Scottish Government Ministers nor officials have met with, or contacted, manufacturers in relation to mesh devices.

S5W-08557: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 31/03/2017
To ask the Scottish Government, further to the statement by the Cabinet Secretary for Health and Sport on 30 March 2017 (*Official Report*, c. 57), what its response is to concerns that the final mesh report does not make clear that the EU classifies mesh as "high-risk".

Answered by Shona Robison (28/04/2017):
The Independent Review's Final Report made clear that, at the time of writing, it was anticipated that the new EU Medical Device Regulations would include a change to the classification of surgical mesh devices intended for long-term or permanent use. It is now confirmed that the new EU Regulations, subject to their formal adoption, will up-classify surgical meshes to Class III. The new Regulations can be viewed here: http://data.consilium.europa.eu/doc/document/ST-10728-2016-REV-4/EN/pdf.

Oral Question – taken in the Chamber on 5 October 2016

S5O-00218: Jackson Carlaw, Eastwood, Scottish Conservative and Unionist Party, Date Lodged: 28/09/2016

To ask the Scottish Government what its position is on the assurances that it has received from Boston Scientific regarding the possible use of counterfeit material in surgical mesh.

The Cabinet Secretary for Health and Sport (Shona Robison): The Medicines and Healthcare Products Regulatory Agency regulates medical devices across the United Kingdom and has not issued a medical-device alert regarding the implants concerned. The MHRA has found no evidence to indicate that mesh implants are unsafe, and has not found it necessary to initiate any enforcement action against Boston Scientific or any other manufacturer in the UK. Should that situation change, we would expect the MHRA to take appropriate action.

The Scottish Government's request to suspend procedures was the result of an independent review of use of mesh products, which was brought about by wider concerns about their use. It is not related to the allegations about counterfeit material.

Jackson Carlaw: I have here the letter that the cabinet secretary wrote to my constituent Elaine Holmes and to Olive McIlroy and other mesh survivors who are living with the appalling and unforeseen consequences of mesh implants. I understand what the cabinet secretary says about the MHRA, but I refer to its lamentable performance at the Public Petitions Committee in the previous session of Parliament, when it transpired that its examination of the issues had involved a desktop study by three people over two weeks costing £20,000. Is the cabinet secretary really satisfied that a phone call by the MHRA to the company concerned, which said that there is nothing to worry about, is an adequate examination of the suitability of the material, given the seriousness of the consequences of the problem?

Shona Robison: I have some sympathy with what Jackson Carlaw says, but we cannot get away from the facts that it is the MHRA's role to regulate use of medical devices in the UK and that it has not, as yet, issued an alert in relation to Boston Scientific's products. If Jackson Carlaw would find it helpful, I am willing to relay to the MHRA the concerns that he has expressed in Parliament. I did that after the committee meeting to which he referred, because there was clearly strong feeling about the MHRA's role in the process that had been gone through. I am happy to relay those concerns again to the MHRA.

Neil Findlay: I find the cabinet secretary's attitude on what is a very serious issue to be complacent. Will the cabinet secretary join me in calling on the Crown Office to investigate the very serious allegations against Boston Scientific of using counterfeit materials, which could be implanted in women in Scotland?

Shona Robison: I am sorry that Neil Findlay feels that way about my answer, but I do not regulate the use of medical devices in the United Kingdom; that is the responsibility of the MHRA. All that I can do is make clear the views of Parliament—including the views of Neil Findlay and Jackson Carlaw—to the MHRA. It is up to the Crown Office to decide whether it believes that there are issues relating to the matter for it to look at. I am sure that the Crown Office will respond to Neil Findlay about that. The fact is that it is the MHRA's role to regulate the use of medical devices in the UK, not the Scottish Government's role.

Motions

Motion S5M-04459: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 06/03/2017

The Mesh Scandal Goes On

That the Parliament is extremely concerned regarding the resignation of Elaine Holmes and Olive Mcilroy, two mesh survivors from the Scottish Independent Review of the Use, Safety and Efficacy of Transvaginal Mesh Implants in the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse in Women; understands that the two women, along with hundreds of thousands of women worldwide, are experiencing pain and injury or are disabled following treatment with polypropylene mesh; is concerned at reports that the draft report has been altered, omitting vital safety evidence amid allegations of secret meetings, which excluded the two women and allegations of "lies, manipulation and behind the scenes manoeuvrings by pro-mesh clinicians and government officials"; understands that the two women have evidence that the draft report has omitted previously agreed key evidence, which evidenced better, safer results from non-mesh procedures, withheld evidence proving mesh procedures have more long-term and life-changing risks, withheld evidence that the removal of mesh tapes after more than a couple of weeks can cause irreversible nerve damage, ignored the forthcoming EU reclassification of all mesh procedures, including hernia mesh in males, as "high risk", failed to call for mandatory reporting of complications by doctors, backing instead a scheme used by only 27% of clinicians, ignored three US government criminal investigations into mesh manufacturers in California, Kentucky and Washington DC, ignored US health watchdog alerts over alleged counterfeit mesh calling for surgeons to alert patients,

destroyed vital evidence and removed easy to understand data leaving patients confused; considers that, although mesh devices may be cheaper for the NHS, studies show that they carry the highest risk of life-changing injury and that non-mesh procedures cost more because they require more experienced surgeons and a longer hospital stay, but clinical research proves they are safer; understands that the chair of the review resigned and was replaced by NHS Lothian's Chief Medical Director, Tracey Gillies, whose NHS board was one of two that ignored the mesh ban and continued implanting almost 350 more women, and calls for an independent investigation into the mesh scandal and its impact on women across Scotland.

Supported by: Monica Lennon, Jackson Carlaw

S5M-04645: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 15/03/2017

The Mesh Shambles
That the Parliament is very concerned at the reports that another person has resigned from the independent review group that was established by the Scottish Government to look at the safety of mesh implants; understands that the consultant, who does not wish to be named, stepped down following the revelation that an entire chapter of the final report had been removed, and believes that this report has been completely undermined by what it sees as manipulation of the evidence provided.

Supported by: Anas Sarwar, Monica Lennon, Iain Gray, Alex Rowley, Colin Smyth, Jackson Carlaw, Miles Briggs, Alexander Stewart, Douglas Ross, Graham Simpson, Liam Kerr, Bill Bowman, John Lamont, Oliver Mundell, Dean Lockhart, Peter Chapman, Donald Cameron, Jeremy Balfour, Edward Mountain, Murdo Fraser, Alison Harris, Margaret Mitchell, John Scott, Gordon Lindhurst, Jamie Greene, Elaine Smith, Alexander Burnett, Ross Thomson, Brian Whittle, Jackie Baillie, Adam Tomkins, Rachael Hamilton

Motion S5M-04683: Neil Findlay, Lothian, Scottish Labour, Date Lodged: 17/03/2017

No Mesh Whitewash
That the Parliament understands that 97 out of 129 MSPs have signed a pledge saying "No mesh whitewash", and calls on the Scottish Government to ensure that every piece of available and relevant evidence collated in the Scottish Independent Review of the Use, Safety and Efficacy of Transvaginal Mesh Implants in the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse in Women is published in the review group's final report.

Supported by: Jackson Carlaw, Claudia Beamish R