

PE1517/JJJJ

Cabinet Secretary for Health and Sport submission of 6 November 2019

In respect of the present halt in the use of transvaginal mesh, I would draw your attention to the statement I made in Parliament in September last year, where I said:

“The instruction to halt is, I believe, a proportionate measure while a rigorous, high-vigilance restricted use protocol for any future practice is developed and put in place. The lifting of the halt in use can be considered only once there is confidence that there is sufficient evidence that the protocol will be triggered in only the most limited of circumstances, informed by any new evidence and the forthcoming NICE guidance on the management of pelvic organ prolapse and stress urinary incontinence that is expected in the spring of next year.”

The halt remains in place and, as I stated in Parliament on 26 June this year, I have not asked that any planning for the reintroduction of vaginal mesh be undertaken.

I want to give reassurance that I am determined to ensure that the best possible care is available to women who have experienced vaginal mesh complications. To that end, and whilst there are no plans to reconvene the Mesh Expert Group, I can confirm that a Short Life Working Group has been established to look at the present course of care for those women, and its remit is set out in answer to PQ [S5W-23623](#). The Working Group will report to Health Board Chief Executives later this year.

Health Boards are expected to apply GMC consent systems and I can confirm that clinicians are expected to fully discuss care and treatment options with the patient concerned, involve them in decision making, and seek their fully informed consent to any treatment. This work is in line with the Chief Medical Officer's [Personalising Realistic Medicine](#) report, published in April 2019, which emphasises shared decision making, the reduction of harm and waste, and a reduction in variations in care provided.

As you are aware, US surgeon Dr Veronikis kindly offered to come to Scotland to work with Scottish clinicians. I remain very grateful to Dr Veronikis for his offer. In the very recent past the First Minister and Chief Medical Officer have held constructive discussions with Dr Veronikis. The Chief Medical Officer will this week visit Dr Veronikis in the US, accompanied by Scottish clinicians. During the visit the clinicians will directly observe Dr Veronikis and members of his multidisciplinary team in his practice in a different healthcare environment and will explore how his skills could best be used in any return visit to Scotland.

Finally, you may also be aware of claims made recently, including during First Minister's Questions, concerning the accuracy of information given to patients and recorded in patient notes. Specifically these are claims that, in some cases, full removal has been recorded and is understood by patients, when only partial removal was carried out. I have asked NHS Greater Glasgow and Clyde to propose a means, scope and timeline for a review of relevant patient records to be conducted, with assurance from the Accountable Officers Group and the Chief Medical Officer that that is the required level of response to determine the basis of the reports.

I hope this provides a helpful update.