

A meeting to consider the care provided for women who experience complications following vaginal mesh surgery in Scotland.

**Conference Room A&B, St Andrew's House, Edinburgh
Note of meeting held on Friday 5 April 2019**

Present:

Terry O'Kelly, Scottish Government (Chair)
Sham Konamme, NHS Ayrshire and Arran
Heather Currie, NHS Dumfries and Galloway
Carolyn McKinley, NHS Fife
Klara Ekevall, NHS Forth Valley
Alan Mathers, NHS Greater Glasgow and Clyde
Adeeb Hassan, NHS Lanarkshire
Simon Nicholson, NHS Lothian
Peter Fowlie, NHS Tayside (By VC)
Lorna McKee, Chair, TVMO Group
Sara Twaddle, Healthcare Improvement Scotland
Sara Davies, Scottish Government
David Bishop, Scottish Government
Alexandra Rice, Scottish Government
Gregory Hill-O'Connor, Health and Social Care Alliance
Anne Lillico, Scottish Government (Secretariat)

Apologies:

Faye Rodger, NHS Borders
Christine Hemming, NHS Grampian (Terry O'Kelly representing Grampian today)
Ibrahim Alsharaydeh, NHS Highland
Kelly Macdonald, Healthcare Improvement Scotland
Angus McKellar, NHS Western Isles
Corinne Love, Scottish Government
Nicola Steedman, ISD, NHS NSS
Wael Agur, Scottish Mesh Survivors Representative

Welcome and Introductions

1. Terry O'Kelly welcomed everyone to the meeting, noted apologies and introductions took place around the table.
2. The Chair informed members that Dr.Wael Agur had been invited to join the Group. He was nominated by the Scottish Mesh Survivors (SMS) following a request from the Cabinet Secretary to the interested MSPs. In this capacity as the nominated representative Dr Agur will act on behalf of SMS only. The views of NHS Ayrshire and Arran will be represented by their Accountable Officer. The Group accepted this appointment but felt it was important that Dr Agur confirms/ clarifies his position on the Group with his Health Board and obtains from them the necessary assurance of support if required.

Action: Terry O’Kelly to write to Dr. Agur.

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3. Subject to an addition to the list of apologies and removal of email addresses from paragraph 17 the minutes were agreed.

Remit and Reporting

4. Terry O’Kelly noted that this is a short life working Group which will report findings and recommendations to Health Board Chief Executives in the autumn 2019. He invited comments on the remit which had been circulated prior to the meeting. Mr O’Kelly added that in the light of NICE guideline (**NICE (NG123)**) and to support care of women that is both equitable and holistic, consideration should also be given to the management of complications following non- mesh surgery. It was agreed that, although the principal focus of the Group is the care provided for those with mesh complications, broader services provided for patients with complications following non-mesh surgery for stress urinary incontinence (SUI) and pelvic organ prolapse (POP) surgery will also be considered where this is practicable and the timeframe allows.

5. With regard to the reporting arrangements, these had been agreed by the Cabinet Secretary (copy of the relevant press release was circulated to the Group) but members asked if reporting should also involve the Cabinet Secretary and relevant parliamentary committees.

6. The Group discussed how meetings should be recorded. It was agreed that a written action note of each meeting will be prepared and agreed at the subsequent meeting before circulation beyond group members. An intention to publish minutes and other relevant papers on a dedicated web-page was noted.

Actions: Terry O’Kelly to revise and re-circulate the remit for agreement. David Bishop take forward creation of a web-page.

Membership

7. In order to capture a spectrum of views both from SMS members but also from patients and the public not affiliated with SMS, Gregory Hill-O’Conner from the Health and Social Care Alliance Scotland had been invited to join the Group. He explained he had worked on the Mental Health and other reviews and agreed to join the Group to collect patient experience and views. The inclusion of Gregory Hill-O’Conner was welcomed. Lorna McKee, Chair of the Transvaginal Mesh Oversight Group at Healthcare Improvement Scotland discussed her Group’s work with patients and their perspectives and emphasised a keenness to work with the Alliance on finding views.

8. There was a discussion about the pathway course of care for patients with complications and what this might look like it. A number of points were made including-

- Issues of managing patient expectation where recommendations put demands on services that already under pressure,
- a need to consider each stage of the care pathway and obtain views from non-medical as well as medically trained clinicians. The relevance of including experience and views of both Primary Care and Physiotherapy was noted.
- the need to review and complete pathway work already in progress in the West of Scotland. Adeeb Hassan agreed to take this forward and to table a proposed pathway for care of complications for consideration at the next meeting.
- the need draw on experience with existing pathways, for instance the Northern Ireland complications pathway was noted.

Action: The Health & Social Care Alliance to work with the Transvaginal Mesh Oversight Group and the SG to bring forward a proposal on how other patient and public perspectives can be found and brought into the Group's planning.

Action: Secretariat to ask DCMO to nominate a Primary Care representative.

Action: Adeeb Hassan to table a specimen pathway of care of patients with mesh complications for the next meeting

Action: Carolyn McKinley to look at the Northern Ireland complication pathway and get feedback from those involved.

Declarations of Interest

9. Sara Davies explained that a Scottish Government group is looking at declarations of interest. The time period they should cover and how they should be kept up to date are being considered. Recommendations are expected shortly and she will provide a further update in due course.

10. All those attending had submitted written declarations and these were available as paper copies at the meeting for review. Following discussion it was agreed that declared interests will be confirmed verbally at the start of each meeting and recorded (with declared changes) in the minute. A new form will be submitted when there is a change. Once created, declaration of interest forms will be uploaded onto the dedicated web-page and arrangements for change/ confirmation explained.

Action: Sara Davies to update the Group on recommendations regarding declarations of interest once these are available.

Action: Secretariat/David Bishop to upload declaration of interest forms onto web page when established.

Matters to consider:

Urinary incontinence and pelvic organ prolapse in women: management NICE (NG123) April 2019.

11. A link to the NICE (NG123) guideline had been circulated. Sara Twaddle reminded the Group that these are guidelines only. Following a discussion it was agreed it would be helpful to do a sense check of what is currently available in Scotland and to identify differences between this and proposals in the NICE guideline.

Action: Accountable Officers will each look at their own service and, in comparison to NICE (NG123) guidance, identify areas of difference and how they might be addressed. Reports from each Health Board will be returned in time for the next meeting.

Action: Sara Twaddle to provide information relevant to each Health Board collected by the Oversight Group as part of the self-assessment process.

Sharing experience, techniques and learning with colleagues in Europe and, the USA and elsewhere.

12. There was a discussion on how to identify current best practice. It was agreed that the Group should look at Scotland first and areas where possibilities for development are already recognised. A broad perspective will be required and should take into account views from a variety of clinical groups as well as patients. International comparison and benchmarking can then be built on this knowledge base.

Action: Alan Mathers to review the current specialist service for complications in Scotland, identify areas of best practice and others which might benefit from further development. A report will be prepared for the next meeting.

Action: Terry O'Kelly to circulate individuals/ centres in Europe and beyond, identified by BSUG and BAUS to have reputations for excellence in care of complications.

Action : all members to inform the Chair of relevant other experts in this field from outside Scotland.

Action: Sara Twaddle to circulate a relevant Healthcare Improvement Scotland evidence review.

Complex education and training requirements

13. Alexandra Rice gave an overview of her paper which had been circulated to the Group. Terry O'Kelly commented that it was important to understand the current and future workforce needs of the service with particular reference to resilience and sustainability. The paucity of trainees expressing an interest in uro-gynaecology was noted as was the potential difficulty replacing/ expanding senior posts. The current complication services in Scotland are fragile since they rely on a small number of key individuals.

Action: Carolyn McKinley will work with Alexandra Rice to look at what the future service requirements will be in time for the next meeting.

AOCB

14. Alan Mathers asked whether there was benefit in progressing work with NHS National Services Scotland on the establishment of mesh centres which had been discussed at the meeting on 22 February 2019.

15. It was agreed that there was and Terry O'Kelly asked if this could be taken forward jointly by NHS Greater Glasgow and Clyde with NHS Lothian. He had previously sent links and an introduction to colleagues in NSS. Mr O'Kelly will re-send this.

Action: Alan Mathers to work with Simon Nicholson and NHS National Services Scotland as required.

Date of next meetings:

10 May 2019 2 pm to 4.30 pm

14 June 2019 2 pm to 4.30 pm