

Complex Mesh Removal Surgery Service, April 2023

NHSGGC Complex Mesh Surgical service comprises of assessment, surgical intervention, post-operative care and post-surgery follow-up with ongoing management provided by local NHS Boards with support from the specialist centre.

The service is functioning well given the challenges in establishing the expansion during the COVID-19 pandemic and ongoing recovery. Multidisciplinary Teams (MDTs) and joint clinics are now well established, as are joint operating sessions.

Our team are actively engaging with patients to learn from their experiences. We are grateful to all of the women who have taken the time to take part in any feedback sessions including to the Health, Social Care and Sport Committee's report. We will continue to review the service based on further engagement with patients which is currently taking place and we will of course take into account the findings of the latest report from the Health, Social Care and Sports Committee report.

Mesh Clinical Team

The aim of the Complex Mesh Service is to build on the *First Do No Harm* Cumberlege (2020) report to provide holistic care, to support women through multi-disciplinary team (MDT) assessment and decisions regarding surgical management for complications from mesh insertion (vaginally or abdominally) for urinary incontinence and prolapse.

The MDT is as follows:

Urogynaecology accredited Consultants	Sub-Specialist	3
Colorectal Surgeons		2
Anaesthetics (Pain and Surgical)		3
Physiotherapists		2
Specialist Nurses		4
Sub-Specialty Trainees		2
Psychologist		1
Pharmacist		1

This team is also supported by a MDT Co-ordinator, a data manager, a waiting list team and a directorate team and the Patient Experience Team.

Current Recruitment

Recruitment for a 1.0wte Urogynaecology Specialist Consultant remains ongoing. The post was vacated in July 2022 and recruitment has been unsuccessful at the time of writing. This post will be re-advertised in May 2023. Meanwhile we are progressing our Consultant Urologist resource.

Current Performance

Mesh Outpatient position

A weekly MDT Complex Mesh Clinic is well established with representation from all specialties, with 79 patients currently on the outpatient waiting list for a mesh clinic appointment. Last year we reduced the average waiting time for an appointment to 55 weeks from 70 weeks (by) the end of 2022. Since January 2023, we have been able to increase the outpatient clinic capacity by a further 50% .

Current projections show that we are on track to further decrease waiting times by an additional eight weeks by the end of June 2023.

Mesh Removal Surgery

Access to surgery was impacted by Board-wide winter pressures between December 2022 and February 2023 and there are currently 9 patients waiting for mesh removal surgery, with an average wait of <12 weeks.

As of April, 2023, any new patients will be offered a date for surgery within 12 weeks.

Independent Providers

In line with agreed National Service Division protocols, those who choose to receive care at an alternative site, outside of NHSGGC, are issued with a letter informing them that onward referral for treatment to an independent provider is being made. The correspondence also advises that anyone with any queries around their care should contact National Services Scotland.

All women requesting onward referral for surgery to US or Bristol have been facilitated as per the agreed pathway, with 37 Patients in total electing to have surgery outside of NHSGGC. A total of 13 NHSGGC patients were processed from our Safe Haven, with 24 patients referred back to their local Health Board for onward referral. There are currently no outstanding onward referrals.

Requests are facilitated promptly, most within week.

Patient Experience

National Complex Mesh Surgical Service website is accessible for patients and referring Health Boards.

Key information, as well as examples of surgical procedures done by the team and peer review publications included for patients to see

[National Complex Mesh Surgical Service - NHSGGC](#)

Survey Feedback

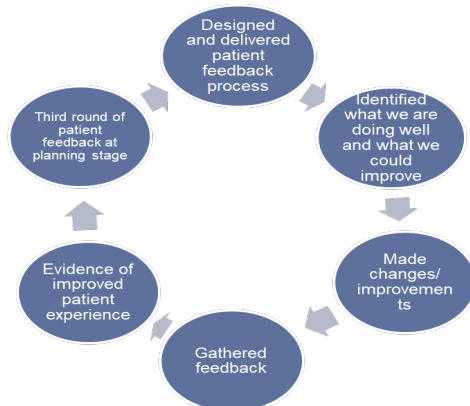
Within the Complex Mesh Surgical Service, NHSGGC's patient experience team conducted a full anonymised audit survey of patients. This audit recognised some of the top-line issues raised in the Committee's report, however, more recently and following a concerted effort from clinical teams to improve the service based on previous feedback, patients have reported back overwhelmingly positively, with communication, environment, person-centred approaches receiving upwards of 90% to 100% satisfaction rates.

All 72 patients, who have used the Complex Mesh Surgical Service within NHSGGC, between August 2021 and June 2022, were given the opportunity to respond to this survey, with 44 of those people electing to do so.

Round one of the feedback survey was issued to 17 patients, with 14 responding, resulting in a response rate of 82%. The second round contacted 55 people, who had completed the full outpatient and surgical pathway, with 23 choosing to respond. This is consistent with expected response rates, given that feedback was overwhelmingly positive. The Patient Experience Team have established that patients are less likely to offer feedback when there has been a positive experience.

A third round of feedback involving patients who received care from the service between August and December 2022 and February and June 2023 will be delivered in June 2023.

Patient feedback is also received via Care Opinion patient experience tool, the latest feedback can be found here: <https://www.careopinion.org.uk/1052997>



Key improvement themes:

Communication:

- Quality of pre-appointment information
- Quality of information given during appointment, examination and about procedures/surgery

Environment

- Signage
- Reception/check-in arrangements

Person-centred care

- Number of people in attendance during examinations

Follow up care and support

- Access to post-procedure advice and support
- Access to psychological support

Communication:**You said:**

- Need better information in advance of appointments
- General communication from service could be better

We did:

- Pre- appointment telephone call from service
- Patient leaflet containing key information on preparing for appointment
- Follow up telephone call and patient experience check-in one week post-op

Person-centred approach:**You said:**

- Too many people in attendance during examinations
- Not feeling involved in decisions

We did:

- Discuss with patient who might be present during consultation and examination
- Enabling family/support to be present wherever possible
- Providing option to record consultation

Environment:**You said:**

- Signage for the service isn't very clear
- Having a different check-in location from the waiting area isn't convenient if you have mobility issues

We did:

- Improved signage
- Currently looking at options to improve the check-in process