

# Health, Social Care and Sport Committee

## 15th Meeting, 2023 (Session 6), Tuesday, 2 May 2023

### Complex Mesh Surgical Service

Note by the clerk

#### Today's meeting

1. At its meeting today, the Health, Social Care and Sport Committee will take evidence on the nationally designated centre in Scotland for women with transvaginal mesh complications. This centre is known as the [Complex Mesh Surgical Service](#) (CMSS) and is hosted by NHS Greater Glasgow and Clyde.
2. The Committee will take evidence from:
  - Dr Alan Mathers, Chief of Medicine for Women and Children's Services, NHS Greater Glasgow and Clyde, on behalf of the CMSS
  - Dr Wael Agur, Lead Urogynaecologist, NHS Ayrshire and Arran, and member of the Scottish Government's mesh complications working group
  - Dr Anna Lamont, Medical Director, Procurement Commissioning and Facilities, NHS National Services Scotland
  - Terry O'Kelly, Senior Medical Adviser, Scottish Government

#### Background

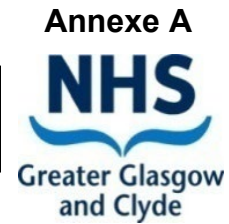
3. During the Committee's scrutiny of the [Transvaginal Mesh Removal \(Cost Reimbursement\) \(Scotland\) Bill](#) (hereafter referred to as 'the Bill'), the Committee heard from some individuals who have been harmed by mesh and have experienced a breakdown in trust in NHS Scotland services that they were not convinced the CMSS would meet patient's expectations or provide the standard of care required.
4. The Committee also heard that the service had long waiting times and, at that time, NHS Greater Glasgow and Clyde was operating at 40 to 45 per cent of its pre-Covid level of elective activity, which had an impact on mesh removal surgery.
5. In its [Stage 1 report](#) on the Bill, the Committee noted it would continue to take an active interest in the operation of the CMSS and committed to take further evidence on the service in due course.

6. The Committee issued a [call for evidence](#) on 10 February 2023, addressed to women affected by transvaginal mesh, to help the Committee understand people's experiences of the CMSS to date. The survey closed on 24 March 2023 and the Committee received 75 responses. The Committee agreed in advance that individual responses to this survey would not be published. Instead, a summary of written responses was produced by research colleagues and can be read here: [Experiences of the Complex Mesh Surgical Service | Scottish Parliament Website](#).
7. The CMSS was asked to provide an update on the service in advance of today's meeting. This is included at **Annexe A**.
8. Dr Wael Agur has also submitted the following journal article for consideration: [Impact of regional multi-disciplinary team on the management of complex urogynaecology conditions](#). In submitting the article to the Committee, Dr Agur has explained that it reports on how the West of Scotland Regional multi-disciplinary team meetings from 2010 to 2015 affected patient care, including for women with mesh complications.

**Clerks to the Committee**

**27 April 2023**

<b>Complex Mesh Removal Surgery Service, April 2023</b>
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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 Sub-Specialist accredited Consultants	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**

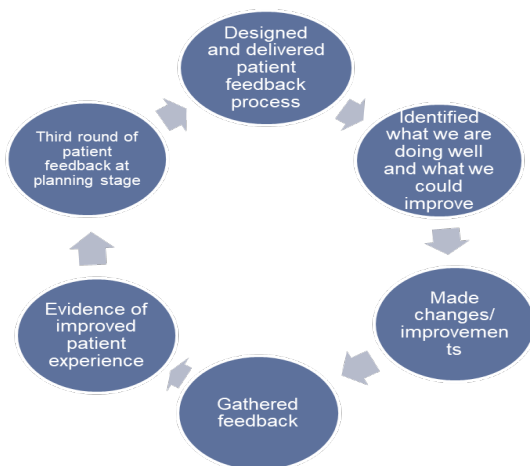
Within the Complex Mesh Surgical Service, NHSGGC’s patient experience team conducted a full anonymised audit survey of patients. This audit recognised some of the top-line issues raised in the Committee’s report, however, more recently and following a concerted effort from clinical teams to improve the 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