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Dear Johann,

PE1517 – polypropylene mesh medical devices report SP paper 370

I apologise for the delay in responding to the above publication. As you know I came into post just prior to the publication of your excellent report.

One of the key documents I read in my new post was your informative report. I appreciated its depth and critical awareness of the issues the women had been raising and the concern for those affected.

I note that I have responded to the issues raised. As you are aware I made a statement in Parliament on the 12 September 2018. This gave notice that I had asked our Chief Medical Officer to instruct our health boards to halt all surgical implantation of transvaginal mesh for stress urinary incontinence and pelvic organ prolapse. The halt can only be lifted once I am satisfied that the high vigilance protocol is in place which includes ensuring all useful information is shared with women so that informed choices are made. The hallmark of these conversations is the listening to the current health concerns and beliefs, and providing information and options as often as needed.

The debate held on the 5 March 2019 ensured views were considered and the meeting afterwards with mesh survivors allowed me the opportunity to meet and hear the issues personally. I therefore took further action to ask our Chief Medical Officer to set–up a short life working group of senior clinicians and other relevant individuals in the NHSScotland to improve the care and services for women with mesh complications. This work will report in the autumn. I have provided information on the work of the short life working group on several occasions, with the update on the 19 June outlining the key steps which include work to establish a national complex case review unit in NHSScotland, enhancing care pathways for patients with improved coordination with primary care services and the exploration of joint work with international experts where possible.

As a result of the patient information put forward to the short life working group at their last meeitng on Friday 14 June, we have been in contact with Dr Veronikis and are in the process of exploring his offer to exchange knowledge and skills, and to travel and work in Scotland for a period of time to provide treatment, expert advice, and training. Such an arrangement would be subject to the agreement of Dr Veronikis. To work in NHSScotland as you will be aware requires appropriate regulatory approval by the General Medical Council. As regulation in this area is reserved I have written to the UK Government's Health Secretary and the General Medical Council (GMC) to highlight this case.

I hope this reply makes it clear how I have ensured your report has had impact.

JEANE FREEMAN