INTERVENTIONS TO TREAT STRESS URINARY INCONTINENCE AND PELVIC ORGAN PROLAPSE: CURRENT AND FUTURE SERVICE
CONFERENCE ROOM A&B, ST. ANDREW'S HOUSE, EDINBURGH
MINUTES OF MEETING 22 FEBRUARY 2019

In Attendance:

Terry O'Kelly – Scottish Government (Chair)
Sham Koname – NHS Ayrshire & Arran
Frances Elliot – NHS Fife
Carolyn McKinlay – NHS Fife
Klara Ekevall – NHS Forth Valley
Christine Hemming – NHS Grampian
Ros Jamieson – NHS Greater Glasgow & Clyde
Ans Khan – NHS Lanarkshire
Simon Nicholson – NHS Lothian
Alexandra Rice – Scottish Government
Sara Twaddle – Healthcare Improvement Scotland
Lorna McKee – Chair TVMO Group
Nicola Steedman – Scottish Government
Kelly Macdonald – TVMO Programme Manager
Sara Davies – Scottish Government
Stuart Aitken – Scottish Government (Note)

Apologies:

William Forson – NHS Dumfries & Galloway
Marthinus Roos – NHS Orkney
Perter Fowlie – NHS Tayside

Welcome and Introductions

1. Terry O'Kelly welcomed everyone to the meeting and round table introductions took place.

Purpose

2. The meeting was convened to consider aspects of the service and care available to women suffering from stress urinary incontinence and pelvic organ prolapse. This follows introduction of restrictions to practice by the Chief Medical Officer last year.

Convening of Group and Chair: Declarations of Interest

3. The Chair reminded the Group of the need to complete and submit the Declaration of Interest form that was issued along with the Agenda and

associated papers. The point was made that this was to capture any declarations of interest rather than any conflicts of interest.

4. SD provided the Group with an update on the work being taken forward at a national level on Declarations of Interest and an update on progress would be provided at future meetings.

Action: <u>All</u> Group members to complete and submit a Declaration of Interest form as soon as possible.

Action: <u>Sara Davies</u> to update the Group at a future meeting on the work being carried out at a national level to deliver a set of guidance notes on Declarations of Interest.

<u>Revised NICE Guidance and the Future Complexion of the Service</u>

5. The Group awaits publication of the finalised NICE guidance on the management of urinary incontinence and pelvic organ prolapse in women. The draft guideline was released for a consultation period. However, based on previous experience, it is not clear how much change can be expected between the draft and final guideline.

Action: <u>Terry O'Kelly</u> to advise the Group of future developments.

<u>Implementation of Restricted Use Protocol and High Vigilance Scrutiny</u>

6. The Chair thought it would be helpful to go round the table and get a clearer understanding of the position across the country. Those Boards represented provided an overview of activity in their areas.

7. As expected no new transvaginal mesh operations are being carried out. However, mesh removals are being performed. Other operations for the conditions are being performed in very low numbers in comparison with previous years and procedures are only being carried out in certain areas.

8. With regard to mesh removal, referral is to the Glasgow – Lothian Complication service, with Glasgow receiving the greatest volume of referrals. This service is held in high regard by Boards and the profession.

<u>Review Case Load to Map Activity and Provision of Service (Including Training)</u>

9. With the likely publication of key guidance later in the year, it will be helpful to look at how reintroduction of the surgical service will work in practice.

10. It was envisaged that uptake will probably be low to begin with however, numbers will probably rise in the longer term. For future planning purposes, there is minimal information available on the numbers presenting or being

referred for this type of surgery. It was also noted that there is no information available on the numbers presenting themselves to their GP. It was agreed that before any future decisions can be made it is important to capture numbers and particularly an estimate of "hidden need". A scoping/ mapping exercise could be carried out to provide a clearer understanding.

11. The options for delivering the service will also have to be looked at in some detail. It was suggested that a limited number of specialist centres spread geographically across the country would meet the likely need in future. The point was also made that in future and if guidance allows, clinically straightforward primary mesh operations could be performed in individual Boards. Further discussion on this point will be required. All agreed that more complex cases should be dealt with by the specialist centres.

12. It was agreed that only those trained in this area should carry out surgery. It was noted this is the case in other clinical specialties.

13. There will have to be a degree of workforce planning and sharing of experience to ensure that those with the correct skill-set are in place to provide the service. Future workforce planning should be looked at in more detail by the Group given the lack of those training in this field.

14. It was agreed that when the future nature of the service is more certain, it will be helpful to get clear direction and guidance from the Scottish Government.

Action: Christine Hemming to contact a local GP cluster group to try to get an understanding of the numbers identified for this type of surgery.

Action: Terry O'Kelly to consider the best way to capture the overall numbers to allow for future planning and mapping need.

Action: Alexandra Rice to review numbers of surgeons practicing in this field in Scotland, trainee numbers and their future practice intentions

Action: All to discuss workforce planning at a future meeting.

Referral Pathways, Delivery of Care and Resourcing of Specialist Centres

15. This is particularly relevant for management of patients with complications. It was noted that several Boards have Service Level Agreements in place that allow patients to receive the required level of specialist care out with their own Health Board area, although more information is required to understand the numbers involved.

16. The Group agreed that it would be beneficial to look at this from a national perspective and on this basis it was proposed that an application should be made to the National Planning Forum. The process for this was outlined which requires

the Group to complete a National Planning Application provided by NHS National Services Scotland.

17. RJ agreed to take this forward with input and support from the wider Group. The contact details within NHS National Services Scotland for obtaining further information on the National Planning process are Hester Ward and Craig Wheelans who will be happy to provide more detailed advice to the Group.

Action: Ros Jamieson to obtain the National Planning Application and seek views from the Group on the proposal to put on a national footing.

Update on Establishing a Common Database/Registry of Procedures with Recording of Outcomes, including Patient Reported Outcome Measures and Patient Experience.

18. The Group noted the HQIP Interim Database Feasibility Report on Urogynaecological Surgical Mesh and the overall feedback from around the table was positive. The output from the Report provides valuable information and adds a level of governance.

19. SD added that going forward, the Group should give further thought to Unique Device Identifiers and the need for alignment with the rest of the UK.

Next Steps

20. The Group agreed it would be beneficial to meet again once key documents have been published. These include revised NICE guidance and the outcome of the Baroness Cumberlege review. Both documents will advise meaningful discussion and will provide direction for the service.

Action: Terry O'Kelly to keep the Group aware of any developments including publication of key documents and will reconvene the Group once these have been published or at an earlier date if required.