

## Letter to Health Select Committee December 2022

**1. Financial redress** is imperative as PIP is not working. Many women are told they do not qualify or, out of the blue, have PIP stopped. It is a postcode lottery as to whether assessors know of mesh complications - despite our members helping DWP to create the Mesh Condition Insight Report which all our members write on their applications forms.

**2. Financial redress.** It is cruel to expect women to go through the litigation route. Many fall out of the 3yr time rule. Mesh experts are known to cherry pick evidence to say women's ill health is not mesh related. NI women don't have access to no win no fee. One of the UK's mesh experts is Oxford surgeon Simon Jackson who was recently criticised by a judge for cherry picking evidence in this high value case [Russell-Cooke secures victory in vaginal mesh negligence case | Russell-Cooke](#)

**3.** Towards the end of the HSC session evidence was given to say incontinence mesh and prolapse mesh is suspended. NOT TRUE. It is only incontinence mesh. **Prolapse mesh is still heavily used** without fully informed consent on risks.

**4.** I have this week found out that the NHS are conducting a **pelvic mesh retrospective audit from 2010 using HES data**. It is due for publication in Spring 2023. The retrospective audit was called for on P165 of the First Do No Harm report. HOWEVER, using HES data will not capture the complications as the whole point about data fails is that women have not been followed up and therefore the spectrum of suffering has not been logged! So, this audit is a sham and a tokenistic waste of time. The audit will only work by contacting all of the women, as they did in the Paterson inquiry, to properly find out how they are after their mesh in 2010. [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

**5.** Why did NHS not work with Sling The Mesh, the largest global mesh support group, in its work **commissioning the 9 mesh centres**? How did they recruit the patients, who are they, how many had mesh?

**6.** Why does **the NHSE mesh complication literature** direct GPs to send women to 18 mesh centres when it is only 9 as of April 2020?

**7.** Why does **the RCOG mesh complication leaflet** for GPs say mesh complications are rare after 2 years when this isn't true - all of our evidence on the page shows there are more or worse and ongoing new complications after many months or even years. The ticking time bomb effect. RCOG has no scientific evidence to back up its erroneous claim.

**8.** Why does the **RCOG mesh complication leaflet for GPs** recommend sending women to two patient support groups when one is a broken link of a support group I have never heard of and the other is an American support group that is known for being pro mesh. Why doesn't RCOG list the UK support groups including Sling The Mesh and Scottish Mesh Survivors?

**9.** Why is the **MHRA refusing to make it mandatory for doctors to log complications to the Yellow Card system**. An overhaul of the way adverse events are logged is a key component of Recommendation 6. So far, all the MHRA has done is a "look and feel redesign" of the Yellow Card brand. The real issue at hand is mandating logging by doctors. It is currently only mandatory for industry to report adverse events - but industry will have no idea as they are not at the coalface seeing patients, like GPs and consultants are.

**10 THIS IS THE MOST IMPORTANT: SUNSHINE PAYMENT ACT** Rishi Sunak said in his Autumn Budget speech in 2021 that the UK aims to be a life science superpower. In which case, we need to be able to trust the evidence. As part of this, transparency is key. During HSC we were dismayed at Maria Caulfield's words on transparency of payments- recommendation 8 of the Cumberlege Review.

The Health and Care bill contains clauses (section 92, 93, 94) requiring manufacturers of drugs and device to declare their payments to doctors, but **this needs secondary legislation** to put it in place. We thought this would be discussed at the committee. <https://www.legislation.gov.uk/ukpga/2022/31/section/92/enacted>

Maria Caulfield said that legislation was not necessary, and the recommendation on transparency could instead be addressed by NHS Trusts holding information on doctors' declarations of interest. We have to assume she means some kind of voluntary declaration system for doctors at NHS Trusts.

Voluntary declaration held at Trust level ABSOLUTELY DOES NOT WORK to address the conflict of interest issue and Sling the Mesh would make it publicly clear that the government had failed to address the issue at the heart of the mesh, Valproate and Primodos scandals as highlighted by Baroness Cumberlege. **HS Trusts already have rules saying doctors should (voluntarily) declare financial conflicts of interest and they fail terribly - declaration is v patchy.** Holding information at Trust level is confusing for patients. Doctors move around, and it wouldn't address the issue of conflicts of doctors working only in private practice.

There is ample evidence that voluntary declaration of financial interests in medicine does not work, which is why other countries around the world moved to **legislate to get the companies to declare payments to healthcare professionals, teaching hospitals and researchers, holding that information on a central government register. We believe payments to health charities should also be declared.**

We were interested to hear the minister say she had to "bring the profession with" her - pick a system of conflict declaration that doctors wanted. **As you said, it is questionable whether picking the system that the doctors would most like is the best way to go - obviously they're not likely to be keen on the most transparent option!**

One only has to look at this BBC story to see why. A mesh surgeon failed to declare £100,000 of funding from the maker of a mesh he was trialling and it only came to light when somebody blew the whistle 7 years later. [Mesh expert failed to declare £100,000 funding - BBC News](#)

I wondered if it possible that the minister is not fully informed, and thinks she has to find a system the doctors are happiest with otherwise they just won't declare their conflicts. If the legislation in the Health Bill is followed up, declaration by doctors is not required, as the companies simply report their payments to doctors to a central register.

Would it be possible to query this point with the minister?

I also wondered if the issue comes down to where information on conflict of interest is held. We know the GMC are strongly against being the ones to hold this. **Is the issue that it's thought it has to be the NHS, GMC, or another regulator who hold the payment information?** In the USA it's simply [a central government body](#) that holds the information on a register, and I wonder if we could have that here.

Given the answer from Maria Caulfield, how can we best bring the need for secondary legislation forward?

**Patient engagement on Sunshine** = Who were the patients that the NHS used to consult about transparency of payments? How did they choose them? How many? Have they been harmed from healthcare? Sling The Mesh has been the key proponent of a central register where the onus is on industry to report - yet we weren't invited to engage. Did they deliberately engage with patients who do not grasp the seriousness or importance of transparency of payments?