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New Zealanders injured by surgical mesh.
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OPEN LETTER TO HON DOCTOR JONATHAN COLEMAN, MINISTER OF HEALTH

PO BOX 5
Greenhithe
Auckland 0632

30 AUGUST 2017

Dear Hon Dr Jonathan Coleman,

Thank you for your reply to our letter dated 2.8.17. ref: 1700909. There was information that we requested from you in our correspondence, which you neglected to include in your reply to us. Can you please confirm the following?

1. During our meeting in Dunedin, you said that you would meet with the Director-General of Health and provide us with feedback regarding this discussion. **Did the meeting with the Director-General take place to discuss the surgical mesh issue? Can you please provide detail on the specific discussions that took place and the outcome of these discussions?**

2. We asked you for information detailing specific DHB data capture improvements in coding for mesh procedures. The subsequent information we obtained, shows that there have been very few improvements made (obtained via OIA 17.8.17) **Please provide the total percentage of surgical mesh data capture improvements regarding the revision, division, implantation and extraction of surgical mesh?**

3. We discussed that the new patient electronic reporting system which is to be implemented by the Ministry will not be up and running until at least 2020. It is essential that surgical mesh data is captured and specific improvements need to be established prior to the implementation of this program. **Will you confirm if data capture improvements specifically in relation to mesh will be implemented separately of this system and immediately**? **If not, can you**

confirm a date when this electronic reporting system will be up and running?

4. A surgical mesh register has been lumped in with the upgrading of the Therapeutic products regulatory regime and the implementation of new Electronic reporting systems. This needs to be established immediately due to the severity and ongoing alarming escalation of numbers of surgical mesh treatment injuries. **Will you provide extra funding to the Ministry of Health and DHBs so the development on a surgical mesh registry can begin immediately?**

5.We brought to your attention that intervention by the Ministry of Health is needed to address the ongoing lack of informed consent regarding surgical mesh procedures by doctors. The onus of this responsibility has been left to surgeons to address this problem, yet we hear regularly from patients that this continues to happen on such a large scale. There has been no 'concrete' changes implemented or visible evidence of improvement. In your reply, you have stated that nothing will be done differently to address this problem. This is one of the HSC recommendations, **what will you do differently to ensure that proper informed consent about surgical mesh procedures is happening?**

6. During our meeting, we spoke about how the only viewpoint that had been considered by the Min of Health, the government and medical colleges has been Carmel Berry, Patricia Sullivan and Charlotte Korte. The Scottish and Australian governments have made the patient perspective about the surgical mesh issue a priority for their investigations into surgical mesh complications. We were asked to present evidence to the Australian Senate surgical mesh inquiry recently. **What will the ministry do to ensure that all mesh injured patients are listened to, (as is happening in Australia) so that a thorough understanding of the impact of mesh injuries on the patient can be obtained?**

7. Mandatory reporting: Stewart Jessamine stated in 2014 that generally there as not much difference between countries that had mandatory reporting to those countries that didn't. This is the basis by the MOH for not implementing mandatory reporting of surgical mesh complications. Yet Scotland (as a direct result of their surgical mesh parliamentary inquiry) is now implementing mandatory reporting for surgical mesh adverse events. Due to the sharp rise in claims made to ACC for surgical mesh treatment injuries in such a short time, and the severity of surgical mesh complications, we believe that there is a risk to the public. We believe that it is essential for the reporting of surgical mesh adverse events to be made mandatory by all health professionals. **Considering the alarming escalation of mesh complications and the severity of mesh injuries, will you reconsider your refusal to implement mandatory reporting?**

8. The meeting 'notes' you mentioned in your recent correspondence, mentions the meeting on the 19th Dec 2016 with the College of Surgeons. We feel that this statement is misleading, the only notes we have received (through the OIA) is an agenda of what was 'potentially' going to be discussed. Chris James confirmed in fact that no minutes of any meetings that Medsafe have attended have ever been taken or are on record (to May 4th). At our request, ACC have agreed that minutes will be taken from all meetings with Medsafe regarding the mesh issue. **Considering the seriousness of the surgical mesh issue, can you confirm if Medsafe has now adopted a policy to ensure minutes of all meetings are taken (regarding the surgical mesh issue) with relevant health organisations in the future?**

9. Medsafe should provide accessible and up to date information regarding potential surgical mesh complications on the Medsafe Website. Even after repeated requests, the adverse events document has not been updated since December 2016. We believe that Medsafe need to update their position statement surrounding transvaginal mesh for POP to reflect the current recommendations of RANZCOG. The website should include information pertaining to the reclassification of surgical mesh devices. **Please confirm what you believe is an acceptable time lag and when will Medsafe update its website?**

10. We gave you a collection of patient stories/experiences from mesh injured people. Did you read these? You promised to personally reply to us with your thoughts after reading them. You only mentioned that you were "happy that people had taken the time to write these letters". **Mesh injured people want to know that you care, have compassion and that you have listened. Can you please be more specific detailing your response after reading these letters?**

We look forward to hearing from you shortly in regard to the information that you said that you would provide during our meeting, and in your subsequent reply.

Kind regards

Charlotte Korte
Patricia Sullivan
Carmel Berry