

PROGRESS TRACKER: ACTIONS AGREED IN HEARING AND RESPONDING TO THE STORIES OF SURVIVORS OF SURGICAL MESH

The report *Hearing and Responding to the Stories of Survivors of Surgical Mesh | Ngā korero a ngā mōrehu - he urupare* contained nineteen actions agreed by stakeholder representatives to respond to the needs identified through the restorative process and address surgical mesh harm.

The table below tracks progress in delivering these actions. Actions identified as COMPLETED are those where the action has been delivered and no further activity is required/expected. Actions identified as ONGOING are those that have been delivered but some level of ongoing implementation is required and will occur. Actions identified as IN PROGRESS are those that are underway and not yet delivered.

Where status is coloured GREEN this means the action is on track. AMBER means there are some delays and/or issues impacting delivery. RED means the action is off track and/or experiencing significant issues impacting delivery.

Action	Description	Status	Comment	Review and further update
1	The severity of the harm from surgical mesh should be acknowledged when the report is released publicly.	COMPLETED	The Ministry of Health supported the release of the report in December 2019 with the press release Report highlights severity of harm from surgical mesh. The Ministry's Chief Medical Officer Dr Andrew Simpson and Chief Nursing Officer Margareth Broodkoom also spoke to this during an interview with Radio New Zealand. The severity of harm was also acknowledged in press releases by the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and ACC.	December 2021 - The Ministry of Health is working with the Minister's Office to release the evaluation of the Restorative Justice process
2	The Ministry of Health was identified as the coordinating agency for each workstream.	ONGOING	The Ministry has taken responsibility for overall coordination of the surgical mesh work programme and workstreams.	
3	A collaborative approach is required to respond to harm from surgical mesh, and groups that should collaborate were identified for each workstream.	ONGOING	A collaborative approach is being taken with broad representation involved in each workstream.	
4	The Health and Disability Commission will promote the visibility of their national advocacy service.	ONGOING	The Nationwide Health and Disability Advocacy Service is a free service that operates independently from all health and disability service providers and agencies. They have a freephone 0800 555 050 and website.	
5	Attendees will share the final report with their professional members/within agencies.	COMPLETED	The report has been widely shared across the health sector by health professionals, including medical colleges, and health organisations.	
6	The surgical mesh round table is considered an appropriate group to oversee the delivery of the workstreams. To restore trust, there was an expectation of transparent reporting and regular public updates to communicate progress.	ONGOING	Terms of Reference for the Surgical Mesh Roundtable have been published establishing that it is responsible for providing oversight and monitoring of the surgical mesh work programme, including the actions and recommendations arising from the Health Committee and Restorative Justice reports. The group also provides advice and recommendations to the Ministry of Health.	December 2021 - The Terms of Reference were updated in July 2021 - Further updates have been published on the Ministry website following the July and September 2021 Roundtable meetings.
7	Consumers will be reimbursed when participating in the co-design of each workstream.	ONGOING	This principle has been established and is clear in the Terms of Reference of the groups established to date.	
8	Specialist multi-disciplinary centre(s) are required. A group will meet in January 2020 to advise: the number of specialist centres required to ensure equity of access, the model of care and team required. This may be informed by learning from successful models elsewhere.	IN PROGRESS	A small team have assessed the proposals, which included ACC and consumer representation. An equity review of the proposals is currently being commissioned, however, incremental establishment will continue alongside this. Additional resource has been secured within the Ministry to lead the incremental implementation in early 2022.	
9	Establish a credentialing committee by the end of January 2020 to recommend national standards for individual practitioners and services commencing with urogynecology procedures. Minimum standards for insertion, renewal, repair and removal surgery and native tissue repair will be included.	IN PROGRESS	The final draft of the credentialing framework has been shared with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Urological Society of Australia and New Zealand for feedback, and international peer review will follow. It is now expected the framework will be published in early 2022, alongside which a new credentialing committee will be established to carry out its implementation.	
10	The Ministry of Health will lead, supported by ACC, interdisciplinary education and build the capability of the required technical skills to prevent future harm and reduce the severity of existing harm. This action intends to also support the provision of removal surgery.	IN PROGRESS	Two more workshops were held in October with the primary health care working group to finalise the primary health care education package specifications. The Ministry and ACC met with Streamliners and HealthPathways to discuss progress on this work and to understand what else needs to be completed for the complications pathway to be uploaded and available to primary care. ACC and the Ministry are working together to progress development of the secondary and tertiary care packages.	
11	Professional colleges will inform and educate their members about their role in preventing and reducing harm from surgical mesh.	ONGOING	The professional colleges are involved in all work to date with representatives on each of the groups as well as the Surgical Mesh Roundtable. They are expected to keep their college members up to date and informed on all work being undertaken.	
12	ACC will partner with consumer representatives to design an approach for looking back through declined mesh-related treatment injury claims. Recognising those claim outcomes may not change; the process will also aim to learn where improvements can be made to the consumer experience.	COMPLETED	On 30 October 2020 ACC announced the opportunity for people with declined surgical mesh claims to have these reassessed based on new cover guidance. (Refer: https://www.acc.co.nz/surgical-mesh/). More recently ACC updated their website in regards to reassessing declined surgical mesh claims - https://www.acc.co.nz/surgical-mesh . ACC provides regular updates on mesh claims to the Mesh Roundtable and other stakeholders on a two monthly basis.	
13	ACC will explore the potential to provide support services, such as counselling, while cover decisions are pending.	COMPLETED	ACC is unable to provide support services while cover decisions are pending. ACC has commissioned explorative customer insight research to identify further improvements throughout the cover process, and these will be applied as appropriate.	
14	ACC recognises the complex and sensitive nature of mesh claims and intends to use an approach that ensures mesh injured clients are matched to case owners with an appropriate background, experience, and skills.	COMPLETED	ACC recognises the complex and sensitive nature of mesh claims and ensures clients with mesh injuries are supported by people with appropriate experience and skills. Accepted mesh claims are initially matched to a dedicated ACC case owner who will work with the client to manage their injury. The dedicated cover assessor will manage the transition of the claim to the case owner. Clients can choose if the case owner is male or female. For clients with ongoing complex needs, they'll stay with their dedicated case owner who will coordinate their support. If needs have stabilised and supports established, and the client is confident in their recovery, the ACC case owner will discuss with the client about whether it is appropriate to transfer them to ACC's team management approach.	
15	ACC will continuously improve the collation and sharing of information on injuries caused by surgical mesh with key stakeholders and agencies under its Risk of Harm reporting framework to support prevention of future harm.	COMPLETED	ACC is currently refreshing its risk of harm reporting process and is working alongside the Ministry of Health, DHBs and registration authorities to make sure the information gathered through the claim decision process is provided to the authority responsible for patient safety for that treatment. From 1 March 2020 ACC started capturing data in a new way and are working on how to provide this information to the right parts of the health sector to promote a learning culture and support safer treatment.	
16	National standards of practice and the code of rights for informed consent are already in place. Credentialing and training will support these to be embedded in everyday clinical work.	ONGOING	The credentialing framework, once finalised, will clearly outline the expected competencies for female pelvic medicine and reconstructive surgery, mesh revision and mes removal. Practitioners will be assessed during the credentialing on their use of appropriate processes to ensure informed consent and choice is provided to patients/consumers.	December 2021 - This is clearly outlined in the draft framework for all procedures.

17	National information resources for mesh-related procedures should be created with consumers and include informed consent processes. Information should incorporate the product safety profile, outcomes and risks, alternative treatments available, and the informed consent process.	ONGOING	<p>The patient information resource <i>Considering Surgical Mesh to Treat Stress Urinary Incontinence</i> is available on the Ministry of Health website. Further opportunities to improve national information resources will continue to be considered. Waitemata DHB has also, with consumers, developed patient information booklets on treatment options for stress urinary incontinence and pelvic organ prolapse, as well as managing complications. These are available on the Waitemata DHB website.</p> <p>The Health and Disability Coommission (HDC) released a report in June 2021 which reinforces the need for robust informed consent processes to be in place. In July and September respectively, the HDC wrote to DHB and private surgical hospital Chief Executives requesting an update on what mesh procedures are being performed in their hospital(s); whether the national patient resource routinely used and if not, what is used; whether the informed consent process been audited since August 2018, and the number of complaints received since then, if any.</p>	<p>December 2021 - The DHB responses to the HDC request (and private surgical hospital responses received to date) have been analysed by the Ministry and HDC. One DHB has been reminded of using the Ministry 2019 document for consumer information. The private surgical hospital responses were collated and discussed at the December Mesh Roundtable meeting.</p>
18	The Ministry of Health and Medsafe will support the Government in modernising the regulation of medical devices in New Zealand, including the development of new legislation (Therapeutic Products Bill) to improve device safety.	IN PROGRESS	<p>An exposure draft of the Therapeutic Products Bill was released for public consultation in December 2018. The Bill will repeal and replace the Medicines Act 1981 to ensure acceptable safety, quality, and efficacy or performance of therapeutic products across their lifecycle to protect public health and welfare. (Refer: https://www.health.govt.nz/our-work/regulation-health-and-disability-system/therapeutic-products-regulatory-regime).</p> <p>The team undertaking the work presented to the Mesh Roundtable in April 2021. The Bill is very technical with some different approaches needed for the devices in comparison to those used for medicines. The detail will be set once the Bill goes through. The intent is to get the Bill through in this Parliamentary term.</p>	
19	The Ministry of Health will identify the actions and supports required to meet the need for a collaborative approach to safety systems and culture.	IN PROGRESS	<p>The Ministry is collaborating with other health sector agencies to ensure that the lessons from surgical mesh inform wider improvements to safety systems and culture.</p>	