



<p><i>In Confidence</i></p>	<p align="center"><i>Surgical Mesh Education and Harm Prevention Programme Steering Group</i></p> <p align="center"><i>Terms of Reference</i></p>	 <p align="center">MINISTRY OF HEALTH</p> <p align="center">MANATŪ HAUORA</p>  <p align="center">ACC</p> <p align="center">PREVENTION. CARE. RECOVERY.</p> <p align="center">Te Kaporeihana Āwhina Hunga Whara</p>
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Surgical Mesh Education and Harm Prevention Programme

Introduction

The use of surgical mesh has been a matter of local and international concern for some years. In response to this, the Ministry of Health is leading a surgical mesh work programme that aims to minimise the risk to patients and support those already harmed by mesh.

In December 2019 the Ministry released a report prepared by the Diana Unwin Chair of Restorative Justice at Victoria University, *Hearing and Responding to the Stories of Survivors of Surgical Mesh*. The report summarised the themes that emerged from a restorative process to hear from New Zealand men and women affected by surgical mesh. It identified the need for an interdisciplinary education programme to prevent future harm and reduce the severity of existing harm.

Purpose of the Steering Group

This group (the Group) has been convened by the Ministry of Health, supported by ACC, to create and deliver a Surgical Mesh Education and Harm Prevention Programme for Aotearoa, New Zealand.

In doing so the Group will have a people-centred approach and be guided by the Treaty of Waitangi, with a focus on delivering equitable health outcomes.



The primary focus at this stage is on the urogynaecological use of mesh as this is the most urgent need, but the material and education programme will also apply to other uses, for example mesh used in colorectal surgery or hernia repair.

The work of this Group will be tightly integrated with other key surgical mesh projects led by the Ministry, in particular: credentialing of surgeons and services, and development of specialist multidisciplinary mesh services.

Key functions and tasks

The Group will have the following priorities:

1. Co-design an education programme using a multi-disciplinary approach in partnership with health professionals in hospitals and community, consumers, and all relevant medical colleges. We will draw upon the experience of both local and international experts. The main aim is to prevent and reduce the incidence and severity of harm. Three inter-related approaches will be adopted:

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- Pre-implantation – covering knowledge of; patient selection and diagnostic assessment, mechanical characteristics of specific mesh devices, conservative treatments as the first line of treatment and as an alternative to surgical mesh, referral pathways, patient information including risks and benefits of both mesh and non-mesh procedures.
 - Post-implantation – signs and symptoms of potential complications, managing intra-operative and post-operative complications, appropriate diagnostic investigations, referral for further assessment, and pain management advice including non-pharmacological pain management,
 - Explantation – mesh excision, including complex removal, patient selection and follow-up care.
2. Develop effective and efficient ways to deliver information and education. This may include a mixture of approaches ranging from virtual seminars, online interactive material, and face-to-face meeting.
 3. Ensure the content and delivery approaches used are complementary to other key Ministry-led Mesh projects including credentialing of surgeons and services, and specialist multidisciplinary mesh services.
 4. Facilitate the co-implementation of the education and harm prevention programme across all relevant parts of the health sector and with input from consumers.
 5. Develop a process to evaluate the impact of the programme.
 6. Establish a sustainable transfer of the education and harm prevention programme to be utilised as everyday practice in both the public and private sector.



Membership

Members have been nominated by stakeholder organisations and groups. Collectively the membership will have the following expertise and attributes:

- Clinical expertise in the disciplines of Gynaecology, Urology and Continence
- Knowledge of education and training processes for the clinical specialties providing care and treatment to women with pelvic floor conditions
- Consumer perspective
- Knowledge of and expertise in the obligations of the Crown under the Treaty of Waitangi and improving equity in access to services and outcomes.

Membership will include:

- Ministry of Health (MOH)
- Accident Compensation Corporation (ACC) – from the Treatment Safety and Injury prevention teams

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- Mesh Down Under (MDU)
- College Representatives – RANZCOG, RACS/USANZ, RNZCGP
- Physiotherapy, Nursing, Pain Management and any other specialty involved in the provision of services to the mesh injured
- Other clinical experts

Clinical experts may be those members/representatives from the Colleges on this Group and/or may be shared with the credentialing and specialist services groups.

The Group will select a Chair and be able to add or co-opt members for specific purposes. Some of these may become apparent as the work progresses, e.g. distance learning expertise.

Members will be appointed for the duration of the work.

Members will be able to send a delegate with permission from the Chair, e.g. if they are unable to attend.

If a member leaves their role, then a replacement member will be appointed.

Meetings

This is intended to be a fixed-time Steering Group that will meet as often as required to progress and achieve the tasks listed above. The Group will agree how often it needs to meet to do this. Meetings will be face to face in Wellington or via videoconference or teleconference.



Managing interest

Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to a conflict of interest.

From time to time, a Steering Group member may find themselves in a position where they may have competing duties/responsibilities, or potential conflicts of interest. In this situation members should identify their conflicts of interests or competing duties prior to a discussion of a particular issue. The Group can ask a member to withdraw or limit participation in this instance.

Reporting

The Steering Group will provide advice and recommendations to the Ministry of Health who will provide these to the Surgical Mesh Roundtable as needed.

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Confidentiality

Members can liaise and progress reports and papers with their constituencies, unless advised by the Chair or the Ministry of Health. A rationale will be provided if any information is kept confidential.

Relationship between ACC and the Steering Group

Secretariat

The Group will be supported by ACC Treatment Safety team member(s), who may attend the steering group meetings to ensure operational continuity.

Project management

ACC will provide part-time project management and project leadership to support the Group in achieving its goals.

Payment and expenses

It is not normal for ACC to pay representatives from the publicly funded sector for meeting attendance. ACC will remunerate other parties, including the consumer representative, by mutual agreement at the rates set by the State Services Commission.

Expenses such as travel and accommodation (if required) will be booked directly by ACC through the secretariat.

Media protocols

The Steering Group members are not agents of the Ministry of Health or ACC and cannot speak on behalf of the Group. This does not restrict members from making statements relating to their own expertise in an individual capacity.

If a member receives a media request or enquiry about the Group's work, they should decline to comment and refer the issue immediately to the Ministry of Health's Chief Medical Officer who will manage the request according to agreed Ministry protocols.

Endorsed by the Group

June 2020

Approved by the Mesh Roundtable

July 2020