Engagement Report for *Specialised services for people with complications of mesh inserted for urinary incontinence, vaginal or internal and external rectal prolapse (16 years and above)*

30 November 2022, Version 1.0

Topic details

Programme of Care	*Internal Medicine*
Clinical Reference Group	*Specialised Colorectal*
Unique Reference Number (URN)	*1758 – 230702S*

1. Summary

This report summarises the feedback NHS England received from engagement during the revision of this service specification, to include rectopexy within the existing Mesh removal specification, and how this feedback has been considered. There were seven responses to the stakeholder engagement exercise.

2. Background

The Cumberlege Report “First Do No Harm” 2020 considered mesh used in Pelvic Organ Prolapse (POP); the term is used to encompass vaginal mesh removal and sometimes refers to a wider group of male and female patients with mesh inserted during a rectopexy or similar procedure for colorectal prolapse.

The Cumberlege report does not make a specific recommendation about mesh removal for rectopexy but makes the following comment: “We discussed this issue (specialist mesh centres) with NHS England, and as a result of those discussions they are considering the

issues of rectopexy and co-location of rectopexy with specialist mesh services." (IMMDS 5.107 [p171])

Although commissioning of most colorectal surgery including rectopexy sits with CCGs/ICSs, this service is inextricably linked to the commissioning and delivery of mesh removal for uro/vaginal mesh removal. A specification for management of mesh complications was agreed in 2019, and agreement that this specification be amended to include mesh management

The SSC "Specialised services for women with complications of mesh inserted for urinary incontinence and vaginal prolapse (16 years and above)" has been updated by a multidisciplinary working group including patients' representatives (Baljit Singh/CRG clinical chair, Andrew Williams/President of the Pelvic Floor Society (PFS), Angeline Walker/PH Consultant, Sarah Squire/Patient representative, Paula Goss/Patient representative, Karen Telford/Chair of PFS, Mark Chapman/PFS, Chris Harding/British Society of Urogynaecology (BSUG), Swati Jha/BSUG, Hashim Hashim/British Association of Urological Surgeons) to include issues of rectopexy, and has been renamed "Specialised services for patients with complications of mesh inserted for urinary incontinence, vaginal or internal and external rectal prolapse (16 years and above)"

A separate specification was considered, but as the majority of the specialist care, the majority of the multi-disciplinary team, and the intended provider establishment mirrored that within the existing specification, it was deemed appropriate to amend the existing specification.

3. Engagement Results

3.1 Stakeholder Testing

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The service specification was sent for stakeholder testing for two weeks from 29 March 2022 to 11 April 2022. The comments have then been shared with the Specification Working Group to enable full consideration of feedback and to support a decision on whether any changes to the specification might be recommended.

Respondents were asked to comment specifically on the rectopexy inclusion, and included the following questions:

- Do you support the updated proposal for mesh removal services to be available for patients with complications from mesh inserted for internal and external rectal prolapse through routine commissioning based on the criteria set out in this document
- Do you believe that there is any additional information that we should have considered?
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available?

3.2 Stakeholder testing results and summary of participants

Invitation to comment was sent to registered stakeholders of both the Specialised Women's CRG and the Specialised Colorectal CRG. A number of interested clinicians and patient groups were also identified and invited directly to offer comment. Seven responses were received, including two from relevant patient associations.

Responses can be categorised as follows:

- Patient interest / support group 2
- Individuals (members of the public) 3
- Clinicians 1
- Internal NHS England teams 1

All responses were supportive of the proposed amendments, and some offered drafting improvements.

It was noted that some commentary received related to the existing, already approved specification, and not in relation to the proposed amendments.

Commentary received has been collated into the appendix to this document.

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the service specification and proposed amendments does not constitute material changes to the way in which services are delivered or the range of services available and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4 How has feedback been considered

Responses to engagement have been reviewed by the Specification Working Group and the Internal Medicine PoC. The following themes were raised during engagement:

Engagement activity theme identified in e.g stakeholder testing, public consultation	Keys themes in feedback	NHS England Response
	Relevant Evidence	
Individual	Positive revision of the specification	Comments noted, no changes needed.
Individual	Difficulty in understating sections	Comments noted, this is a commissioning document and includes contract specific wording. No amendment needed.
	Impact Assessment	
	None received	
	Current Patient Pathway	
Rectopexy Mesh victims and, Support and Mesh uk	EUA diagnostic Laparoscopy needs to be included in the tools to look for complications	EUA diagnostic Laparoscopy has been added under INVESTIGATIONS in section 7.5
	Comments in relation to patient leaflet	Comments noted – no changes needed.
	Many patients with Rectopexy mesh do not just have that one mesh type	Specific inclusion in commissioning plan. No change needed to service specification.
	Comment relating to co-location of services	Services already included in service specification section 7.6 No change required.
Sling the Mesh	Inclusion of mental health support	Psychologist and sexual counselling included in the document. No changes required.
	Potential impact on equality and health inequalities	
Individual	Comment in relation to Impact on people with a low income	Comment noted, and amendment to EHIA has been made.
	Changes/addition to policy	
	Not Applicable	

5 Has anything changed in the service specification as a result of the stakeholder testing and consultation?

The following change(s) based on the engagement responses has (have) been made to the service specification:

- Revised wording relating to submission of data to registries
- Addition to information in the Equality Health Impact Assessment
- Examination Under Anaesthetic, and Diagnostic laparoscopy have been added in section 7.5

6 Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification?

None

7 What are the next steps including how interested stakeholders will be kept informed of progress?

Presentation of revised service specification to CPAG, and if approved, publication of specification. Annual Review of activity through peer review at clinical summit.