Surgical Mesh Roundtable Terms of Reference

(as of October 2023)

Introduction

Manatū Hauora leads the surgical mesh work programme which aims to support those who have been harmed by surgical mesh and minimise the risk to patients who may be considering its use. Te Whatu Ora plays a significant role in operationalising the programme's actions and recommendations.

The use of surgical mesh, especially in pelvic floor and urogynaecological procedures, has been a matter of local and international concern for some years.

In 2014 Carmel Berry and Charlotte Korte petitioned Parliament for an inquiry into the use of surgical mesh in New Zealand. The Health Committee's report on this petition, with seven recommendations, was presented to the House in 2016 **(see Appendix 1).**

In December 2019 Manatū Hauora released a report prepared by the Diana Unwin Chair of Restorative Justice at Victoria University, "*Ngā kōrero a ngā mōrehu – he urupare, Hearing and Responding to the Stories of Survivors of Surgical Mesh"*. This report included actions agreed to by stakeholder representatives in response to the harm and needs that were heard; and identified the Surgical Mesh Roundtable as 'an appropriate group to oversee the delivery of the workstreams'.

Purpose and function

The Roundtable will be 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 (refer Appendix 1),
- providing advice and recommendations on the delivery of the work programme, and
- ensuring a collaborative, people-centred approach, with issues considered from a patient perspective, and guided by the Te Tiriti o Waitangi, with a focus on delivering equitable health outcomes.

Whilst recognising the wider use and impact of surgical mesh, the work of Manatū Hauora, Te Whatu Ora and the Roundtable will focus on the management of pelvic floor reconstructive, and urogynaecological conditions, involving the use of mesh as this is associated with the greatest risk. Lessons from this will be subsequently considered and applied for other uses of surgical mesh.

See **Appendix 2** for which agencies are specifically responsible for the actions from the Restorative Justice report (as at the review date of these Terms of Reference)

Membership

Up to two members will be nominated by each of the following stakeholder organisations and groups to participate in the Roundtable:

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australasian College of Surgeons/Urological Society of Australia and New Zealand
- Royal New Zealand College of General Practitioners
- Nursing
- ACC
- Health and Disability Commission
- Health Quality and Safety Commission
- New Zealand Private Surgical Hospitals Association
- Te Aka Whai Ora
- Consumers
- Te Whatu Ora (ex officio)
- Manatū Hauora (ex-officio)

The Roundtable will be Chaired by Manatū Hauora's Chief Medical Officer. If the chair is unavailable the meeting may be chaired by another member of the Manatū Hauora Clinical Team.

Requests for proxies to attend meetings will be considered on a case-by-case basis.

All members are expected to demonstrate their links with their constituent bodies and engage with them.

Meetings

The Roundtable will meet for up to two hours, every two months. Meetings will be held virtually through video connection.

The quorum for meetings to proceed is 50 percent of members, which must include at least one consumer representative.

Manatū Hauora will provide the secretariat and administrative support for the Roundtable. This will include the preparation of reports to, and on behalf of, the Roundtable.

All members of the Roundtable are expected to treat each other with professional respect. The chair will encourage input from all parties.

Term of Office

The Roundtable will convene for the period it takes for Manatū Hauora and other stakeholders to complete the 19 actions in the Restorative Justice Report "*Ngā kōrero a ngā mōrehu – he urupare, Hearing and Responding to the Stories of Survivors of Surgical Mesh*". Individual membership from each of the groups listed above, may change from time to time, however, for consistency it is expected that these occasions would be rare.

Payment and expenses

It is not normal for Manatū Hauora to pay representatives from the publicly funded sector for meeting attendance. Consumers will be reimbursed. Manatū Hauora may remunerate other parties by mutual agreement.

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 member may find themselves in a position where they may have competing duties, responsibilities or interests to their membership of the Roundtable. In this situation members should document their conflicts of interests and identify any conflict of interest prior to a discussion of a particular issue. The Roundtable can ask a member to withdraw or limit participation if the member has a conflict of interest.

Confidentiality

Members will keep details regarding any individual consumers, clinicians and organisations confidential.

Accountability and communications

The Roundtable is accountable and reports to Manatū Hauora. Key messages will be provided to external stakeholders as required regarding the Committee's role and functions.

Members are not agents of Manatū Hauora and cannot speak on behalf of the Roundtable. This doesn't restrict members from making statements relating to their own expertise in an individual capacity.

The Roundtable will agree on any key messages from meetings and provide these to Manatū Hauora. Messages can be shared by members with their constituencies, unless advised by the Chair or Manatū Hauora. A rationale will be provided if any information is kept confidential.

Reviewed October 2023
Next Review October 2024

Appendix 1

Recommendations to Government from the 2016 Health Committee report:

- that it work with relevant medical colleges to investigate options for establishing and maintaining a centralised surgical mesh registry
- that a registry be informed by the International Urogynaecological Association classification for recording mesh surgery complications
- that it suggest that the Colleges take note of the petitioners' and others' experiences and review best practice around informed consent for mesh procedures
- that it encourage health providers to ensure that coding for mesh surgery is consistent. This should include a system to allow patients with mesh complications to be identified and monitored
- that it encourage utilisation of the adverse events reporting system as applicable to medical devices
- that it endorse the provision of ongoing education for surgeons on the use of surgical mesh and mesh removal surgery
- that it consider expanding Medsafe's role over time to assess the quality and safety of a medical device before it can be used in New Zealand

Recommendation to Government from 2023 Health Committee report (Sally Walker petition):

- The Ministry of Health work with the relevant Colleges and the Medical Council of New Zealand to investigate how it could effect a pause.

Appendix 2

Agreed actions in the Restorative Justice report.

Action	Responsible agencies (past and present)
The severity of the harm from surgical mesh should be acknowledged when the report is released publicly.	All agencies
The Ministry of Health was identified as the coordinating agency for each workstream.	Manatū Hauora
A collaborative approach is required to respond to harm from surgical mesh, and groups that should collaborate, were identified for each workstream.	All agencies
The HDC will promote the visibility of their national advocacy service	HDC
Attendees will share the final report with their professional members/within agencies.	All agencies
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.	Manatū Hauora
Consumers will be reimbursed when participating in the co-design of each workstream.	Manatū Hauora/Te Whatu Ora/ACC
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.	Manatū Hauora/Te Whatu Ora
Establish a credentialling committee by the end of January 2020 to recommend national standards for individual practitioners and services commencing with urogynaecology procedures. Minimum standards for insertion, renewal, repair and removal	Manatū Hauora

surgery and native tissue repair will be included.	
The Ministry of Health will lead, supported by ACC, interdisciplinary education and build 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.	Manatū Hauora/ACC
Professional colleges will inform and educate their members about their role in preventing and reducing harm from surgical mesh.	RACS/USANZ/RANZCOG
ACC will partner with consumer representatives to design an approach for looking back through declined mesh-related treatment injury claims. Recognising that claim outcomes may not change; the process will also aim to learn where improvements can be made to the consumer experience.	ACC
ACC will explore the potential to provide support services, such as counselling, while cover decisions are pending.	ACC
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 appropriate background, experience and skills.	ACC
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.	ACC
National standards of practice and the code of rights for informed consent are already in place. Credentialling and training will support these to be embedded in everyday clinical work.	Manatū Hauora
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	Manatū Hauora/Te Tāhū Hauora (HQSC)

risks, alternative treatments available, and the informed consent process.	
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.	Manatū Hauora
The Ministry of Health will identify the actions and supports required to meet the need for a collaborative approach to safety systems and culture.	Manatū Hauora/ Te Tāhū Hauora (HQSC)