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 idetified 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 delviery. RED means the action is off track and/or experiencing significant issues impacting delivery.

Action	Description	Status	Comment
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 Broodkoorn 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.
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
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. Public updates to communicate progress on the surgical mesh programme and workstreams are being published following each Mesh Roundtable meeting.
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	While work continues to implement the specialist services centres, the health system transitions are having an impact on our ability to fully cost the services. Workshops have been held with DHB and consumer representatives to finalise a single model of care from the two proposals, which is needed to support the costing work. Further workshops are expected to be held during April.

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 was shared with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Urological Society of Australia and New Zealand for their feedback. Overall, the feedback was mixed with concerns being raised regarding the inclusion of non-mesh prolapse procedures, minimum numbers for mesh removal and all forms of apical prolapse, and within which tiers of service delivery various procedures should be delivered. Further conversations with representatives from both colleges were held in February and March to discuss their concerns, and revisions have been made to address their feedback as well as feedback from consumers. The Ministry is currently preparing to publish the framework in an interim form, with the intention to revise the framework (if required) based on the credentialing experience over the first 12 months. In addition, the Ministry will carry out a data collection exercise from surgeons currently carrying out the relevant procedures to inform decisions on the procedure numbers include in the framework. An implementation plan has been drafted with an estimated three month timeframe to develop the resources and guidelines that will support the process of credentialing.
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	Development of the Surgical Mesh Primary Health Education Programme is underway starting with the drafting of a blueprint outlining the learning design, goals, approach, learning methods and evaluation approach. Since February 2022, there have been several Primary Health Care Advisory Group meetings with to provide input into the Blueprint. The Advisory Group meetings were also attended by ACC and Ministry of Health, with additional meetings held with subject matter experts to inform the Blueprint development. ACC, Ministry of Health, and the Primary Health Care Advisory Group will review the draft Blueprint again prior to its planned completion by the end of April 2022. The next stage will be to develop the primary health care education package in accordance with the Blueprint. The secondary and tertiary package development will commence once the credentialing framework is finalised. Streamliners and HealthPathways will shortly upload the complications pathway which will be available to those working in primary care.
11	Professional colleges will inform and educate their members about their role in preventing and reducing harm from surgical mesh.	ONGOING	The next stage will be to develop the primary health care education package in accordance with the Blueprint. The secondary and tertiary package development will commence once the credentialing framework is finalised.
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	Streamliners and HealthPathways will shortly upload the complications pathway which will be available to those working in primary care.

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.

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	The patient information resource *Considering Surgical Mesh to Treat Stress Urinary Incontinence* 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. The HDC released a report in June 2021 which reinforces the need for robust informed consent processes to be in place. In July and September 2021 respectively HDC wrote to DHB CEOs and PSH CEs requesting an update on what mesh procedures are being performed in their DHB/PSH; is the national patient resource routinely used and if not, what is used; has the informed consent process been audited since August 2018, and the number of complaints received since then, if any. As a result, the Ministry wrote to one DHB reminding suggesting an improvement to their informed consent processes. The private surgical hospital responses were collated and discussed at the December Mesh Roundtable meeting.
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	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. The Bill is expected to be introduced to Parliament late 2022.
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	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.