



Department  
of Health &  
Social Care

*From Maria Caulfield MP  
Parliamentary Under Secretary of State  
Department of Health & Social Care*

*39 Victoria Street  
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7 May 2024

Dear Henrietta,

I am writing to you to mark three months since the publication of the Hughes Report. I want to first reiterate my gratitude for the work you and your team undertook in completion of the report and your continued engagement.

Throughout the last three months, my officials have been carefully considering the wide range of work contained within your report, both on how best to support patients harmed and how best to prevent future harm. My sympathies remain with those affected by sodium valproate and pelvic mesh.

I look forward to working with you to ensure consistent improvement to patient safety guidance to prevent future harm. For example, as you'll know, significant steps have been taken to strengthen oversight of valproate prescribing, and the number of women still being prescribed sodium valproate has reduced significantly. Additionally, the national pause on the use of pelvic mesh remains in place, and there are nine specialist mesh centres in operation across England, ensuring that women in every region with complications of pelvic mesh get the right support. NHS England is working with Sling the Mesh and Rectopexy Mesh Victims and Support Group to ensure that mesh centres are supporting patients as planned. We are also exploring your recommendations in this area.

Whilst we are working at pace and remain focused on making meaningful progress, you'll appreciate that this is a complex area of work, involving several government departments, and that this work takes time. I would like to go into some of our considerations in this letter. Firstly, we believe primary legislation would be required to make redress payments, for both sodium valproate and pelvic mesh, which would require parliamentary time. Secondly, in considering the range of financial redress options included in your report, we need to do further work to build on several areas. This work includes but is not limited to understanding the types of harm that might qualify; the sizes of the patient cohorts; and the possible levels of redress. These factors would of course affect the drafting of legislation, as well as the costings of any potential scheme, and thus detailed work is needed across government to understand those implications.

We are also steadily exploring a host of non-financial redress options, for which costs are also associated, and I am particularly keen to do what I can regarding the availability of information available to patients, as well as any improvements in access to the support patients are entitled to. I will continue to progress this work across Government and I hope to be able to provide a substantive response to your report in the Summer.

Best Wishes,

A handwritten signature in black ink, appearing to read 'Maria'.

**MARIA CAULFIELD**