



Department of Health & Social Care

From Dr Zubir Ahmed
Parliamentary Under-Secretary of State for
Health Innovation and Safety

39 Victoria Street
London
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30 January 2026

Dear Henrietta,

It was a pleasure to welcome you to the department in December and thank you for all the work you are continuing to do. I greatly appreciated the opportunity to discuss the findings and recommendations you made in your report, including the important matter of redress for individuals affected by sodium valproate and pelvic mesh. Following our conversation, I am pleased to provide an update on the ongoing initiatives led by the Department of Health and Social Care, regarding non-financial redress.

As I outlined in the meeting, though your recommendations on financial redress continue to be considered by the Government more widely, there are current patients with clinical needs. As the minister for patient safety I intend on our health system more promptly addressing them.

I am therefore tackling these needs via three main avenues:

1. improvements to current clinical services and treatment,
2. research and development on the remaining knowledge gaps
3. longer-term prevention initiatives that will help ensure the system in the future can pick up on adverse trends in patient care and act more quickly.

Current clinical service provision

Since 2018, the number of females prescribed sodium valproate aged 0-54 has almost halved. However, although NHS England (NHSE) continues to monitor and work to lower the number of patients exposed to sodium valproate in utero, there remains a cohort of patients with distinct and varied care needs to whom the health system must provide the best possible care.

As you will be aware, NHSE has commissioned an important pilot project on Fetal Exposure to Medicine in Newcastle Upon Tyne Hospitals NHS Foundation Trust and Manchester University NHS Foundation Trust. There are many specialties involved in the pilot and so several clinical experts will be reviewing the service. I have strongly instructed that a route for commissioning a national service be outlined urgently.

NHSE is due to provide final recommendations this Summer however, I have asked to see preliminary recommendations before then to ensure this assessment can proceed at pace. I will endeavour to update you further in the coming months. The pilot has so far seen 80 patients, representing 560 appointments and 650 clinical hours. This translates to real human impact, with patients already feeding back on the value that being seen by clinical experts and wider MDT services has had on their quality of life.

Turning to pelvic mesh, NHSE has now completed their internal audit of Mesh centres across England which was conducted in summer/autumn 2025 and was designed in partnership with patient representatives. Though the audit is showing the value and impact of the service delivered by the Mesh centres, with nearly 3000 patients now seen in the services since their introduction (equating to 700 per year), there are distinct areas for improvement; for example around standardisation of patient treatment pathways and the importance of non-surgical support including pain management and physiotherapy. They are reviewing the results in detail with clinical experts and patient representatives to determine the implications for clinical practice, and what more we need to do collectively with the centres to ensure patients have access to the latest information on the services available across the nine centres.

I have instructed to be presented with a timeline for implementation relating to key audit findings over the coming weeks and have asked officials to prioritise funding to drive and ensure implementation of service improvements for patients. NHSE have agreed to consider this as they set priorities and budgets for the year.

Following our meeting, you reached out to highlight that you felt certain Mesh centres could have better signposting. I can confirm that this has been investigated and I have instructed officials to make sure that there is improving GP and patient facing information, signposting, and access before the end of February. This will include greater standardisation of the published information on both national and individual mesh centre web resources.

Research and Development

As you will be aware, the National Institute for Health and Care Research (NIHR) has an annual budget for research proposals. DHSC has already commissioned, through the NIHR, a £1.56m study to develop a patient reported outcome measures (PROM) for prolapse, incontinence and mesh complication surgery. Longer term, the PROM will be integrated into the pelvic floor registry which monitors and improves the safety of mesh patients. It records the surgical mesh implants, and related medical devices, given to patients, and the organisations and surgeons that have carried out the procedures.

In addition to this, it is my intention that research proposals are prepared for both SV and PM following recommendations from both the pilot and audit, this summer. This is an area that I have asked officials to maintain communication with your office to ensure we are focusing research in the areas with the potential to have the greatest impact on patient safety.

Prevention

As discussed in our meeting, I am also interested in preventative measures for current and future patients. As a fellow clinician, I am aware of the risks posed by teratogenic medicines such as valproate and the importance of continuing to improve pharmacovigilance. Though representing longer term work, following recent discussions with NHSE and MHRA officials, I am assured that improving digitisation in this area will ensure the UK is a world leader in lowering the number of births to mothers taking valproate, and applying these learnings to teratogens more broadly. Part of the exploration undertaken by the Department will be increasing centralisation and visibility across care sectors of the Annual Risk Acknowledgement Form (ARAF) as highlighted by your report, as well as potentially expanding the current Medicines and Pregnancy Registry to link to research outcomes. I will provide more details on some of the prevention initiatives being explored, this year.

I hope that these updates demonstrate my ongoing commitment to addressing the concerns of those affected by sodium valproate and pelvic mesh. Notwithstanding, I am aware that you continue to wait for an update regarding your recommendations concerning financial redress. As mentioned in our meeting, this is a difficult issue and I will be working to provide an update on the Government's position as soon as possible. I welcome further dialogue as we work together to deliver effective and compassionate solutions.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Z. Ahmed", is written above a solid horizontal line.

DR ZUBIR AHMED MP

**Parliamentary Under-Secretary of State
for Health Innovation and Safety**