

Policies for the Commissioning of Healthcare

Policy for Hysteroscopy

1	Introduction
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	Hysteroscopy is a procedure used to examine the inside of the uterus. This is undertaken using a narrow tube-like instrument called a hysteroscope. Images are sent to a monitor to check for abnormalities in the lining of the uterus (endometrium).
2.2	The scope of this policy includes requests for diagnostic hysteroscopy for patients referred with: <ul style="list-style-type: none">• Heavy Menstrual Bleeding (Menorrhagia)
2.4	The CCG recognises that a patient may have certain features, such as: <ul style="list-style-type: none">• having Heavy Menstrual Bleeding• wishing to have a service provided for Heavy Menstrual Bleeding• being advised that they are clinically suitable for Hysteroscopy and• be distressed by Heavy Menstrual Bleeding and by the fact that that they may not meet the criteria specified in this commissioning policy. Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
2.5	For the purpose of this policy the CCG defines Heavy Menstrual Bleeding (HMB) (Menorrhagia) as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. ¹
2.6	NICE Clinical Guideline (CG44) ² 'Heavy menstrual bleeding: assessment and management' recommends the following for patients with HMB:

	<ul style="list-style-type: none"> • Ultrasound is the first-line diagnostic tool for identifying structural abnormalities. • Hysteroscopy should be used as a diagnostic tool only when ultrasound results are inconclusive, for example to determine the exact location of a fibroid or the exact nature of the abnormality. • Where dilatation is required for non hysteroscopic ablative procedures, hysteroscopy should be used immediately prior to the procedure to ensure correct placement of the device. <p>Evidence indicates that ultrasound is an accurate method for identifying pathology and is better at identifying fibroids than hysteroscopy, but is less accurate for identifying polyps or endometrial disease when compared with hysteroscopy. However, it is associated with higher completion rates (88%) and greater acceptability (11% finding it 'unpleasant') with women than hysteroscopy (77% and 27%, respectively). Economic modelling showed that ultrasound is more accurate and less costly than the other imaging methods examined (hysteroscopy and saline infusion sonography).¹</p>
3	Appropriate Healthcare
3.1	<p>The CCG recognises that hysteroscopy satisfies the criteria within the 'Appropriateness' component of the <i>Statement of Principles</i>.</p> <p>Therefore this policy does not rely on the principle of appropriateness. Nevertheless if a patient is considered exceptional in relation to the principle on which the policy does rely the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.</p>
4	Effective Healthcare
4.1	<p>This policy relies on the criterion of effectiveness as the CCG considers that ultrasound is the recommended first-line investigation to detect structural abnormalities in patients with HMB.</p> <p>Hysteroscopy should be used as a diagnostic tool only when ultrasound results are inconclusive, for example to determine the exact location of a fibroid or the exact nature of the abnormality.</p> <p>This is in line with NICE Clinical Guideline CG44.²</p>
5	Cost Effectiveness
5.1	<p>This policy relies on the criterion of cost effectiveness as the CCG considers that ultrasound is the recommended cost effective first-line investigation to detect structural abnormalities in patients with HMB.¹</p>

6	Ethics
6.1	<p>The CCG does not call into question the ethics of hysteroscopy and therefore this policy does not rely on the Principle of Ethics.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principle on which the policy does rely the CCG may consider the principle of ethics in the particular circumstances of the patient in question before confirming a decision to provide funding.</p>
7	Affordability
7.1	<p>The CCG does not call into question the affordability of hysteroscopy and therefore this policy does not rely on the Principle of Affordability.</p> <p>Nevertheless if a patient is considered exceptional in relation to the principle on which the policy does rely the CCG may consider the principle of affordability in the particular circumstances of the patient in question before confirming a decision to provide funding.</p>
8	Policy
8.1	The CCG will commission hysteroscopy in the following circumstances:
8.1.1	<ul style="list-style-type: none"> when ultrasound results are inconclusive, for example to determine the exact location of a fibroid or the exact nature of the abnormality.
8.1.2	<ul style="list-style-type: none"> where dilatation is required for non-hysteroscopic ablative procedures, hysteroscopy should be used immediately prior to the procedure to ensure correct placement of the device²
8.2	<p>The CCG will not commission hysteroscopy in the following circumstances:</p> <ul style="list-style-type: none"> as a first line diagnostic tool for identifying structural abnormalities in patients with HMB
9	Exceptions
9.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
9.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
10	Force
10.1	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative

	treatments for the same condition.
10.2	<p>In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:</p> <ul style="list-style-type: none"> • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory. • If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.
11	References
	<ol style="list-style-type: none"> 1. National Collaborating Centre for Women's and Childrens Health (2007) Heavy menstrual bleeding. Clinical Guideline https://www.nice.org.uk/guidance/cg44/evidence/full-guideline-pdf-195071293 2. NICE (2007) Heavy menstrual bleeding: assessment and management https://www.nice.org.uk/guidance/cg44

Date of adoption
Date for review