

## Lancashire Clinical Commissioning Groups

### Proposed changes to clinical commissioning policies eligibility/access criteria

<b>Policy name</b>	<b>Current CCG policy</b>	<b>Proposed/updated policy</b>	<b>Level of change/difference</b>
Policy for Dilatation and Curettage	Currently a combined policy with hysteroscopy. Does not support dilatation and curettage as a diagnostic tool for or treatment of heavy menstrual bleeding. Supports the use of dilatation and curettage for the evacuation of retained products in the uterus after conception.	Updated policy splits dilatation and curettage and hysteroscopy into two different policies. Still does not support dilatation and curettage as a diagnostic tool for or treatment of heavy menstrual bleeding. Continues to support the use of the procedure for the evacuation of retained products after conception.	No change in criteria. Dilatation and Curettage separated into its own policy document.
Policy for Hysteroscopy	Currently a combined policy with dilatation and curettage (as above). Hysteroscopy is used after the first line diagnostic tool (ultrasound) is inconclusive in finding historical or structural abnormalities (of the uterus). It is also used immediately prior to dilatation to help place the device.	Updated policy splits hysteroscopy and dilatation and curettage into two different policies. Procedure continues to be used as a second line of investigation for abnormalities and to help the correct placement of dilatation device.	No change in criteria. Hysteroscopy separated into its own policy document. Additional wording explaining further the scope of the policy and the reasons for using the procedure.
Policy for the commissioning of Excision of the Uterus (hysterectomy) for the treatment of menorrhagia (heavy menstrual bleeding)	Identifies the 5 criteria that must be met if excision of the uterus (hysterectomy) is to be used as a treatment for heavy menstrual bleeding.	Identifies the same 5 criteria that must all be met if excision of the uterus for heavy menstrual bleeding is to be provided.	No change in criteria. Some change in wording around the scope of the policy (giving a greater explanation) and in the effectiveness of the treatment. It no longer identifies vaginal excision as being the first choice (rather than abdominal excision).
Policy for Hip Arthroscopy	Not routinely funded as it is not considered effective treatment.	Not routinely funded as it is not considered effective.	No change in the policy.