

NHS West Lancashire Clinical Commissioning Group

Policies for the Commissioning of Healthcare

Policy for Hysteroscopy

	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	Policy Criteria
1.1	After taking into account the woman's history and examination when deciding whether to offer hysteroscopy or ultrasound as the first line investigation, the CCG will commission hysteroscopy in the following circumstances ¹ :
1.1.1	<ul style="list-style-type: none"> • As a first line treatment option for women if their history suggests submucosal fibroids, polyps or endometrial pathology because either they have symptoms such as persistent intermenstrual bleeding or they have risk factors for endometrial pathology OR
1.1.2	<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 OR
1.1.3	<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 device.
2	Scope and definitions
2.1	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).
2.2	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).
2.3	<p>The scope of this policy includes requests for diagnostic hysteroscopy for patients referred with:</p> <ul style="list-style-type: none"> • Heavy Menstrual Bleeding (Menorrhagia)
2.4	<p>The CCG recognises that a patient may have certain features, such as:</p> <ul style="list-style-type: none"> • having Heavy Menstrual Bleeding

	<ul style="list-style-type: none"> • 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. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
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
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 that¹:</p> <ul style="list-style-type: none"> • For women whose history suggests submucosal fibroids, polyps or endometrial pathology hysteroscopy is the most effective method of investigation for the management of Heavy Menstrual Bleeding. • In other patients hysteroscopy should be used as a second line investigation method if ultrasound is inconclusive.
5	Cost Effectiveness
5.1	<p>The CCG does not call into question the cost- effectiveness of hysteroscopy and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.</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	Exceptions
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
8.2	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.
9	Force
9.1	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.
9.2	<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.
10	References

	1. NICE guideline (NG88) (2018) Heavy menstrual bleeding: assessment and management https://www.nice.org.uk/guidance/ng88/chapter/Recommendations
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Date of adoption: 02.05.2019
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Appendix 2- OPCS & ICD codes The codes applicable to this policy are:	
OPCS codes	ICD codes
Q181, Q178, Q179, Q188, Q189, Q205	N924, N925, N926, N920, N921, N922