NHS
Lancashire and South Cumbria
Integrated Care Board

Policies for the Commissioning of Healthcare

Policy for Hysteroscopy

Date of ratification: **2nd May 2019**

Date due for review: **2nd May 2022**

Date of adoption: **1st July 2022**

This document is part of a suite of policies that the Integrated Care Board (ICB) 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.

Document control: Policy for Hysteroscopy		
Version Date:	**Version Number:**	**Changes Made:**
March 2018	V1	Ratified policy agreed by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCICBs)
March.2018	V1.1	OPCS/ICD codes added.
May 2019	V2.0	Updated policy agreed by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V2.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

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 ICB will commission hysteroscopy in the following circumstances:

1.1.1 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 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 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 ICB's 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 The scope of this policy includes requests for diagnostic hysteroscopy for patients referred with:

- Heavy Menstrual Bleeding (Menorrhagia)

2.4 The ICB recognises that a patient may have certain features, such as:

- 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 ICB 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.

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3. Appropriate Healthcare

3.1 The ICB recognises that hysteroscopy satisfies the criteria within the 'Appropriateness' component of the Statement of Principles.

3.2 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 ICB may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.

4. Effective Healthcare

4.1 This policy relies on the criterion of effectiveness as the ICB considers that:

- 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 The ICB 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 ICB may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.

6. Ethics

6.1 The ICB does not call into question the ethics of hysteroscopy and therefore this policy does not rely on the Principle of Ethics.

6.2 Nevertheless, if a patient is considered exceptional in relation to the principle on which the policy does rely the ICB may consider the principle of ethics in the particular circumstances of the patient in question before confirming a decision to provide funding.

7. Affordability

7.1 The ICB does not call into question the affordability of hysteroscopy and therefore this policy does not rely on the Principle of Affordability.

7.2 Nevertheless, if a patient is considered exceptional in relation to the principle on which the policy does rely the ICB may consider the principle of affordability in the particular circumstances of the patient in question before confirming a decision to provide funding.

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8. Exceptions

8.1 The ICB 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 ICB. 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 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- 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 ICB will aspire to review and update this policy accordingly. However, until the ICB 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 ICB are concerned.

10. References

NICE guideline (NG88) (2018) Heavy menstrual bleeding: assessment and management
https://www.nice.org.uk/guidance/ng88/chapter/Recommendations

11. OPCS and ICD codes

OPCS codes	ICD codes
Q181, Q178, Q179, Q188, Q189, Q205	N924, N925, N926, N920, N921, N922

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