

DILATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN INDIVIDUAL FUNDING REQUEST (EBI) POLICY

Version:	1819.v1a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	January 2019
Name of Originator/Author:	EBI Team
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	February 2019
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	Generic EBI Application

DILATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN EBI POLICY CONTENTS

Section		Page
	Version Control	1
1	General Principles	2
2	Policy Criteria	3
3	Background	3
4	Evidence Based Intervention Application Process	3/4
5	Access To Policy	4
6	References	4
Appendix	1	6

VERSION CONTROL

Document Status:	Current policy
Version:	1819.v1a

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1819 v1	January 2019	National Consultation policy CCPF & CEC amended wording EBI application by Consultant, remove IFR and replace with EBI

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	N/A
Quality Impact Assessment QIA. Date:	January 2019
Sponsoring Director:	Sandra Cory
Document Reference:	1819.v1a

1 GENERAL PRINCIPLES

- 1.1 Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given
- 1.2 Funding approval must be secured by primary care/secondary care prior to referring/treating patients seeking surgery
- 1.3 The CCG does not commission surgery for cosmetic purposes alone
- 1.4 Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.6 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 1.7 Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
- 1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
- 1.11 Where funding approval is given by the Evidence Based Intervention Panel, it will be available for a specified period of time, normally one year

2 POLICY

- 2.1 Somerset CCG does not routinely commission dilation and curettage (D&C) for heavy menstrual bleeding
- 2.2 Dilation and curettage should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective
- 2.3 Ultrasound scans and camera tests with sampling of the lining of the womb (hysteroscopy and biopsy) can be used to investigate heavy periods
- 2.4 Medication and intrauterine systems (IUS) can be used to treat heavy periods
- 2.5 For further information, please see:
 - <https://www.nice.org.uk/guidance/ng88>
 - <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy>

3 BACKGROUND

- 3.1 NICE guidelines recommend that D&C is not offered as a treatment option for heavy menstrual bleeding. There is very little evidence to suggest that D&C works to treat heavy periods and the one study identified by NICE showed the effects were only temporary
- 3.2 D&C should not be used to investigate heavy menstrual bleeding as hysteroscopy and biopsy work better
- 3.3 Complications following D&C are rare but include uterine perforation, infection, adhesions (scar tissue) inside the uterus and damage to the cervix

4 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

- 4.1 Applications may be reviewed at the Commissioner's Evidenced Based Interventions Panel where there is full support from a Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy
- 4.2 Completion of a **Generic EBI Application Form** by a patient's **Consultant** is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about

the existing policies prior to an application to the EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.5 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy

<https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

4.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question:
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

5.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 NICE guidance: <https://www.nice.org.uk/guidance/ng88>
- 6.2 NHS advice: <https://www.nhs.uk/conditions/hysteroscopy/#alternatives-to-hysteroscopy>
- 6.3 MacKenzie IZ, Bibby JG. Critical assessment of dilatation and curettage in 1029 women. *Lancet* 1978;2(8089):566–8
- 6.4 Ben-Baruch G, Seidman DS, Schiff E, et al. Outpatient endometrial sampling with the Pipelle curette. *Gynecologic and Obstetric Investigation* 1994;37(4):260–2
- 6.5 Gimpelson RJ, Rappold HO. A comparative study between panoramic hysteroscopy with directed biopsies and dilatation and curettage. A review of 276 cases. *American Journal of Obstetrics and Gynecology* 1988;158(3 Pt 1):489–92

- 6.6 Haynes PJ, Hodgson H, Anderson AB, et al. Measurement of menstrual blood loss in patients complaining of menorrhagia. *British Journal of Obstetrics and Gynaecology* 1977;84(10):763–8

Appendix 1

Procedure and diagnostic codes

Dilatation and curettage for heavy menstrual bleeding

when left(der.Spell_Dominant_Procedure,4) in ('Q103') and apcs.der_diagnosis_all not like '%O0[0-8]%' and apcs.der_diagnosis_all not like '%O6[0-9]%' and apcs.der_diagnosis_all not like '%O7[0-5]%' then 'B_menstr_D&C'