

**POLICIES AND PROCEDURES FOR THE COMMISSIONING OF
APPROPRIATE, EFFECTIVE AND PRIORITY HEALTHCARE**

POLICY NUMBER 25

**POLICY FOR COMMISSIONING OF EXCISION OF UTERUS
(ABDOMINAL OR VAGINAL)**

Policy/Procedure Number	F&WCCG/COMM/25
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Department/Directorate	Public Health
Date Ratified	26.5.10
Date amended	25.5.11
Review Date	25.5.15

NHS FYLDE & WYRE CCG**Policy for Commissioning of Excision of Uterus
(abdominal or vaginal)****1 Introduction**

- 1.1 This document is part of a suite of policies adopted by the Clinical Commissioning Group 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 framework describes the policy for commissioning Excision of Uterus (abdominal or vaginal) for people with Menorrhagia, heavy menstrual bleeding (HMB).

2 Definition

- 2.1 Excision of Uterus (Hysterectomy) is an intervention for people who are severely affected with Menorrhagia, HMB.

3 Appropriate Healthcare

- 3.1 The Clinical Commissioning Group considers that the purpose of Hysterectomy (abdominal or vaginal) places it within the category of services that are appropriate for commissioning, under Category 1. Therefore it will be commissioned by the Clinical Commissioning Group if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

4 Effective Healthcare

- 4.1 The Clinical Commissioning Group recognises that the outcome of this intervention is likely to be better than the outcome in untreated patients and that the intervention satisfies the criterion of effectiveness.
- 4.2 The effectiveness of Hysterectomy for people who are severely affected by HMB is well documented and defined within National Institute for Health and Clinical Excellence (NICE) Guidance.
- 4.3 Vaginal excision should be the first choice with abdominal excision second.
- 4.4 For people who are not severely affected by HMB, any benefit from hysterectomy is outweighed by the morbidity associated with surgery.

5 Cost Effective Healthcare

- 5.1 The Clinical Commissioning Group recognises that the outcome cost effectiveness of this treatment is within the threshold, and that the service satisfies the criterion of cost effectiveness.

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6 Ethical Healthcare

- 6.1 The Clinical Commissioning Group recognises that this service satisfies the criteria within the 'Ethical' component of the Principles for Commissioning Health and Health Care document.

7 Policy

- 7.1 The Clinical Commissioning Group will commission hysterectomy for patients with suspected malignancy without a need for prior approval for funding.

- 7.1.1 The Clinical Commissioning Group will only commission hysterectomy for HMB and/dysmenorrhoea if the following criteria, as per NICE guidance are met:

a) Woman presents with HMB (defined by the woman's subjective assessment of excessive menstrual blood loss, which interferes with the woman's physical, emotional, social and material quality of life) and a full history is available to exclude co-morbidities and other underlying causes.

AND

b) Other treatment options for HMB, dysmenorrhoea and/or symptomatic large or multiple fibroids (i.e. levonorgestrel intrauterine system; tranexamic acid; other hormonal methods injected progesterone's, combined oral contraceptives, GnRH analogue etc) have failed, are contraindicated or have been declined by the woman after all information and side effects of the possible treatments have been explained to her.

AND

c) There is a wish for amenorrhoea (absence of menstruation)

AND

d) The woman (who has been fully informed) requests hysterectomy

AND

e) The woman no longer wishes to retain her uterus and fertility.

8 Exceptions

- 8.1 The Clinical Commissioning Group will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient. Requests for funding for hysterectomy (vaginal or abdominal) under exceptional circumstances may be submitted to the Clinical Commissioning Group's Individual Funding Request Panel. (See Policy for Individual Funding Requests for guidance on exceptionality and application process.)

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9 Force

- 9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

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Public Health
25 May 2011

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