

Heavy menstrual bleeding

Quality standard

Published: 26 September 2013

[nice.org.uk/guidance/qs47](https://www.nice.org.uk/guidance/qs47)

Contents

Introduction	5
Why this quality standard is needed	5
How this quality standard supports delivery of outcome frameworks	5
Coordinated services.....	7
List of quality statements	8
Quality statement 1: Diagnosis – initial assessment	9
Quality statement.....	9
Rationale	9
Quality measures	9
What the quality statement means for service providers, healthcare professionals and commissioners ..	10
What the quality statement means for patients and carers	10
Source guidance.....	10
Definitions of terms used in this quality statement	10
Equality and diversity considerations.....	11
Quality statement 2: Diagnosis – physical examination.....	12
Quality statement.....	12
Rationale	12
Quality measures	12
What the quality statement means for service providers, healthcare professionals and commissioners ..	13
What the quality statement means for patients and carers	13
Source guidance.....	14
Definitions of terms used in this quality statement	14
Equality and diversity considerations.....	14
Quality statement 3: Drug treatment.....	15
Quality statement 4: Interim drug treatment.....	16
Quality statement.....	16
Rationale	16

Quality measures	16
What the quality statement means for service providers, healthcare professionals and commissioners ..	17
What the quality statement means for patients and carers	17
Source guidance.....	18
Definitions of terms used in this quality statement	18
Equality and diversity considerations.....	18
Quality statement 5: Discussing treatment options	19
Quality statement.....	19
Rationale	19
Quality measures	19
What the quality statement means for service providers, healthcare professionals and commissioners ..	20
What the quality statement means for patients and carers	20
Source guidance.....	20
Definitions of terms used in this quality statement	21
Equality and diversity considerations.....	21
Quality statement 6: Access to interventions for uterine fibroids.....	22
Using the quality standard.....	23
Quality measures	23
Levels of achievement	23
Using other national guidance and policy documents.....	23
Diversity, equality and language	24
Development sources.....	25
Evidence sources.....	25
Policy context	25
Definitions and data sources for the quality measures	25
Related NICE quality standards	26
Quality Standards Advisory Committee and NICE project team	27
Quality Standards Advisory Committee.....	27

NICE project team	28
Update information.....	30
About this quality standard.....	31

This standard is based on NG88.

This standard should be read in conjunction with QS15, QS73 and QS172.

Introduction

This quality standard covers the care of women of reproductive age (including women younger than 18 years) with heavy menstrual bleeding. For more information see the [topic overview](#).

Why this quality standard is needed

Heavy menstrual bleeding is a common condition that affects 20–30% of women of reproductive age^[1]. It is defined as excessive menstrual blood loss that interferes with the woman's physical, emotional, social and material quality of life. It can occur alone or in combination with other symptoms.

Many women seek help from their GPs and heavy menstrual bleeding is a common reason for referral to secondary care. The focus of this quality standard is on accurate diagnosis and helping women to make an informed choice about the most appropriate intervention for them.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2013/14](#)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Part 1](#) and [Part 1A](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2013/14

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p><i>Ensuring people feel supported to manage their condition</i></p> <p>2.1 Proportion of people feeling supported to manage their condition**</p> <p><i>Reducing time spent in hospital by people with long-term conditions</i></p> <p>2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)*</p>
3 Helping people to recover from episodes of ill health or following injury	<p>Overarching</p> <p>3b Emergency readmissions within 30 days of discharge from hospital</p>
4 Ensuring people have a positive experience of care	<p>Overarching</p> <p>4a Patient experience of primary care (i) GP services</p> <p>4b Patient experience of hospital care</p> <p>4c Friends and Family Test (placeholder)</p> <p>Improvement areas</p> <p><i>Improving people's experience of outpatient care</i></p> <p>4.1 Patient experience of outpatient services</p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with Public Health Outcomes Framework</p> <p>** Indicator complementary with Adult Social Care Outcomes Framework</p>	

Table 2 Public health outcomes framework for England, 2013 to 2016

Domain	Objectives and indicators
--------	---------------------------

2 Health Improvement	2.19 Cancer diagnosed at stage 1 and 2
4 Healthcare public health and preventing premature mortality	4.11 Emergency readmissions within 30 days of discharge from hospital*
Alignment across the health and social care system	
* Indicator shared with NHS Outcomes Framework	

Coordinated services

The quality standard for heavy menstrual bleeding specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole heavy menstrual bleeding care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to women with heavy menstrual bleeding.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality heavy menstrual bleeding service are listed in [related NICE quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating women with heavy menstrual bleeding should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting young women with heavy menstrual bleeding. If appropriate, healthcare professionals and social care and public health practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

^[1] Royal College of Obstetricians and Gynaecologists (2011) [National heavy menstrual bleeding audit. First annual report](#).

List of quality statements

Note that the word 'women' is used in the statements to refer to women of reproductive age, including women younger than 18 years.

Statement 1 Women presenting with symptoms of heavy menstrual bleeding have a detailed history and a full blood count taken.

Statement 2 Women with heavy menstrual bleeding who have a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids have a physical examination before referral for further investigations.

Statement 3 This statement has been removed. For more details see [update information](#).

Statement 4 Women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid and/or non-steroidal anti-inflammatory drugs at the initial assessment.

Statement 5 Women with heavy menstrual bleeding have a documented discussion about all recommended treatment options.

Statement 6 This statement has been removed. For more details see [update information](#).

Quality statement 1: Diagnosis – initial assessment

Quality statement

Women presenting with symptoms of heavy menstrual bleeding have a detailed history and a full blood count taken.

Rationale

Ensuring the woman has a full and accurate diagnosis is important, because the cause of her heavy menstrual bleeding and any related pathology (such as a uterine cavity abnormality, histological abnormality, adenomyosis or fibroids) will influence her treatment options and help to determine whether further investigations and referral are needed. A detailed menstrual history will indicate the likelihood of underlying disease such as cancer or a coagulation disorder.

A full blood count will identify iron-deficiency anaemia, which can be an associated condition in women with heavy menstrual bleeding. This can be treated with drugs.

Quality measures

Structure

Evidence of local arrangements for women presenting with symptoms of heavy menstrual bleeding to have a detailed history and a full blood count taken.

Data source: Local data collection.

Process

Proportion of women presenting with symptoms of heavy menstrual bleeding who have a detailed history and a full blood count taken.

Numerator – the number of women in the denominator who have a detailed history and a full blood count taken.

Denominator – the number of women presenting with symptoms of heavy menstrual bleeding.

Data source: Local data collection and the Royal College of Obstetricians and Gynaecologists' National heavy menstrual bleeding audit.

Outcome

a) Identification of pathology associated with heavy menstrual bleeding.

Data source: Local data collection.

b) Identification of anaemia related to heavy menstrual bleeding.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that systems are in place for women presenting with symptoms of heavy menstrual bleeding to have a detailed history and a full blood count taken.

Healthcare professionals ensure that women presenting with symptoms of heavy menstrual bleeding have a detailed history and a full blood count taken.

Commissioners ensure that they commission services with local systems for women presenting with symptoms of heavy menstrual bleeding to have a detailed history and a full blood count taken.

What the quality statement means for patients and carers

Women who seek help from their GP for heavy menstrual bleeding have a detailed medical history and blood samples taken.

Source guidance

Heavy menstrual bleeding: assessment and management (2018) NICE guideline NG88, recommendations 1.2.1 and 1.2.6

Definitions of terms used in this quality statement

Detailed history

As a minimum, a detailed history should include questions about the following:

- the nature of the bleeding
- related symptoms, such as persistent intermenstrual bleeding, pelvic pain and/or pressure symptoms, that might suggest uterine cavity abnormality, histological abnormality, adenomyosis or fibroids
- impact on her quality of life
- other factors that may affect treatment options (such as comorbidities or previous treatment for HMB)
- family or personal history suggesting a coagulation disorder, particularly in women who have had HMB since their periods started (symptoms and signs suggestive of a coagulation disorder include easy bleeding or bruising, frequent nose bleeds, bleeding after tooth extraction and post-partum haemorrhage).

Full blood count

It may not be possible to take a full blood count during the presenting appointment, but this should be arranged as soon as possible. If treatment is needed for iron-deficiency anaemia, it should be provided in parallel with any treatment offered for heavy menstrual bleeding.

Equality and diversity considerations

Heavy menstrual bleeding is diagnosed partly on the basis of symptoms and its impact on quality of life, and some women may need support to be able to accurately describe it. The support should be tailored to the individual, especially for women with additional needs such as physical, sensory or learning disabilities, or women who do not speak English. Women presenting with heavy menstrual bleeding should have access to an interpreter or advocate if needed.

Quality statement 2: Diagnosis – physical examination

Quality statement

Women with heavy menstrual bleeding who have a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids have a physical examination before referral for further investigations.

Rationale

Accurate diagnosis is important because the presence of a uterine cavity abnormality, histological abnormality, adenomyosis or fibroids influences the woman's treatment options. Up to 30% of women with heavy menstrual bleeding may have associated uterine fibroids. The purpose of a physical examination is to detect underlying pathology to inform treatment options or the need for referral for further investigations.

Quality measures

Structure

Evidence of local arrangements for women with heavy menstrual bleeding who have a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids to have a physical examination before referral for further investigations.

Data source: Local data collection. The National heavy menstrual bleeding audit collected data about which investigations, including a physical examination, are considered at the initial consultation in specialist services (see section 4 in the [first annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

Process

Proportion of women with heavy menstrual bleeding and a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids who have a physical examination before referral for further investigations.

Numerator – the number of women in the denominator who have a physical examination before referral for further investigations.

Denominator – the number of women with heavy menstrual bleeding and a suspected uterine

cavity abnormality, histological abnormality, adenomyosis or fibroids.

Data source: Local data collection. The National heavy menstrual bleeding audit collected data about which investigations, including a physical examination, are considered at the initial consultation in specialist services (see section 4 in the [first annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

Outcome

Identification of pathology associated with heavy menstrual bleeding.

Data source: Local data collection. The National heavy menstrual bleeding audit collected data about conditions related to heavy menstrual bleeding (see section 5 in the [second annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that systems are in place for women with heavy menstrual bleeding who have a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids to have a physical examination before referral for further investigations.

Healthcare professionals ensure that women with heavy menstrual bleeding who have a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids have a physical examination before referral for further investigations.

Commissioners ensure that they commission services with local systems for women with heavy menstrual bleeding who have a suspected uterine cavity abnormality, histological abnormality, adenomyosis or fibroids to have a physical examination before referral for further investigations.

What the quality statement means for patients and carers

Women with heavy menstrual bleeding that may be caused by another problem such as uterine fibroids (non-cancerous growths in the womb) are offered a physical examination before being referred for other examinations or tests.

Source guidance

Heavy menstrual bleeding: assessment and management (2018) NICE guideline NG88, recommendations 1.2.4 and 1.2.5

Definitions of terms used in this quality statement

Physical examination

The NICE 2007 full guideline on heavy menstrual bleeding defines physical examination in this context as observation, abdominal palpation, visualisation of the cervix and bimanual (internal) examination with the purpose of detecting underlying pathology to inform treatment and the need for investigations. A physical examination should also be carried out before fitting a levonorgestrel-releasing intrauterine system.

A physical examination may be inappropriate for a woman who has never been sexually active. This may be of relevance to all women, but could be particularly important for younger women.

Further investigations

The woman's history and examination should be taken into account when deciding whether to offer hysteroscopy or ultrasound as the first-line investigation.

Equality and diversity considerations

All women should be offered the option to be examined by a female doctor. This may be particularly important for women from certain cultural or religious groups.

Quality statement 3: Drug treatment

This statement has been removed. For more details see [update information](#).

Quality statement 4: Interim drug treatment

Quality statement

Women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid and/or non-steroidal anti-inflammatory drugs at the initial assessment.

Rationale

Definitive treatment can take months to organise for women who have a suspected or confirmed uterine cavity abnormality, histological abnormality, adenomyosis or fibroids. These women will undergo further investigations and, depending on the outcome of the further investigations, may need a referral to specialist services. Heavy menstrual bleeding can be a painful condition to live with and heavy menstrual blood loss affects women's quality of life. Tranexamic acid and/or non-steroidal anti-inflammatory drugs (NSAIDs) can provide some symptom relief for women who are undergoing investigations or awaiting definitive treatment.

Quality measures

Structure

Evidence of local arrangements that women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid and/or NSAIDs at the initial assessment.

Data source: Local data collection. The National heavy menstrual bleeding audit collected data about patterns of primary care treatment among women before referral (see section 7 in the [second annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

Process

Proportion of women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment who are offered tranexamic acid and/or NSAIDs at the initial assessment.

Numerator – the number of women in the denominator who are offered tranexamic acid and/or NSAIDs at the initial assessment.

Denominator – the number of women with heavy menstrual bleeding who are undergoing further investigations and awaiting definitive treatment.

Data source: Local data collection. The National heavy menstrual bleeding audit collected data about patterns of primary care treatment among women before referral (see section 7 in the [second annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

Outcome

Women's satisfaction with symptom control and quality of life.

Data source: Local data collection. The National heavy menstrual bleeding audit collected related data about clinical symptoms among women referred for heavy menstrual bleeding to outpatient clinics and quality of life of women at the first outpatient visit and at the 1-year follow-up appointment (see sections 5 and 6 in the [second annual report of the National heavy menstrual bleeding audit](#) and section 6 in the [third annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid and/or NSAIDs at the initial assessment.

Healthcare professionals ensure that women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid and/or NSAIDs at the initial assessment.

Commissioners ensure that women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid and/or NSAIDs at the initial assessment.

What the quality statement means for patients and carers

Women with heavy menstrual bleeding who are having further tests or waiting for treatment are offered temporary treatment with tranexamic acid (to help reduce bleeding) and/or a non-steroidal

anti-inflammatory drug (or NSAID for short – a drug that helps reduce bleeding and pain) to ease their symptoms.

Source guidance

Heavy menstrual bleeding: assessment and management (2018) NICE guideline NG88, recommendation 1.5.8

Definitions of terms used in this quality statement

Drug treatment

The drug treatment option chosen should take account of individual circumstances, including age and the relevant licensing considerations. Informed consent is needed when using medicines outside the licensed indications.

Initial assessment

The initial assessment starts when the woman presents with symptoms of heavy menstrual bleeding. It is usually undertaken in primary care and involves 1 or more appointments, in which the woman receives a diagnosis and her treatment options are discussed.

The term 'initial assessment' has been included in the quality statement based on expert consensus.

Further investigations

NICE's guideline on heavy menstrual bleeding, recommendation 1.3.3, states that the woman's history and examination should be taken into account when deciding whether to offer hysteroscopy or ultrasound as the first-line investigation.

Equality and diversity considerations

The drug treatment option chosen should take account of individual circumstances, including age and the relevant licensing considerations.

Quality statement 5: Discussing treatment options

Quality statement

Women with heavy menstrual bleeding have a documented discussion about all recommended treatment options.

Rationale

It is important that all women have the opportunity to discuss the treatment options available to them. Understanding the risks and benefits of various options gives them choice and enables them to make an informed decision about which treatment is most appropriate for them.

Quality measures

Structure

a) Evidence of local arrangements that women with heavy menstrual bleeding have a documented discussion about all recommended treatment options.

Data source: Local data collection.

b) Evidence that service providers have networks in place to refer women if their choice of intervention is not provided locally.

Data source: Local data collection. The National heavy menstrual bleeding audit includes an organisational audit to establish provision of treatment options (see section 4 in the [first annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

Process

The proportion of women with heavy menstrual bleeding who have a documented discussion about all recommended treatment options.

Numerator – the number of women in the denominator who have a documented discussion about all recommended treatment options.

Denominator – the number of women with heavy menstrual bleeding.

Data source: Local data collection. The National heavy menstrual bleeding audit includes an analysis of patterns of surgical treatment for women with heavy menstrual bleeding (see section 3 and appendix 3 in the [first annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

Outcome

Women's satisfaction with the decision-making process when choosing treatment for heavy menstrual bleeding.

Data source: Local data collection. The National heavy menstrual bleeding audit includes an analysis of women's self-reported experiences of the secondary care they received. The analysis includes the elements 'information received and satisfaction with information received', 'communication with doctors in secondary care' and 'overall rating of care received' (see section 7 in the [third annual report of the National heavy menstrual bleeding audit](#)). These data may inform a baseline assessment.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that systems are in place for women with heavy menstrual bleeding to have a documented discussion about all recommended treatment options.

Healthcare professionals ensure that women with heavy menstrual bleeding have a documented discussion about all recommended treatment options.

Commissioners ensure that they commission services with local agreements for women with heavy menstrual bleeding to have a documented discussion about all recommended treatment options.

What the quality statement means for patients and carers

Women with heavy menstrual bleeding discuss all recommended treatment options with their doctor.

Source guidance

[Heavy menstrual bleeding: assessment and management \(2018\) NICE guideline NG88, recommendation 1.4.2](#)

Definitions of terms used in this quality statement

Documented discussion

The discussion should be between the woman and the relevant doctor. It should reflect the advice in [section 1.5](#) of NICE's guideline on heavy menstrual bleeding and cover:

- the benefits and risks of the various options
- suitable treatments if she is trying to conceive
- whether she wants to retain her fertility and/or her uterus.

This discussion should be documented in the woman's notes. Written information about the different treatment options should be given to the woman.

Recommended treatment options

Treatments as outlined in [section 1.5](#) of NICE's guideline on heavy menstrual bleeding.

Equality and diversity considerations

Women from all socioeconomic backgrounds should have equal access to information about their treatment options.

Quality statement 6: Access to interventions for uterine fibroids

This statement has been removed. For more details see [update information](#).

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's [how to use quality standards](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, healthcare professionals, social care and public health practitioners, patients, service users and carers alongside the documents listed in [development sources](#).

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and social care and public health practitioners and women with heavy menstrual bleeding, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women with heavy menstrual bleeding, and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Heavy menstrual bleeding: assessment and management \(2018\) NICE guideline NG88.](#)

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Patient-reported outcome measurement group, Oxford (2010) [A structured review of patient-reported outcome measures for people undergoing procedures for benign gynaecological conditions of the uterus.](#)
- Department of Health (2010) [Elective care commissioning pathways.](#) Supplementary information to be read in conjunction with the pathway.
- Department of Health (2008) [Elective care commissioning pathway – heavy menstrual bleeding 2008.](#)

Definitions and data sources for the quality measures

- National Institute for Health and Clinical Excellence (2018) [Heavy menstrual bleeding.](#) NICE guideline NG88.
- Royal College of Obstetricians and Gynaecologists. [National heavy menstrual bleeding audit.](#)
- National Collaborating Centre for Women's and Children's Health (2007) [Heavy menstrual bleeding.](#)

Related NICE quality standards

- [Medicines optimisation](#) (2016) NICE quality standard 120.
- [Patient experience in adult NHS services](#) (2012) NICE quality standard 15.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1.

Membership of this committee is as follows:

Mr Lee Beresford

Director of Strategy and System Development, NHS Wakefield Clinical Commissioning Group

Dr Gita Bhutani

Professional Lead – Psychological Services, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock

Lay Member

Dr Helen Bromley

Consultant in Public Health, Cheshire West and Chester Council

Dr Hasan Chowhan

GP, NHS North East Essex CCG

Mr Philip Dick

Psychiatric Liaison Team Manager, West London Mental Health Trust

Dr Ian Manifold

Clinical Lead for National Cancer Peer Review and Consultant Oncologist, National Cancer Action Team

Dr Colette Marshall

Associate Medical Director/ Consultant General and Vascular Surgeon, NHS Coventry University Hospitals Coventry and Warwickshire

Mr Gavin Maxwell

Lay member

Ms Robyn Noonan

Service Manager, Joint Commissioning, Oxfordshire County Council

Dr Niraj Patel

GP Principal, Thamesmead Medical Associates

Mrs Karen Whitehead

Strategic Lead Health/Families/Partnerships Children's Services, Bury Council

Dr Bee Wee (Chair)

Consultant/Senior Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust/Oxford University

Ms Jane Worsley

Chief Operating Officer, Advanced Childcare Limited

The following specialist members joined the committee to develop this quality standard:

MsDianne Crowe

Women's Health Services Manager, Hexham General Hospital

Dr Sarah Gray

GP Specialist – Women's Health, Tamar Valley Health, Callington Health Centre

Professor Mary Ann Lumsden

Professor of Medical Education and Gynaecology, Reproductive and Maternal Medicine, School of Medicine, University of Glasgow

MsLinda Parkinson Hardman

Chief Executive Officer, The Hysterectomy Association

Dr Jane Preston

Consultant Obstetrician and Gynaecologist, James Paget University Hospitals NHS Trust

NICE project team

Dr Dylan Jones

Associate Director

Dr Shirley Crawshaw

Consultant Clinical Adviser

Ms Rachel Neary

Programme Manager

Mr Terence Lacey

Technical Adviser

Dr Elizabeth Fleming

Lead Technical Analyst

Ms Esther Clifford

Project Manager

Mr Lee Berry

Coordinator

Update information

March 2018: Changes have been made to align this quality standard with the updated NICE guideline on [heavy menstrual bleeding](#). Statement 3 on drug treatment was removed, statements 2 and 4 were amended, and statements 5 and 6 were updated and combined. The terminology and source guidance throughout have also been updated.

Minor changes since publication

December 2016: Data source updated for statement 1.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards [process guide](#).

This quality standard has been incorporated into the NICE Pathway for [heavy menstrual bleeding](#).

ISBN: 978-1-4731-0311-5

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [British Society for Gynaecological Endoscopy](#)
- [Primary Care Women's Health Forum](#)
- [Royal College of Obstetricians and Gynaecologists](#)
- [Royal College of General Practitioners](#)