

Heavy menstrual bleeding

Quality standard

Published: 26 September 2013

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

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This standard is based on CG44.

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

Introduction

This quality standard covers the care of women of reproductive age (including women younger than 18 years) with heavy menstrual bleeding as a result of cyclical ovarian activity or underlying uterine fibroids. 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, 2013–2016

Domain	Objectives and indicators
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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 in whom a structural or histological abnormality is suspected have a physical examination before referral for further investigations.

Statement 3. Women with heavy menstrual bleeding without suspected structural or histological abnormalities are offered drug treatment at the initial assessment.

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

Statement 5. Women with heavy menstrual bleeding and a normal uterus or small uterine fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Statement 6. Women with heavy menstrual bleeding related to large uterine fibroids who choose surgical or radiological intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

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 structural or histological abnormality) 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 uterine fibroids, 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

- NICE clinical guideline 44, recommendations [1.2.1](#), [1.2.8](#) and [1.2.9](#).

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 in relation to the woman's cyclical ovarian activity.

- The impact of heavy menstrual bleeding on the woman's physical, emotional, social and material quality of life.
- Symptoms that may suggest a structural or histological abnormality, such as:
 - intermenstrual bleeding
 - postcoital bleeding
 - pelvic pain
 - pelvic pressure.
- Family or personal history suggesting a coagulation disorder, particularly in women who have had heavy menstrual bleeding since menarche. 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 in whom a structural or histological abnormality is suspected have a physical examination before referral for further investigations.

Rationale

Accurate diagnosis is important because the presence of a structural or histological abnormality, particularly uterine fibroids larger than 3 cm, influences the woman's treatment options. Evidence presented in the [full clinical guideline on heavy menstrual bleeding](#) suggests that up to 30% of women with heavy menstrual bleeding have associated uterine fibroids. The purpose of a physical examination (see definition) 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 in whom a structural or histological abnormality is suspected 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 in whom a structural or histological abnormality is suspected 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 in whom a structural or histological abnormality is suspected.

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 in whom a structural or histological abnormality is suspected to have a physical examination before referral for further investigations.

Healthcare professionals ensure that women with heavy menstrual bleeding in whom a structural or histological abnormality is suspected have a physical examination before referral for further investigations.

Commissioners ensure that they commission services with local systems for women with heavy menstrual bleeding in whom a structural or histological abnormality is suspected 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

- NICE clinical guideline 44 recommendations [1.2.4](#) and [1.2.6](#).

Definitions of terms used in this quality statement

Suspected structural or histological abnormalities

Structural and histological abnormalities may be suspected as result of the woman's detailed history, which should be taken when the woman presents with symptoms of heavy menstrual bleeding (see quality statement 1).

Structural abnormality (uterine fibroids)

The [full clinical guideline on heavy menstrual bleeding](#) defines uterine fibroids as smooth-muscle tumours of the uterus, generally benign although occasionally (less than 1%) malignant. They vary greatly in size from millimetres to tens of centimetres, and are associated with heavy periods, pressure symptoms and occasionally pain. Small uterine fibroids are 3 cm or less in diameter and large uterine fibroids are more than 3 cm in diameter.

Histological abnormality

In particular, this means cancer or atypical hyperplasia.

Physical examination

The [full clinical 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 (NICE clinical guideline 44 recommendation [1.2.6](#)).

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

NICE clinical guideline 44 recommendation [1.2.15](#) states that ultrasound is the first-line diagnostic tool for identifying structural abnormalities. Recommendation [1.2.13](#) states that if appropriate a biopsy should be undertaken to exclude endometrial cancer or atypical hyperplasia.

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

Quality statement

Women with heavy menstrual bleeding without suspected structural or histological abnormalities are offered drug treatment at the initial assessment.

Rationale

In some women with heavy menstrual bleeding, hormonal or non-hormonal drug treatments can reduce the bleeding or stop it completely. These treatments can be started in primary care, and may reduce the number of inappropriate referrals to specialist services.

Quality measures

Structure

a) Evidence of local arrangements for women with heavy menstrual bleeding without suspected structural or histological abnormalities to be offered drug treatment 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.

b) Evidence that service providers have networks in place to refer women for the fitting of a levonorgestrel-releasing intrauterine system if this is not provided within the referring service.

Data source: Local data collection.

Process

Proportion of women with heavy menstrual bleeding without suspected structural or histological abnormalities who are offered drug treatment at the initial assessment.

Numerator – the number of women in the denominator who are offered drug treatment at the initial assessment.

Denominator – the number of women presenting with heavy menstrual bleeding without suspected structural or histological abnormalities.

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

a) Women's satisfaction with symptom control and quality of life related to their heavy menstrual bleeding.

Data source: Local data collection. The National heavy menstrual bleeding audit collected 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.

b) Rates of referral to specialist services.

Data source: Local data collection. The National heavy menstrual bleeding audit collected data about referral patterns (see section 4 in the [first 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 without suspected structural or histological abnormalities to be offered drug treatment at the initial assessment.

Healthcare professionals ensure that women with heavy menstrual bleeding without suspected structural or histological abnormalities are offered drug treatment at the initial assessment.

Commissioners ensure that they commission services with local arrangements for women with heavy menstrual bleeding without suspected structural or histological abnormalities to be offered drug treatment at the initial assessment.

What the quality statement means for patients and carers

Women with heavy menstrual bleeding are offered drug treatment straight away as long as there are no signs or symptoms of another problem such as uterine fibroids (non-cancerous growths in the womb).

Source guidance

- NICE clinical guideline 44 recommendations [1.2.3](#), [1.5.1](#) and [1.5.3](#) (key priority for implementation).

Definitions of terms used in this quality statement

Suspected structural or histological abnormalities

Structural and histological abnormalities may be suspected as result of the woman's detailed history, which should be taken when the woman presents with symptoms of heavy menstrual bleeding (see quality statement 1).

Structural abnormality (uterine fibroids)

The [full clinical guideline on heavy menstrual bleeding](#) defines uterine fibroids as smooth-muscle tumours of the uterus, generally benign although occasionally (less than 1%) malignant. They vary greatly in size from millimetres to tens of centimetres, and are associated with heavy periods, pressure symptoms and occasionally pain. Small uterine fibroids are 3 cm or less in diameter and large uterine fibroids are more than 3 cm in diameter.

Histological abnormality

In particular, this means cancer or atypical hyperplasia.

Drug treatments

The drug treatment option chosen should take account of individual circumstances, including age, family planning needs and the relevant licensing considerations. Informed consent is needed when

using medicines outside the licensed indications. Prescribers should also consider [Long-acting reversible contraception](#) (NICE clinical guideline 30).

NICE clinical guideline 44 recommendation [1.5.3](#) (key priority for implementation) recommends that treatments should be considered in the following order:

- levonorgestrel-releasing intrauterine system, provided long-term use (at least 12 months) is anticipated
- tranexamic acid, non-steroidal anti-inflammatory drugs (NSAIDs) or combined oral contraceptives
- norethisterone (15 mg) daily from days 5 to 26 of the menstrual cycle, or injected long-acting progestogens.

NICE clinical guideline 44 recommendation [1.5.4](#) recommends that if hormonal treatments are not acceptable to the woman, then either tranexamic acid or NSAIDs can be used.

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.

Equality and diversity considerations

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

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 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 structural abnormality (such as uterine fibroids) or histological abnormality (cancer or atypical hyperplasia). These women will undergo further investigations (such as ultrasound) 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 lowers women's quality of life. Tranexamic acid 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 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 or NSAIDs at the initial assessment.

Numerator – the number of women in the denominator who are offered tranexamic acid 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 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 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 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) 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

- NICE clinical guideline 44 recommendation [1.5.6](#).

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 clinical guideline 44 recommendation [1.2.15](#) states that ultrasound is the first-line diagnostic tool for identifying structural abnormalities. Recommendation [1.2.13](#) states that if appropriate a biopsy should be undertaken to exclude endometrial cancer or atypical hyperplasia.

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: Access to endometrial ablation

Quality statement

Women with heavy menstrual bleeding and a normal uterus or small uterine fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Rationale

Some women with heavy menstrual bleeding and a normal uterus or small uterine fibroids may choose surgery if they do not wish to have drug treatment or if drug treatment is contraindicated or fails to adequately control their symptoms. Endometrial ablation is a less invasive surgical procedure than hysterectomy, is associated with fewer complications and can be performed as day surgery. It is important that all women have the opportunity to discuss the risks and benefits of both endometrial ablation and hysterectomy to enable them to make an informed decision about which intervention is most appropriate for them. Evidence suggests that women who live in poorer areas are more likely to undergo hysterectomy rather than endometrial ablation compared with women who live in more affluent areas^[2].

Quality measures

Structure

a) Evidence of local arrangements that women with heavy menstrual bleeding and a normal uterus or small uterine fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Data source: Local data collection.

b) Evidence that service providers have networks in place to refer women for endometrial ablation if this 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 and a normal uterus or small uterine fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Numerator – the number of women in the denominator who have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Denominator – the number of women with heavy menstrual bleeding and a normal uterus or small uterine fibroids who choose surgical intervention.

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

a) Women's satisfaction with the decision-making process when choosing surgical 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.

b) Rates of endometrial ablation and hysterectomy.

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.

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 and a normal uterus or uterine fibroids who choose surgical intervention to have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Healthcare professionals ensure that women with heavy menstrual bleeding and a normal uterus or small uterine fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

Commissioners ensure that they commission services with local agreements for women with heavy menstrual bleeding and a normal uterus or small uterine fibroids who choose surgical intervention to have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.

What the quality statement means for patients and carers

Women with heavy menstrual bleeding and a normal uterus or small uterine fibroids (non-cancerous growths in the womb) who choose surgery have a recorded discussion about endometrial ablation (removal of the lining of the womb) as an alternative to hysterectomy (removal of the womb).

Source guidance

- NICE clinical guideline 44 recommendations [1.6.4](#) and [1.6.5](#) (key priority for implementation).

Definitions of terms used in this quality statement

Documented discussion

The discussion should be between the woman and the relevant clinician. It should reflect the guidance in sections [1.6](#) and [1.8](#) of NICE clinical guideline 44 and include the different types of interventions and the potential short-, medium- and long-term effects these can have. This discussion should be documented in the woman's notes. Written information about the different treatment options should be given to the woman.

Uterine fibroids

The [full clinical guideline on heavy menstrual bleeding](#) defines uterine fibroids as smooth-muscle tumours of the uterus, generally benign although occasionally (less than 1%) malignant. They vary greatly in size from millimetres to tens of centimetres, and are associated with heavy periods, pressure symptoms and occasionally pain. Small uterine fibroids are 3 cm or less in diameter and large uterine fibroids are more than 3 cm in diameter.

Endometrial ablation

NICE clinical guideline 44 recommends that all women considering endometrial ablation should have access to a second-generation ablation technique (see recommendations [1.6.6](#) and [1.6.7](#)).

Women who choose surgery

In women with heavy menstrual bleeding and a normal uterus or small uterine fibroids, drug treatment should be considered before surgical intervention (see quality statement 3). For some women drug treatment may be unsuitable because it is declined, contraindicated or fails to adequately control their symptoms.

Equality and diversity considerations

Women from all socioeconomic backgrounds should have equal access to information about their treatment options. Evidence suggests that women who live in poorer areas are more likely to undergo hysterectomy rather than endometrial ablation compared with women who live in more affluent areas^[2].

^[2] Royal College of Obstetricians and Gynaecologists (2011) [National heavy menstrual bleeding audit. First annual report](#).

Quality statement 6: Access to interventions for uterine fibroids

Quality statement

Women with heavy menstrual bleeding related to large uterine fibroids who choose surgical or radiological intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

Rationale

Historically hysterectomy was the only treatment available to women with heavy menstrual bleeding related to large uterine fibroids. However, alternative surgical and radiological treatments are now available and it is important that the benefits and risks of uterine artery embolisation, myomectomy and hysterectomy are all discussed with the woman. Evidence suggests that some women are not offered alternatives to hysterectomy and therefore do not have access to the full range of treatment options^[3].

Quality measures

Structure

a) Evidence of local arrangements for women with heavy menstrual bleeding related to large uterine fibroids who choose surgical or radiological intervention to have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

Data source: Local data collection.

b) Evidence that service providers have arrangements to refer women for uterine artery embolisation and myomectomy if these interventions are 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 related to large uterine fibroids who choose surgical or radiological intervention who have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

Numerator – the number of women in the denominator who have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

Denominator – the number of women with large uterine fibroids and heavy menstrual bleeding who choose surgical or radiological intervention.

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

a) Women's satisfaction with the decision-making process around radiological and surgical treatment options for heavy menstrual bleeding related to large uterine fibroids.

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.

b) Rates of uterine artery embolisation, myomectomy and hysterectomy.

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.

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 related to large uterine fibroids who choose surgical or radiological intervention to have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

Healthcare professionals ensure that women with heavy menstrual bleeding related to large uterine fibroids who choose surgical or radiological intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

Commissioners ensure that they commission services that have local systems for women with heavy menstrual bleeding related to large uterine fibroids who choose surgical or radiological intervention to have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.

What the quality statement means for patients and carers

Women with heavy menstrual bleeding related to large uterine fibroids (non-cancerous growths in the womb) who choose surgery or radiological treatment have a recorded discussion about uterine artery embolisation (treatment to block the blood supply to uterine fibroids), myomectomy (removal of uterine fibroids) and hysterectomy.

Source guidance

- NICE clinical guideline 44 recommendations [1.7.3](#), [1.7.5](#) and [1.7.6](#).

Definitions of terms used in this quality statement

Documented discussion

The discussion should be between the woman and the relevant clinician. It should reflect the guidance in sections [1.7](#) and [1.8](#) of NICE clinical guideline 44 and include the different types of interventions and the potential short-, medium- and long-term effects these can have. This discussion should be documented in the woman's notes. Written information about the different treatment options should be given to the woman.

Uterine fibroids

The [full clinical guideline on heavy menstrual bleeding](#) defines uterine fibroids as smooth-muscle tumours of the uterus, generally benign although occasionally (less than 1%) malignant. They vary greatly in size from millimetres to tens of centimetres, and are associated with heavy periods, pressure symptoms and occasionally pain. Small uterine fibroids are 3 cm or less in diameter and large uterine fibroids are more than 3 cm in diameter.

Women who choose further intervention

This includes women for whom other treatments have failed, been declined or are contraindicated.

Equality and diversity considerations

Women from all socioeconomic backgrounds should have equal access to information about their treatment options. Evidence suggests that some women are not offered alternatives to hysterectomy and therefore do not have access to the full range of treatment options^[3].

^[3] Royal College of Obstetricians and Gynaecologists (2011) [National heavy menstrual bleeding audit. First annual report.](#)

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.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [what makes up a NICE quality standard?](#) 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](#).

Information for commissioners

NICE has produced [commissioning support](#) that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced [information for the public](#) about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

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](#). NICE clinical guideline 44 (2007).

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

- Royal College of Obstetricians and Gynaecologists. [National heavy menstrual bleeding audit](#).
- National Institute for Health and Clinical Excellence (2007) [Heavy menstrual bleeding](#). NICE clinical guideline 44.
- National Collaborating Centre for Women's and Children's Health (2007) [Heavy menstrual bleeding](#).

Related NICE quality standards

Published

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

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Endometriosis.
- Medicines optimisation (covering medicines adherence and safe prescribing).

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

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Ms Robyn Noonan

Service Manager, Joint Commissioning, Oxfordshire County Council

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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

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Update information

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](#)