Royal Cornwall Hospitals
NHS Trust

Hysteroscopy Outpatient Quality Standards

V2.0

August 2023

Summary

This document provides guidance to new nurses, Health Care Assistants (HCA's), colleagues, locums, or trainees so they can understand how the team works and what standards are expected.

The aim is to reduce variation in quality and ensure that best practice is maintained across the service. These should help to ensure our own quality is maintained – at recruitment, when a candidate applies, when a new trainee joins us with prior experience etc., they can read this and understand how the rest of the team operate and what patients will have been counselled to expect. It is also publicly available to reassure stakeholders of our expectations.

This guidance is available in a format suitable for printing and laminating in Appendix 3 to be given to new nurses, HCAs, colleagues, locums, or trainees so they can understand how the team works and what standards are expected.

In terms of using them, it is suggested that a laminated copy be kept in the treatment room for visitors (student nurses, new HCAs etc.), a copy on the documents library to link any Freedom of Information requests to and for the current consultants to use for new trainees, when talking to candidates looking for posts etc.

1. Aim/ Purpose of this Guideline

1.1. This document provides guidance to all staff who are involved with Outpatient Hysteroscopy at RCHT.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

The following guidance is available in a format suitable for printing and laminating in Appendix 3.

2.1. Pre-operative

2.1.1. Prior to the procedure the hysteroscopist must see the woman in a private location and give her the opportunity to ask any questions and to raise any concerns.

2.1.2. Written consent is not essential, but the responsible clinician must be reassured that adequate verbal consent is obtained by ensuring the woman understands the procedure, that period-like pain is likely and that should the woman find the procedure distressing she is empowered to stop it immediately.

2.1.3. Where possible the process should be one-stop and therefore if appropriate the woman should be offered concomitant procedures such as insertion LNG-intrauterine device (LNG-IUD), polypectomy, removal submucosal fibroid, prescription given for any recommended medication.

2.1.4. Where LNG-IUD is offered the woman should be informed that light, irregular bleeding may be experienced for up to a year (but that there should be an improvement in symptoms after six months), and the recommendation for and process of self-check of threads outlined.

2.1.5. The outpatient procedure WHO checklist should be completed for every patient with the admitting nurse responsible for ensuring that the lead clinician is informed of any concerns or deviations.

2.1.6. Aim to keep the whole process as “office based” as possible so as to create an environment as reassuring as possible to reduce anxiety. It is therefore not necessary formally to recheck the WHO checklist or any consent form in front of the patient in the treatment room if the hysteroscopist is satisfied safe processes have been followed (and they are following on from having just assessed the patient themselves). Dress / uniform is at the discretion of each team member with the aim of portraying a caring, professional environment whilst being comfortable (e.g., wearing scrubs, uniform, clinic-based “office” clothes depending on preference).

2.1.7. Ensure the highest standards of professionalism are delivered consistently- e.g., friendly greeting, ensuring everybody introduces themselves, making the privacy, dignity, and comfort of the patient a priority (e.g., privacy for changing, ensuring the pillow is properly positioned and the patient is as comfortable as possible, never leaving the patient unnecessarily exposed, offering support / drink / fan / blanket as appropriate). Whilst the healthcare assistant’s (HCA’s) primary responsibility is to act as the woman’s advocate and to alert the hysteroscopist of any concerns, her role is also to create a friendly environment and to relax the woman by encouraging friendly conversation, unless the woman would prefer not to engage.

2.2. Procedure

2.2.1. In the treatment room, the woman should have a drawer sheet to cover her knees at all times, with further exposure kept to the minimum necessary to perform the procedure.

2.2.2. A heat pad should be offered to all women at the start of the procedure, and inhaled analgesia be available if needed.

2.2.3. When preparing the equipment keep the instruments covered and when setting up the hysteroscope always keep it and other equipment out of eyesight of the patient.

2.2.4. A nurse or HCA should act as the patient’s advocate and be empowered to alert the hysteroscopist immediately if there is significant distress or she is concerned about the patient’s wellbeing. The procedure should be stopped if the woman, or any team member, deems distress to be unacceptable. Other options (e.g., local, sedation or general anaesthesia) should then be offered.

2.2.5. Vaginoscopy is the standard technique, with completion expected in >90% (>95% pre-menopausal).

2.2.6. All cases should use a fluid management system using warmed saline, with a starting pressure of 40-50mmHg.

2.2.7. Unless the patient does not want to see the screen, explain to her as you progress what is being visualised. Images should be captured of the cervix, both ostia, view of cavity and any pathology.

2.2.8. If a biopsy is necessary this should be targeted using hysteroscopic forceps under direct vision unless there is a particular reason why a global blind sample is necessary (e.g., if there is a general field change, where aspiration of fluid is necessary).

2.2.9. The sound length should be recorded where a global biopsy is taken, or an intrauterine device fitted but minimise the need to touch the fundus owing to the pain caused.

2.2.10. For operative procedures requiring local anaesthesia, the standard technique is of a four-site paracervical block given deep into the fornices (plus one intracervical for the vulsellum), with sufficient time given for it to be effective. Where appropriate, intrauterine local anaesthesia should be used (e.g., via a hysteroscopic needle). Adjuvants should be available and offered where applicable (e.g., where a vulsellum is likely to be needed)- e.g., self-administered prilocaine/lidocaine cream 5-10 minutes prior to procedure, lidocaine 10% spray, methoxyflurane inhalation.

2.3. Post-operative

2.3.1. All women should be invited to complete a patient-reported outcome form that includes pain score and the NHS standard quality questions – the hysteroscopist should ensure the staff and procedure details are completed correctly. The expectation is that reported pain is less than that reported from natural menstruation and that the woman would choose having an outpatient procedure again if the need arose.

2.3.2. Complete the database and from this generate the operation note and discharge letter. Upload these onto the Trust's records management system. E-mail the discharge letter to the GP using that system.

2.3.3. A written discharge letter is provided to the woman which includes an ongoing plan and what would be the next step if her problems fail to improve. She should be reassured that it is safe to use tampons, have baths/ showers and to resume intercourse when she feels comfortable to do so.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with policy.
Lead	Clinical lead for ambulatory gynaecology service.
Tool	All patients are invited to complete a patient reported outcome form. Review at staff brief / de-brief.
Frequency	Results should be used for each clinician's annual appraisal and for rolling audit. The standards should be reviewed at each time briefing where a new staff member is present.
Reporting arrangements	Audit results are presented at departmental governance meeting. Individual clinicians use their own data in their annual appraisal. The standards should be reviewed at each time briefing where a new staff member is present.
Acting on recommendations and Lead(s)	Clinical lead for ambulatory gynaecology service. Directorate of obstetrics and gynaecology – governance and directorate meetings.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/stakeholders

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Hysteroscopy Outpatient Quality Standards V2.0
This document replaces (exact title of previous version):	Hysteroscopy Outpatient Quality Standards V1.0
Date Issued/Approved:	August 2023
Date Valid From:	August 2023
Date Valid To:	August 2026
Directorate / Department responsible (author/owner):	Mr. Jonathan Lord, Consultant
Contact details:	01872 252730
Brief summary of contents:	Outpatient Hysteroscopy Quality Standards
Suggested Keywords:	Hysteroscopy, gynaecology, ambulatory, endometrial ablation, polypectomy, myomectomy, endometrial biopsy
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Gynaecology business meeting
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Caroline Amukusana
Links to key external standards:	NICE NG88, NICE QS47, RCOG Hysteroscopy, Best Practice in Outpatient (Green-top Guideline No. 59), Pain Relief and Informed Decision Making for Outpatient Hysteroscopy (Good Practice Paper No. 16)

Information Category	Detailed Information
Related Documents:	None
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical /Gynaecology

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
December 2020	V1.0	Initial version	Mr. Jonathan Lord, Consultant
July 2023	V2.0	Minor revisions to reflect changes introduced during the COVID pandemic (e.g. consent process, use of adjuvants) and including NICE quality standard and RCOG best practice guideline	Mr. Jonathan Lord, Consultant

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Hysteroscopy Outpatient Quality Standards V2.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Mr. Jonathan Lord, Consultant
Contact details:	01872 252730

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To reduce variation in quality and ensure that best practice is maintained across the service.
2. Policy Objectives	Short two-sided guide formatted to be given to new nurses, HCAs, colleagues, locums or trainees so they can understand how the team works and what standards are expected.
3. Policy Intended Outcomes	Improved patient care and experience.
4. How will you measure each outcome?	Patient reported outcome measure.
5. Who is intended to benefit from the policy?	Patients and staff.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Gynaecology business meeting. All consultants and clinical staff within the hysteroscopy service.
6c. What was the outcome of the consultation?	Approved 04 August 2023
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No**

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the patient's needs- i.e., available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat.
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mr. Jonathan Lord

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Guidance in a format suitable for printing and laminating:

See next 2 pages

Quality Standards for Hysteroscopy at RCHT

Guidance for all Team Members

Pre-operative

Prior to the procedure the hysteroscopist must see the woman in a private location and give her the opportunity to ask any questions and to raise any concerns.

Written consent is not essential, but the responsible clinician must be reassured that adequate verbal consent is obtained by ensuring the woman understands the procedure, that period-like pain is likely and that should the woman find the procedure distressing she is empowered to stop it immediately.

Where possible the process should be one-stop and therefore if appropriate the woman should be offered concomitant procedures such as insertion LNG-intrauterine device, polypectomy, removal submucosal fibroid, prescription given for any recommended medication.

Where LNG-intrauterine device is offered the woman should be informed that light, irregular bleeding may be experienced for up to a year (but that there should be an improvement in symptoms after six months), and the recommendation for and process of self-check of threads outlined.

The outpatient procedure WHO checklist should be completed for every patient with the admitting nurse responsible for ensuring that the lead clinician is informed of any concerns or deviations.

Aim to keep the whole process as “office based” as possible so as to create an environment as reassuring as possible to reduce anxiety. It is therefore not necessary formally to recheck the WHO checklist or any consent form in front of the patient in the treatment room if the hysteroscopist is satisfied safe processes have been followed (and they are following on from having just assessed the patient themselves). Dress/ uniform is at the discretion of each team member with the aim of portraying a caring, professional environment whilst being comfortable (e.g., wearing scrubs, uniform, clinic-based “office” clothes depending on preference).

Ensure the highest standards of professionalism are delivered consistently- e.g., friendly greeting, ensuring everybody introduces themselves, making the privacy, dignity, and comfort of the patient a priority (e.g., privacy for changing, ensuring the pillow is properly positioned and the patient is as comfortable as possible, never leaving the patient unnecessarily exposed, offering support/ drink/ fan/ blanket as appropriate). Whilst the healthcare assistant’s (HCA’s) primary responsibility is to act as the woman’s advocate and to alert the hysteroscopist of any concerns, her role is also to create a friendly environment and to relax the woman by encouraging friendly conversation, unless the woman would prefer not to.

Procedure

In the treatment room, the woman should have a drawer sheet to cover her knees at all times, with further exposure kept to the minimum necessary to perform the procedure.

A heat pad should be offered to all women at the start of the procedure, and inhaled analgesia (e.g., Penthrox) be available if needed.

When preparing the equipment keep the instruments covered and when setting up the hysteroscope always keep it and other equipment out of eyesight of the patient

A nurse or HCA should act as the patient's advocate and be empowered to alert the hysteroscopist immediately if there is significant distress or she is concerned about the patient's wellbeing. The procedure should be stopped if the woman, or any team member, deems distress to be unacceptable. Other options (e.g., local, sedation or general anaesthesia) should then be offered.

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The sound length should be recorded where a global biopsy is taken, or an intrauterine device fitted but minimise the need to touch the fundus owing to the pain caused.

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