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**Service Specification for Endometrial biopsy**

**Period: 1st April 2017 to 31st March 2018**

**Date of Review: Annual**

**Introduction**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients.

This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services

 **Background**

Endometrial biopsy is a recognised diagnostic test for investigating menorrhagia in women over 45 years, inter-menstrual bleeding in women over 45 years and break through bleeding whilst on established HRT.  This procedure has traditionally been carried out in hospital gynaecology departments where it is less convenient for patients and less efficient than provision in primary care. This procedure is approved by NICE in the investigation of the above symptoms.

**Aims**

This service is intended to provide the taking of an endometrial biopsy in appropriate women by a clinician with special skills in gynaecology.  This service will be available to all patients registered with a Doncaster GP practice to:

* Deliver best practice, clinically developed pathways.
* Reduce inequality of care across Doncaster
* Provide care closer to home in primary care locations.
* Offer choice for patients
* Provide a focused referral for opinion in secondary care.
* Provide a cost effective alternative to secondary care: supporting national and NHS Doncaster CCG priorities and ensuring value for money

**Service Outline**

The provider will take a history and discuss:

* The procedure
* Complications
* Follow up
* Obtain consent
* Perform the procedure in an appropriate treatment room using single use equipment or equipment sterilised by a trust CSSD
* Send all biopsies for histology
* Record all biopsy results and make the data available for audit

In addition, the provider will:

* Consider the need for an ultrasound scan prior to pipelle biopsy when an abnormality is found on pelvic examination
* Make available a resuscitation box containing the equipment needed to manage a syncope episode
* Provide adequate nurse and administration assistance
* Hold an annual CPR certificate

For non-registered patients the provider will:

* Send a letter to the patient’s registered GP informing them that the procedure has taken place. The patient should be copied into this letter
* Send a letter stating the histology result when this is available. Abnormal histology results will to be actioned by the patient’s registered GP. The patient should be copied into this letter

**Accreditation**

Practitioners involved in the delivery of this service must be appropriately trained. This is defined as:

* GPs with past gynaecology experience to gynaecology registrar level within the last 10 years
* or GPs who regularly fit IUDs/IUs who are consistently fitting more than 12 IUDs/IUs a year and have attended a clinic training session
* In accordance with good medical practice guidelines those providing this service need to self-certify that they have the appropriate training and experience and that they abide by the good medical practice guidelines and ensure that they keep their knowledge and skills up to date throughout the time that they are providing this service
* GPs should be consistently undertaking more than 12 gynaecological procedures per year which can be a combination of Endometrial Biopsy and IUCD. If GPs are providing IUCD/IUS services with another provider, the practice can count those procedures towards the minimum requirement per year.

**Performance and Payment**

Activity data should be submitted on a monthly basis to the CCG

The practice will be required to submit audit information on request.

Activity should be submitted within 14 days of month end for activity undertaken in month.

Activity for March 2018 should be submitted within 7 days of month end. DCCG reserve the right to withhold payment on activity not received within these time scales

**Appendices**

Appendix A Menorrhagia Pathway

Appendix B Inter-menstrual bleeding Pathway

Appendix C Break through bleeding on HRT Pathway

**Appendix A**

 **Menorrhagia Pathway**

Patient with menorrhagia aged:

# Less than 45 More than 45

Primary Care Management

Abdo exam Vaginal exam Speculum exam FBC

 Uterus >12/52 Uterus > 12/52

Scan

 Ab

 Normal exam

If symptoms persist greater than 3 months

 NAD

Refer endometrial biopsy LES

 Suspicious scan

 huge uterus

Primary Care Management

 endometrial polyp

Mirena give 8 months to work

 Abnormal

Secondary care

 Still symptomatic

 After 8 months

**Appendix B**

**Inter-menstrual bleeding Pathway**

IMB Bleeding between periods

> 3/12

Under 45 years Over 45 years

Primary Care Management

U/S to exclude endometrial polyp

 Normal

 Scan

 Abnormal Abnormal

 Scan Scan

 Abnormal Normal

Refer Endometrial biopsy LES

1y care management if persists >6/12 refer 2y care

Secondary Care Referral

**Appendix C**

**BTB on HRT Pathway**

BTB on HRT

Abdominal exam

Vaginal exam

Over 12w size Uterus

Transvaginal U/S scan to assess endometrial thickness

Endometrial

 polyp

 Greater than Less than

 5mm 5mm

Endometrial biopsy

Secondary care

 Abnormal or bleeding >6/12