National Institute for Health and Care Excellence  
Heavy menstrual bleeding

Stakeholder engagement – deadline for comments 5pm on 31/07/19  
email: QStopicengagement@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.

We would like to hear your views on these questions:

1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.

Organisation details

<table>
<thead>
<tr>
<th>Organisation name – Stakeholder or respondent</th>
<th>The Faculty of Sexual and Reproductive Healthcare (FSRH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if you are responding as an individual rather than a registered stakeholder please leave blank)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</td>
<td></td>
</tr>
<tr>
<td>Name of person completing form</td>
<td>Safiya Jones (External Affairs and Standards Assistant, FSRH)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Supporting the quality standard</td>
<td>Yes</td>
</tr>
<tr>
<td>Would your organisation like to express an interest in formally supporting this quality standard?</td>
<td>More information</td>
</tr>
<tr>
<td>Type</td>
<td>[Office use only]</td>
</tr>
</tbody>
</table>

**Quality improvement comments**

<table>
<thead>
<tr>
<th>Key area for quality improvement</th>
<th>Why is this important?</th>
<th>Why is this a key area for quality improvement?</th>
<th>Supporting information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</td>
<td><strong>Example:</strong> There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</td>
<td><strong>Example:</strong> The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its</td>
<td>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. <a href="http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit">http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</a></td>
</tr>
</tbody>
</table>

| | | | |
| | | | |
### chronic obstructive pulmonary disease (COPD)

Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.

Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.

### Key area for quality improvement 1

**Commissioning of IUS devices (LARC) to treat Heavy Menstrual Bleeding (HMB) in community and primary services.**

Heavy Menstrual Bleeding (HMB) has a major impact on a woman's quality of life. IUS (a form of Long Acting Reversible Contraception – LARC) is used to treat HMB but this is poorly commissioned and/or not commissioned. This results in a lack of clarity around issues of availability.

Contraception for gynaecological purposes (to treat HMB, for instance) is in some cases commissioned by CCGs in primary care.

However, LARC in primary care is also commissioned by Local Authorities if the GP prescribes it as contraception to avoid pregnancy.

Thus, the same procedure may be commissioned from a variety of sources.

In PHE’s latest review on commissioning of SH, RH & HIV services commissioners commented on a lack of clarity and the existence within the system of different views regarding who should be responsible for commissioning elements of specific services.

In this context, the review specifically names LARC prescribed for Menorrhagia/Heavy Menstrual Bleeding (HMB) in GP settings, highlighting the following comments from commissioners:

*“Ongoing efforts to clarify GMS/PMS contract baselines for contraception in order to budget for IUD provision.”*
commissioning meaning our healthcare system is not responding efficiently to HMB issues, as well as a lack of standardisation in commissioning and budgeting practices.

In particular, it is unclear to commissioners and providers of services whether LARC is being used for gynaecological or contraceptive purposes. As a result, it is difficult to budget for LARC provision and GPs encounter difficulties in achieving reimbursement.

FSRH recommends the NICE guidance recommends consistent commissioning of IUS devices (LARC) to treat Heavy Menstrual Bleeding in community and primary services, with clear lines of accountability.

different source, depending on its purpose.

This is despite both FSRH and RCGP pointing out that the distinction between contraceptive and gynaecological purposes is often in clinical terms meaningless. Where there is a dual purpose for a treatment, the incentive is created to claim back costs from the commissioner who will pay more.

Reference:

“Complications in differentiating HMB/Contraception with regards to Identifying, monitoring and responsibility for payment.”

In a joint position statement, endorsed by the Academy of Royal Medical Colleges (AoMRC), FSRH, RCOG and RCGP along with many other medical bodies, have evidenced that holistic integrated commissioning of sexual and reproductive healthcare would act as a significant longer-term step in counteracting challenges such as these.

References:

| **Key area for quality improvement 2** | Consistent commissioning of LARC, requires adequate funding. As indicated above, due to a lack of clarity in responsibility, from a GP perspective, reimbursement for contraception provision from primary care is complicated. No patient should have difficulty in accessing treatment as a result of contractual arrangements. **FSRH recommends the NICE guidance makes clear the need to allocate funding for IUS devices to treat Heavy Menstrual Bleeding in primary and community services.** | It is clear that at a local level issues of commissioning and funding are important ongoing issues. | Evidence highlights that there will have been a £700m real-terms reduction in the public health grant between 2014/15 and 2019/2020. Furthermore, the Kings Fund estimates that between 2014/15 and 2018/19 there was an 18 per cent real-terms reduction in spending on sexual health services.

Adding weight to this evidence, in a recent survey, out of 86% of GPs in England who provide LARC in their practice, 39% said they have experienced cuts to the funding for this service.

Reference

| Key area for quality improvement 3 | There is a need for better data collection of LARC prescriptions to treat Heavy Menstrual Bleeding (HMB). | FSRH recommends the NICE guidance recommends services report the reason an IUS device has been fitted i.e. for contraception, for Heavy Menstrual Bleeding or for both. | The prescriptions of LARC devices by GPs are collected and reported regularly by the NHS Business Authority (NHSBA). This data will not include any devices purchased directly by practices and will include some devices that are not successfully fitted. NHSBA data does not allow any identification of demographics. It is not possible to identify if an IUS has been fitted for contraception or for HMB or for both. | Information accessible via information services portal, NHS Business Services Authority. Reference: NHS Business Services Authority, n.d, Accessible here: https://www.nhsbsa.nhs.uk/prescription-data |
| Key area for quality improvement 4 | | | |
| Key area for quality improvement 5 | | | |
| Additional developmental areas of emergent practice | | | |

**Checklist for submitting comments**

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
• Underline and highlight any confidential information or other material that you do not wish to be made public.
• Do not include medical information about yourself or another person from which you or the person could be identified.
• Spell out any abbreviations you use
• Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
• For copyright reasons, do not include attachments of published material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
• Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to QStopicengagement@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.