Department of Health & Social Care

From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health

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5 January 2021

Dear Ms Hughes,

Thank you for your correspondence, dated 9 November 2020, regarding painful hysteroscopy procedures. I apologise for the delay in replying, which has been caused by an unprecedented volume of correspondence in recent months. I have also received the correspondence you reference from the Campaign Against Painful Hysteroscopy (CAPH) and am deeply saddened to hear of the issues related to hysteroscopy that have been raised. You may be aware that I took part in a debate on this issue with Lyn Brown MP on 24 September, where I thanked the CAPH for their ongoing work on this issue.

As you will be aware, hysteroscopy is a useful diagnostic procedure, which most women can undergo successfully as out-patients without the need for anaesthesia. However, the continued instances of severe pain caused by hysteroscopy makes clear that there is still work to be done to ensure that women are adequately informed of the risks, and of their options for pain relief, before undergoing this procedure.

Regarding your calls for national guidance for outpatient hysteroscopy to be consistently applied and for women to be given all the advice and information they need to inform their consent. The Royal College of Obstetricians and Gynaecologists (RCOG) are currently developing a second edition of their information leaflet on this subject. The government strongly supports the recommendation by NHS England and NHS Improvement (NHSE/I) that this is provided to all patients prior to their hysteroscopy in order to help inform their consent.

In addition to this, it is clearly important that women are offered, from the outset and as part of the consent process, the choice of having the procedure performed as a day case under general or regional anaesthetic. A statement from The British Society for Gynaecological Endoscopy, published on RCOG's website in 2018, advocates the importance of offering women, from the outset, the choice of having the procedure performed as a day case procedure under general or regional anaesthetic.

You also refer to the appropriateness of financial incentives without proper safeguards, which I believe is reference to the best practice tariff. As you may have heard from the adjournment debate on 24th September, NHSE/I have published the 2020 national tariff engagement document, containing its plans for the 2021-22 national tariff. You can access the document here - https://improvement.nhs.uk/resources/developing-payment-system-2021-22/ .

NHSE/I have said that they expect to propose an accelerated shift towards the use of a blended payment approach. This proposal would include the majority of services providing hysteroscopy and would not differentiate between in-patient and out-patient procedures,

meaning the out-patient procedures best practice tariff would no longer be necessary. NHSE/I plan to propose the removal of the best practice tariff from April 2021.

Finally, severe pain experienced during or after a hysteroscopy affects a small number of women and is not usually classified as a Serious Incident. This is not to say that severe pain experienced in any context should not be taken seriously, and it has become clear over the last few years that we can do better in terms of the services we provide for women. On this and in reference to your mention of the Cumberlege Review, I can say that the government is carefully considering all recommendations and will be updating Parliament in the near future. I also remain committed to tackling gendered gaps in evidence and data, whether that be the inclusion of women in clinical trials, or research into conditions that only affect women.

I hope this information has been of some help in setting out the Department's position.

Yours sincerely,

NADINE DORRIES

MINISTER OF STATE FOR PATIENT SAFETY, SUICIDE PREVENTION AND MENTAL HEALTH