

**Freedom of Information Request****Ref: UHB 17-274**

Date 20 June 2017



Thank you for your request for information under the Freedom of Information Act 2000. The Trusts response is as follows:

**Under the FOIA (2000) please would you supply the following information relating to your Trust's (and its outsourced services') practice of outpatient hysteroscopy/biopsy – pain control and patient choice:**

**1. The patient information leaflet/s**

Please see attachment 1.

**2. The consent form/s**

Please see attachment 2.

**3. For each of the last 3 financial years:****a. All audits of OP hysteroscopy adverse events, (including infection, perforation, pain equal to or above 7/10 on VAS)**

There has been one audit of Outpatient Hysteroscopy in the last 3 financial years which is currently in progress, looking at a six-month sample of cases from 2016. The aims of the audit are to determine whether indications for outpatient hysteroscopy among these patients met the referral criteria set by the commissioners, whether informed consent is documented, and to establish failure and complication rates of the procedure compared to Royal College of Obstetrics and Gynaecology benchmarks. The specific complications being measured are “uterine perforation” and “bleeding or infection requiring admission”. Results can be made available following presentation and discussion within the department at one of our regular audit meetings.

**b. All surveys of patients' outpatient hysteroscopy experiences.**

The Trust currently stores data on patient satisfaction surveys at a department level (eg gynaecology services as a whole), but it's not broken down by procedures and such (e.g. hysteroscopy); therefore we do not hold this information.

- c. Are all your patients allowed to complete the satisfaction survey at home?**  
Patients are allowed to complete the surveys at home however patients complete them alone in the recovery room, and are anonymous and confidential.

- 4. The number of your patients who had**
- a. GA
  - b. spinal anaesthesia
  - c. monitored procedural IV sedation
  - d. local anaesthetic
  - e. no anaesthetic
  - f. the % of your a) diagnostic hysteroscopies, b) operative hysteroscopies that were done in outpatients.

We do not hold this information as this data is not currently recorded in relation to the practice of outpatient hysteroscopy/biopsies.

- 5. Did your Trust meet the Best Practice Target % Tariff for each of these years?**  
The Trust achieved the Best Practice Tariff percentage in both Outpatient Procedure and Day Case settings in each of 2014/15, 2015/16 and 2016/17.
- 6. Is local anaesthetic available in all your outpatient hysteroscopy clinics?**  
Yes
- 7. Is Entonox available in all your outpatient hysteroscopy clinics?**  
Yes
- 8. Are all your hysteroscopy patients (including See & Treat/One Stop Shop/Late Cancellations) offered:**
- a. Local anaesthetic
  - b. GA
  - c. Spinal anaesthesia
  - d. Safely monitored IV sedation

All patients are offered a choice between an OP hysteroscopy or a theatre hysteroscopy. OP includes the option of local anaesthetic. Theatre includes GA/spinal/IV sedation, but this is clearly a decision for an anaesthetist to make with the patient, after consideration of risks and individualised needs.

- 9. Do you use electro-surgery in any of your outpatients clinics? If so, do you always use the lowest power setting?**  
The Trust does use electro-surgery, for the removal of polyps. We use the manufacturer recommended limits and do not increase them.

**10. What type and diameter of scopes (rigid, semi-rigid, flexible) do you use for:**

Outpatients	1.9mm Ethicon alphasopes – semi-flexible.
GA Patients	4mm rigid hysteroscopes

**11. What is the minimum training and accreditation (e.g. RCOG ATSM) that all your NEW hysteroscopists must have?**

For outpatients, doctors should be qualified and have the part one of the MRCOG and must have competency at GA hysteroscopies. They have a programme of training starting with clinical observation only, moving onto to direct supervision. Nurses will have completed the formal nurse-led hysteroscopist training programme.

**12. What % diagnostic outpatient hysteroscopy/biopsy patients had an incomplete procedure which was repeated with epidural, GA or sedation?**

Less than 5%

**13. Does your Trust have a psychosexual counselling service for PTSD caused by severe procedural pain?**

The Trust does have a psychosexual counselling service available, not limited to just PTSD caused by severe procedural pain.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Trust Secretary  
University Hospitals Bristol NHS Foundation Trust  
Trust Headquarters  
Marlborough Street  
Bristol  
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

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To view the Freedom of Information Act in full please click [here](#).

Yours sincerely,

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