

Emails - Patient Safety Learning and Vaughan Gething MS

11 November 2020

Dear Vaughan Gething MS,

I hope you are well. I am writing to you in your role as Minister for Health and Social Services.

I am the Chief Executive of [Patient Safety Learning](#), a charity and an independent voice for patient safety. We have recently published [a new blog](#) exposing the issues of painful hysteroscopy procedures in the NHS. Hysteroscopy is a procedure used as a diagnostic tool, to identify the cause of common problems such as abnormal bleeding, unexplained pain or unusually heavy periods in women. It involves a long, thin tube being passed into the womb, often with little or no anaesthesia.

Our blog highlights significant patient safety issues of access to pain relief, informed consent and the failure to address patients concerns. Recent research, published in the *British Journal of Anaesthesia*, shows that 17.6% of women rate their pain during hysteroscopy as greater than 7/10, and only 7.8% report no pain at all.

This has been informed by the experiences that patients have shared with us on our patient safety platform [the hub](#) and by the patient group the Campaign Against Painful Hysteroscopy, who have recently [written to Matt Hancock and Nadine Dorries at the Department of Health and Social Care](#) on this issue. In their letter they highlight both empirical data and the personal stories of women to illustrate the prevalence and seriousness of the issue.

[In the context of the Cumberlege report](#), this is another group of women patients who are having to 'join the dots for patient safety.'

Patient Safety Learning is calling for:

- National guidance for outpatient hysteroscopy to be consistently applied
- Women to be provided with information and advice to inform their consent
- Women to be offered and provided with pain relief
- Significant pain to be considered an adverse event and recorded and reported as such
- Research to assess the scale of unsafe care and pain, the extent to which women are suffering and to inform the implementation of national guidelines and the appropriateness of financial incentives without proper safeguards.

We'd really welcome your support for urgent action to prevent future harm and any advice on how best to achieve this.

Kind regards,

Helen Hughes

Helen Hughes

Chief Executive

Patient Safety Learning

28 January 2021

Dear Ms Hughes,

Thank you for your email below. I have been asked to respond. I apologise for the delay in responding due to the unprecedented amount of correspondence the Welsh Government has received as a result of the pandemic.

Women's Health is a high priority for Welsh Government and we insist our health boards ensure they are following the latest advice and guidance issued by the National Institute for Health and Care Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG) in all clinical procedures.

NICE provides a quality standard ([Quality standard \[QS47\]](#)), updated in October 2020, which covers assessing and managing heavy menstrual bleeding (menorrhagia), including suspected or confirmed fibroids and adenomyosis and includes a guideline for hysteroscopy. RCOG also provides a best practice guideline regarding outpatient hysteroscopy ([Green-top Guideline No. 59](#)). This is an evidence-based guide for delivering outpatient hysteroscopy with a focus on minimising pain and optimising the women's experience throughout the procedure. A second edition of the guideline is currently in development.

I hope this provides you with assurance that women in Wales are receiving the highest standards of care in accordance with the appropriate standards.

Yours sincerely

Richard Morgan

Tîm Business y Llywodraeth a Corfforaethol / Government and Corporate Business Team
Yr Adran Iechyd a Gwasanaethau Cymdeithasol / Department for Health and Social Services