



Helen Hughes  
mark@patientsafetylearning.org

Our Reference: 202000115661  
Your Reference: Improving hysteroscopy safety

29 January 2021

Dear Helen Hughes,

Thank you for your email of 11 November 2020 to Jeane Freeman, Cabinet Secretary for Health and Sport, regarding improving hysteroscopy safety. Ministers receive a large volume of correspondence and I hope you will understand that as much as they would like to it is not always possible for them to reply personally to each case. I am therefore responding to you on the behalf of the Cabinet Secretary.

Patient safety is and will remain a key priority for the Scottish Government.

Following the publication of the Cumberlege Report: First Do No Harm, establishing a Patient Safety Commissioner (PSC) for Scotland is now a Programme for Government commitment.

It is envisaged that the PSC role will initially focus on medicines and medical devices as set out in the Cumberlege Report, with the potential to widen this as the remit and the role develops.

We have established two stakeholder groups: a Patient Reference Group and a Specialist Reference Group. Input from both groups will help inform a consultation, and the future development of the PSC role. All papers from both stakeholder groups are published on the Scottish Government website <https://www.gov.scot/policies/healthcare-standards/#patientsafety>

We are aiming to publish a 12 week public consultation this month, this will be accessed via <https://consult.gov.scot/>

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



There are already a number of policies in place in Scotland which promote the input of patients and the public to decisions about their care. The Patient Safety Commissioner role will add value to these existing policies, and not replicate what already exists.

The Scottish Government expects clinical practice in Scotland to follow best evidence, whether that is from the Scottish Health Technologies Group (SHTG) or the National Institute for Health and Care Excellence (NICE). Where there are no SHTG health technology assessment recommendations on a particular topic, healthcare professionals would be expected to look for another high quality, evidence-based guideline (e.g NICE).

Clinicians are expected to have good awareness of guidance relevant to their practice area and apply these taking account of individual circumstances and discussions with the person receiving the care.

We are aware of the review of Hysteroscopy procedures which NICE undertook in 2018 and updated in 2020. According to their [Guidance](#) they state *“To ensure that outpatient hysteroscopy is acceptable to women, it is essential that the procedure is done according to best practice guidelines, including techniques and equipment to minimise discomfort and pain in women...”*

[‘Hysteroscopy, Best Practice in Outpatient’](#) was also produced in 2011 as an aid to good clinical practice by The Royal College of Obstetricians and Gynaecologists (RCOG) and the British Society for Gynaecological Endoscopy (BSGE).

However, ultimately decisions are for local clinicians, based on patients’ individual circumstances and clinical expertise, and the Scottish Government expects high quality and documented evidenced based care.

We also expect that people are provided with information and advice to inform their consent. Shared decision making is not a one-way transmission of information about options and risks from the professional to their patient. It is a two-way relational process of helping people to reflect on, and express, their preferences based on their unique circumstances, expectations, beliefs and values

For example, we would expect that prior to attending an outpatient hysteroscopy appointment, women should be provided with patient information resources, such as the BSOG and BSGE [‘Information for you – Outpatient Hysteroscopy’](#) leaflet. This includes information about what happens before, during and after outpatient hysteroscopy and states that women should take simple analgesia before attending.

I hope you find this information helpful.

Yours sincerely

Theresa Burns

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

## TQUPQ : Clinical Priorities

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



INVESTORS  
IN PEOPLE

Accredited  
Until 2020



disability  
confident  
LEADER

