

Barriers to women’s health: Caught between the tug-of-war of gynaecologists and local CCG



Background

- In Berkshire, gynaecologists must apply to the local Clinical Commissioning Group (CCG) for funding before hysterectomy is performed for benign gynaecological procedures
- This often delays treatment, may deny patients the best intervention and affect their quality of life.
- It also adds extra administrative work for the clinicians and administrative staff

Aim

- To derive common themes for rejection and/ or delay in decision for funding
- To recommend possible changes to make the process quicker and smoother

Methods

- Retrospective analysis of all the funding requests sent for hysterectomy for benign causes from January 2019 to December 2021
- In total, 218 funding requests in this period
- Data from Electronic patient records and data compiled by the departmental administrative team

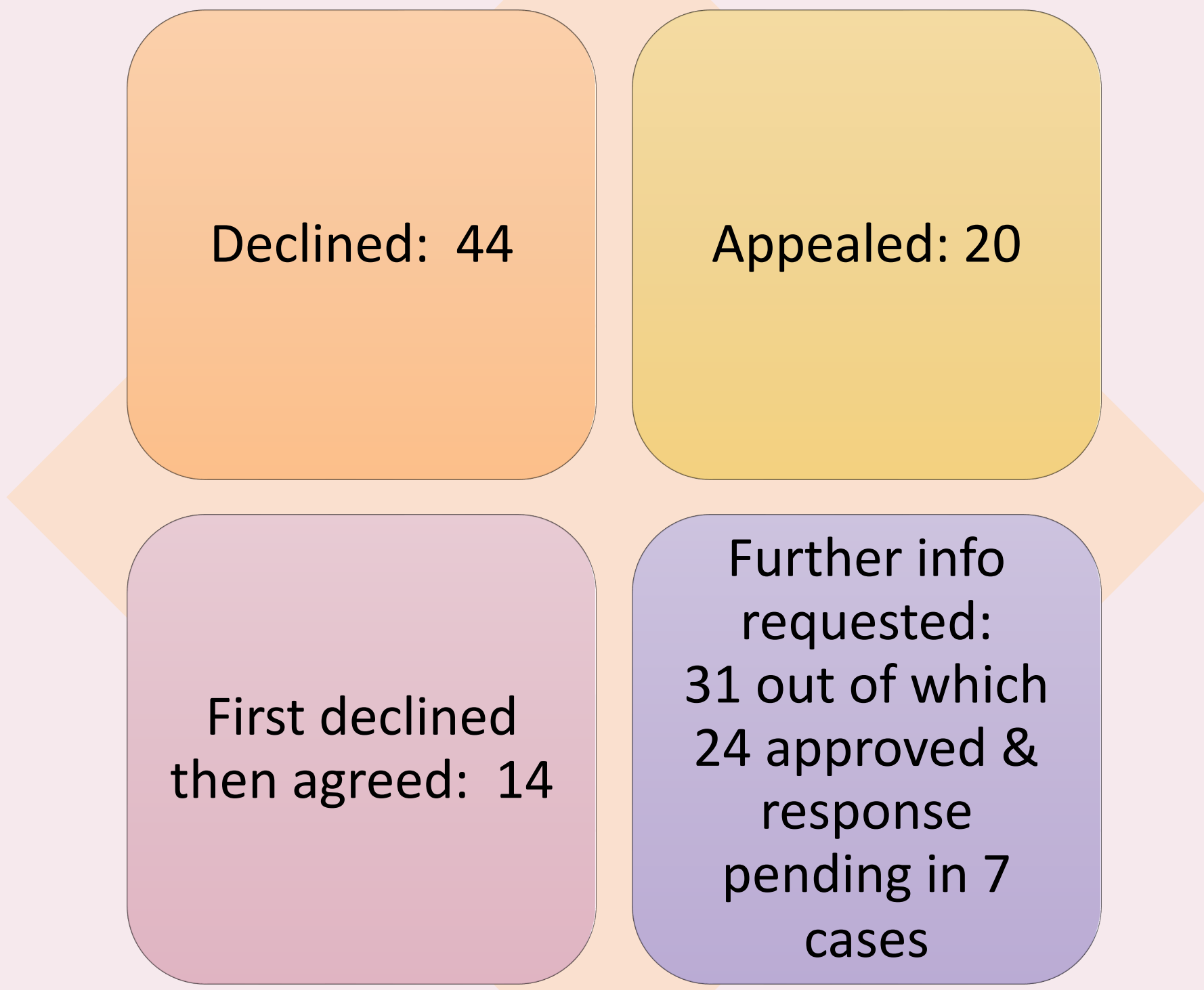
Facets explored

- CCG decision
- Average time for first response from CCG
- Underlying pathology in declined cases
- Alternative management offered & opted by patients

CCG decision

Out of **218** funding requests, **58 (27%)** requests declined

- The IFR form is filled by the clinician and includes all the relevant clinical information.
- Further information was requested in 31 cases, out of which 24 were eventually approved and response pending in 7 cases



Response time

Average time for first response			
18 days			
Effect of pandemic			
No difference in time taken to respond during the pandemic			
Annual average times			
2019: 18 days	2020: 19 days	2021: 21 days	

Underlying pathology

Menorrhagia, fibroids	32 (55%)
Chronic pelvic pain, premenstrual dysphoric disorder	10 (17%)
Risk reduction	2 (4%)
Gender reassignment	2 (3%)
Combination of factors	12 (21%)

Alternative management

44 patients were declined funding

Hysterectomy done privately	2
Considering going privately (no further information in records)	2
Chose the alternative which was declined initially	12
Opted for an alternative for symptom relief	13

The alternative management preferred:

- Mirena or oral progesterone
- GnRH agonists
- Endometrial ablation
- Surgical options like myomectomy, bilateral salpingo-oophorectomy

Conclusion

It was observed that this process affected the patients, clinicians and trainee doctors. Small changes will have a positive impact on the current process

Patient Choice

- Alternative treatments opted for, were neither patient choice nor clinician’s recommendations

Clinician’s decision

- Clinician decisions based on national (NICE) guidelines but challenged by Funding Approval Committee with limited clinical expertise

Quality of life

- Management is delayed and this delay has worsened due to the pandemic.
- Patients’ Quality of Life affected

Health Inequality

- Very few local CCGs in the country require IFR (Individual Funding Request) for hysterectomy for benign gynaecological conditions

Training opportunities

- Those who can afford prefer to get operated privately
- Lesser surgeries done and hence lesser training opportunities

Recommendations

- To improve the existing application process and speeding up the process by including the clinic letters along with the request form
- To propose including a specialist clinician in the decision-making process i.e to include a specialist on the CCG panel