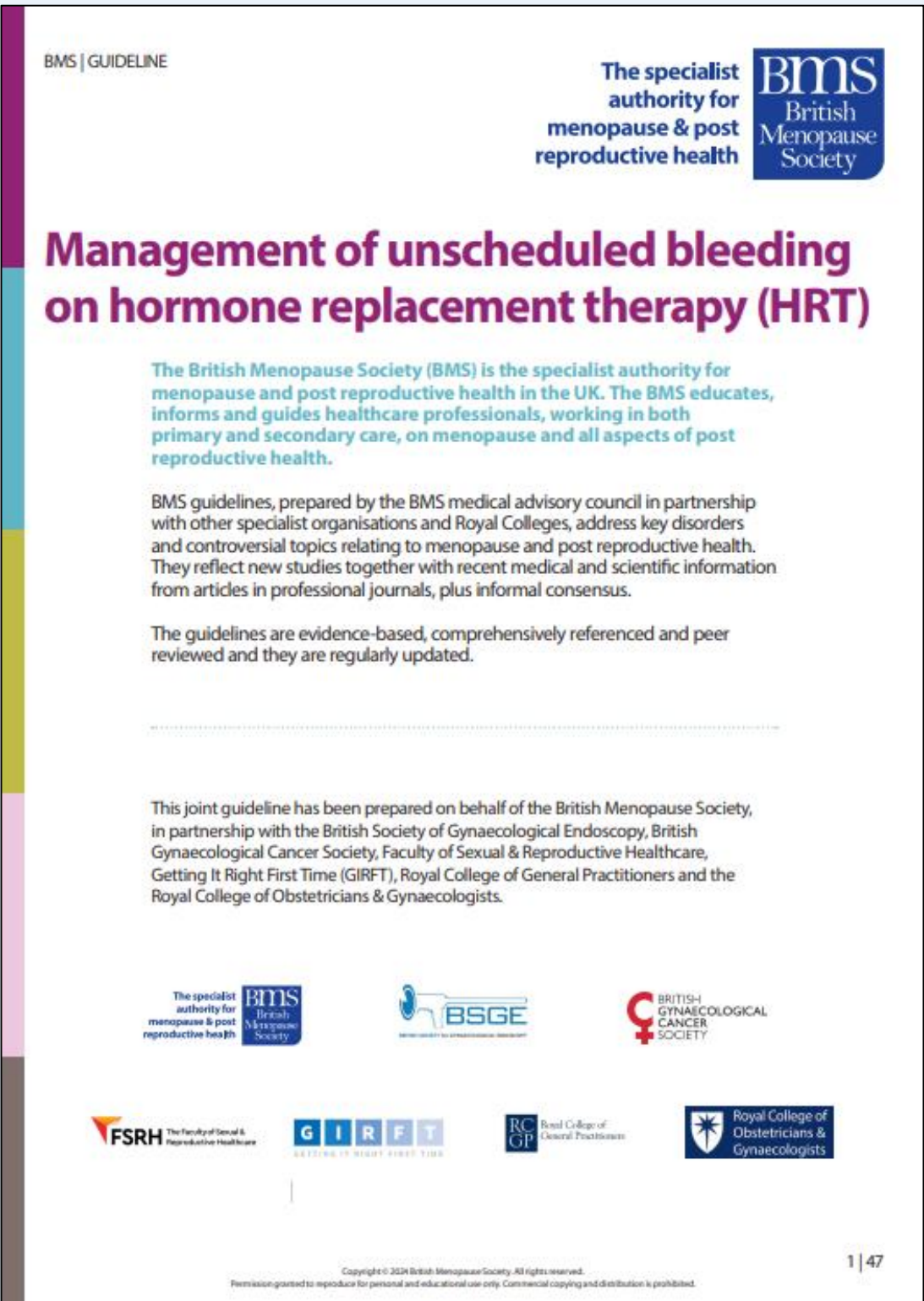


Auditing referrals in NHS Lanarkshire against the BMS referral guidelines for unscheduled bleeding on HRT

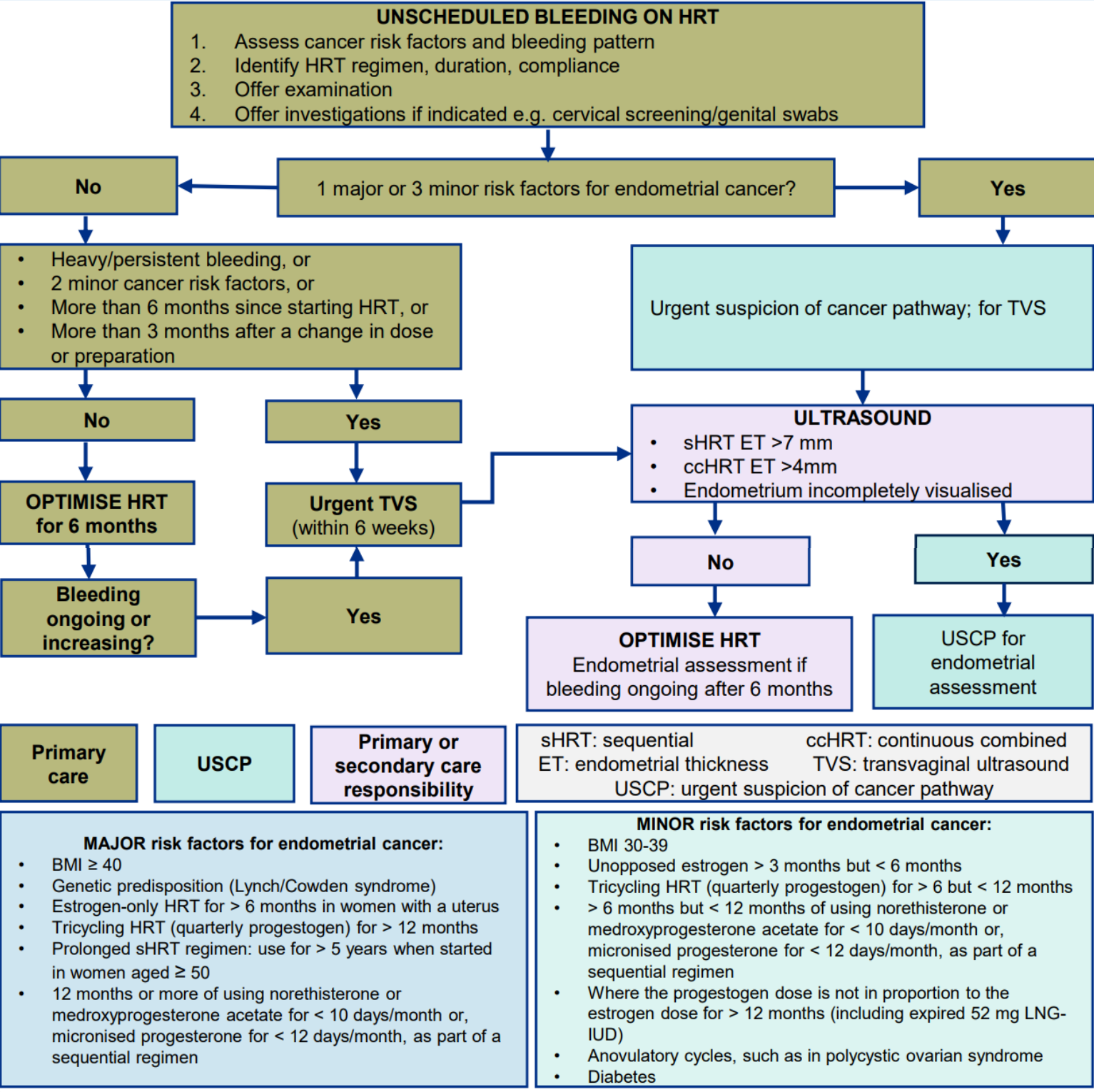
Dr Sreedevi Gurram (Consultant), Dr Megha Jani (Consultant), Dr Khadeeja Ahmed (ST7), Dr Suzie Gordon (ST2), Dr Abitim Atienza (GPST2), Dr Sophia Boyce (FY2), Dr Cara McNaughton (FY2)

Introduction:
We know the benefits of HRT, but Increased prescribing over the last decade (increasing by 13.6% each year)¹ has resulted in increasing referrals of women with unscheduled bleeding to gynaecological services (43% over the past 4 years)². This impacts service capacity and increases anxiety for women awaiting clinical assessment. Despite rising rates of HRT prescribing and therefore unscheduled bleeding, there hasn't been a noticeable increase in new endometrial cancer diagnoses (only a 2% rise in the same time period)³.

There are five potential outcomes for patients referred to the service from the BMS flowchart:
Using the data available, patients were categorised into one of the five potential 'referral outcomes groups' that they *would have been* triaged into, if the BMS flowchart was being used in practice.



Group 1	Optimise HRT
Group 2	Refer for urgent TVS within 6 weeks (Primary Care) > (normal TVUSS) > Optimise HRT
Group 3	Refer for urgent TVS within 6 weeks (Primary Care) > (Abnormal TVUSS) > Urgent suspicion of cancer pathway for endometrial assessment
Group 4	Urgent suspicion of cancer pathway; for TVS within 2 weeks > (normal TVUSS) > Optimise HRT
Group 5	Urgent suspicion of cancer pathway; for TVS within 2 weeks > (Abnormal TVUSS) > Urgent suspicion of cancer pathway for endometrial assessment

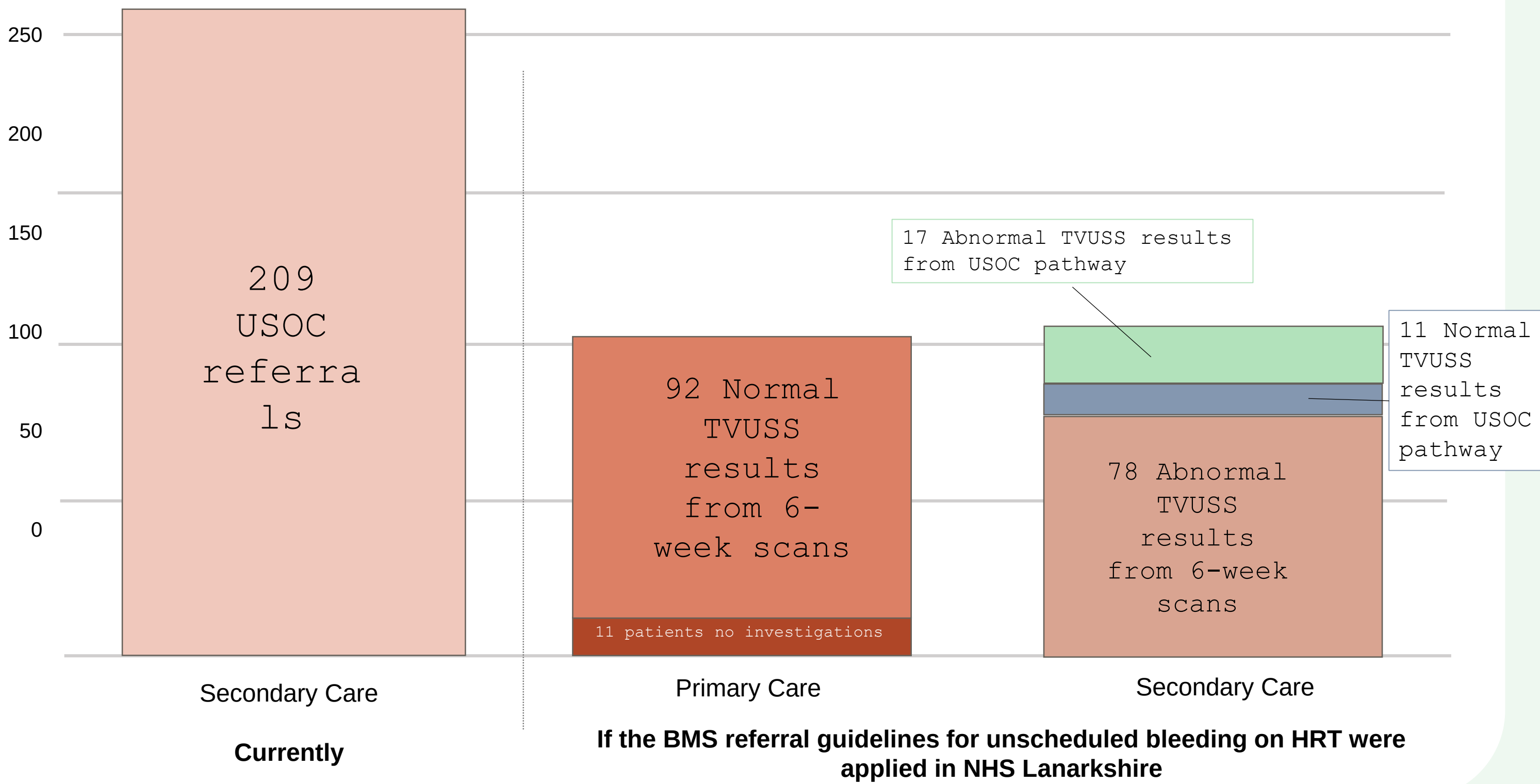


Inclusion criteria:

A total of 209 patients were included in this audit. The data was retrospectively collected from January to June 2024 for all patient's referred to NHS Lanarkshire with unscheduled bleeding on HRT. Requirements for inclusion within the data set; Referred from Primary Care (GP), On hormone replacement therapy (HRT), Having / had unscheduled bleeding, Transvaginal ultrasound and biopsy results reported.

Aim One: Would application of the BMS flowchart change the number of referrals to secondary care?

Chart 1 The number of patients who would require secondary care assessment for unscheduled bleeding on HRT



Results Summery Out of 209 USOC referrals

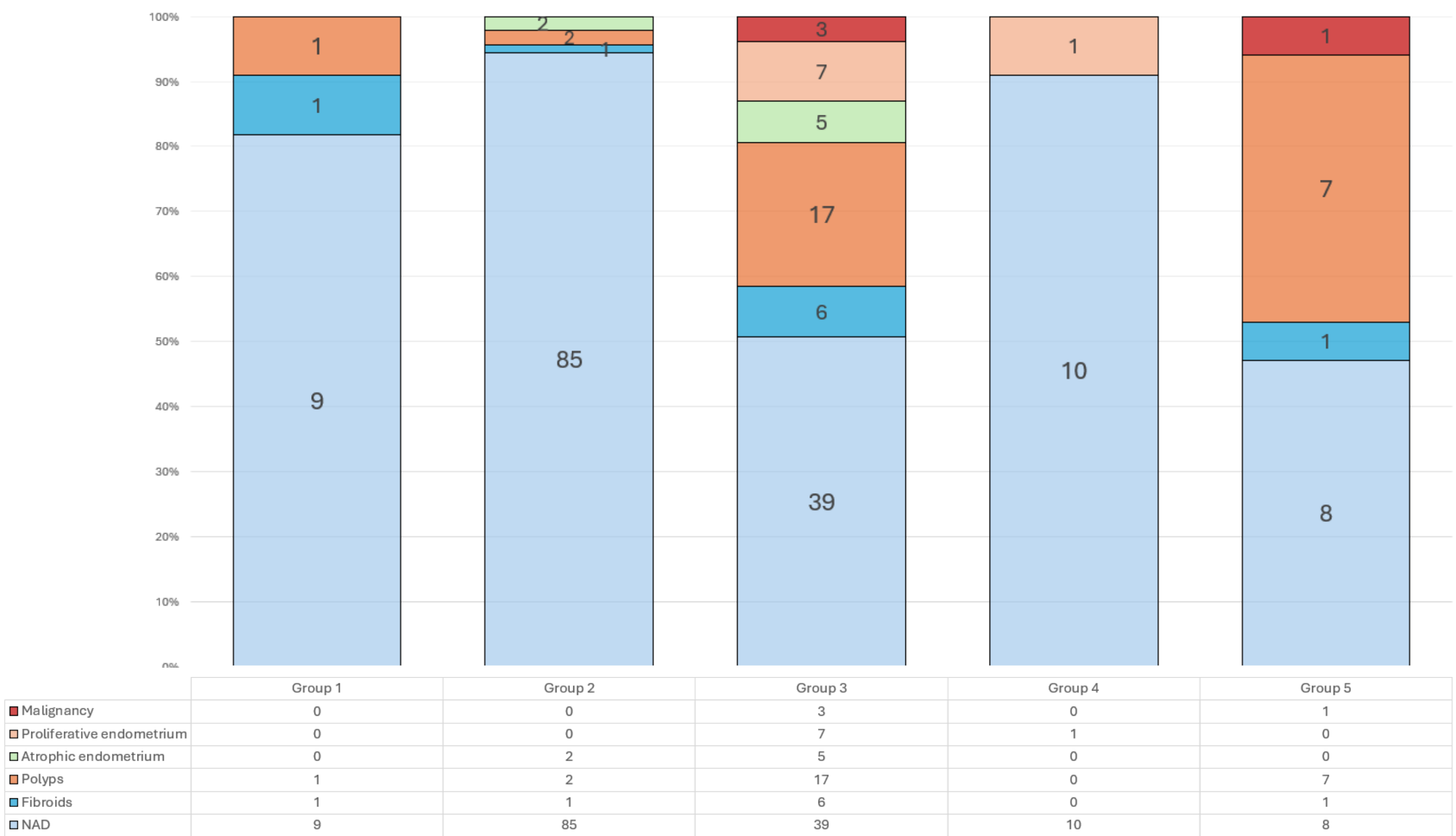
-103 patients would be managed exclusively in Primary care (Group 1 & Group 2). 50%

-170 patients would have had an urgent (6-week wait) TVUSS requested due to underlying risk factors, (only 78 patients of them (37.32%) would be referred via the USOC pathway for endometrial assessment.)

-28 patients would have had a USOC (2-week wait) TVUSS requested due to underlying risk factors. (17 patients of them (8.13%) would be referred via the USOC pathway for endometrial assessment due to abnormal scan)

Aim Two: Would any patients with malignancy have a missed or delayed diagnosis due to the application of the BMS flowchart?.

Chart 2: Final recorded diagnosis as cause of unscheduled bleeding per referral group



Conclusions:

Application of the BMS recommended pathway for unscheduled bleeding on HRT would see an almost 50% reduction (49.28%) in referrals to secondary care.

Within this 6-month audit, 4 malignancies were identified

-3 patients would have been identified via the 6-week TVUSS pathway,
-1 patient via the direct USOC referral pathway.
-No malignancies would have been missed.

References:

1. Hormone replacement therapy prescribing in menopausal women in the UK: a descriptive study. BJGP Open. 2022;6(4).Alsugeir D, Wei L, et.al., 2. Postmenopausal vaginal bleeding in women using hormone replacement therapy. Menopause Int. 2012;18(1):5-9.Burbos N, Musonda P, et.al., 3. NHS England. Cancer Waiting Times. Cancer Alliance Insights Team [Internet]. 2023. Available from: <https://www.england.nhs.uk/statistics/statistical-workareas/cancer-waiting-times/>, 4. Management of unscheduled bleeding on hormone replacement therapy (HRT) British Menopause Society 2024 , 5. NG12 Suspected cancer: recognition and referral 2015 - Accessed 2025, 6. British Gynaecological Cancer Society (BGCS) uterine cancer guidelines 2022