



Warwickshire North
Clinical Commissioning Group

Female Genital Prolapse

VERSION CONTROL

Version:	2.0
Ratified by:	Governing Body Meetings in Common
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Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committees:	Commissioning, Finance & Performance Committee
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VERSION HISTORY

Date	Version	Comment / Update
1 st October 2015	1.0	Ratified at Governing Body 24 th September 2015
14 th September 2017	2.0	Ratified at Governing Body 14 th September 2017

Introduction

The rationale and scope of this policy is contained within the overarching LPP policy which sets out WNCCG approach to Low Priority Procedures.

This document refers specifically to Female Genital Prolapse procedures.

Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	Referral for specialist assessment
Indication	Female Genital Prolapse
Criteria	<p>The CCG does not fund surgical procedures for asymptomatic or mildly symptomatic pelvic organ prolapse.</p> <p>Appropriate conservative management by Primary/Community providers is required before referral for specialist assessment and surgical intervention is considered (unless indication for early referral is present)</p> <p>Conservative management should include:</p> <ul style="list-style-type: none">• Weight loss if BMI >30;• Treatment for constipation if present to minimise straining;• Management of causes of any cough;• Pelvic floor muscle training;• Ring or other pessary (where appropriate) * <p><u>Referral for specialist assessment</u> is indicated for <u>any</u> of the following:</p> <ul style="list-style-type: none">• Failure of primary/community management in moderate/severe prolapse **with clear documentation that a trial of ring or other pessary has failed• Prolapse combined with urinary incontinence or faecal incontinence;• Failure of pessary;• Women with symptomatic prolapse (including those combined with urethral sphincter incompetence or faecal incontinence); <p>*Please note where a GP does not have the facilities to provide pessary insertion, referral to an appropriate provider of this service is indicated.</p> <p>** Definition of “moderate” and “severe” by following grading , where Grade 2 is moderate and Grades 3 and 4 are severe:</p>

	<ul style="list-style-type: none"> • Grade 0 – Normal position • Grade 1 – descent into vagina not reaching introitus • Grade 2 – descent just outside the introitus • Grade 3 – descent outside the introitus – beyond 2 cms • Grade 4 – Procidentia <p>Prior approval from the Clinical Commissioning Group will be required before any treatment proceeds in secondary care.</p>
Equality Impact Assessment	See attached

Equality Impact Assessment (EIA)

Policy/Service	Female Genital Prolapse	Person completing EIA	Kay Holland
Date of EIA	15 June 2017	Accountable CCG Lead	Andrea Green NHS Warwickshire North Clinical Commissioning Group

Aim of Work	The Public Sector Equality Duty (PSED) requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	CCG registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Age	Yes	Race	Unknown
Disability	Yes	Religion or belief	No
Gender reassignment	No	Sex	Yes
Marriage and civil partnership	No	Sexual orientation	No
Pregnancy and maternity	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

This is a harmonised policy across three Clinical Commissioning Groups – Coventry and Rugby CCG; South Warwickshire CCG and Warwickshire North CCG.

The impact of this policy has been discussed at length by the Policy Development group and all protected characteristics and Human Rights values given due regard and only patient demographic issues that could impact on individual risk and/or clinical effectiveness were taken into account when reaching a decision.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances.

Sex – Female genital prolapse will only affect women, it is more common in women who have experienced pregnancy and childbirth;

Race – It is reported that the prevalence of prolapse may vary between different racial groups, but this appears to be based on a very small number of studies;

Disability – Certain conditions may predispose to prolapse (including joint hypermobility syndrome, Marfan syndrome, Ehlers-Danlos syndrome and spina bifida/spina bifida occulta). Overweight (BMI 25-30) and obesity (BMI >30) have also been implicated as risk factors for prolapse, although not consistently identified in studies.

Age – increasing age is a risk factor for developing prolapse.

Please summarise where further action is required and when the projects/decision will be reviewed.

The policy will be reviewed as and when new evidence or guidance is published and by no longer than three years after ratification by Governing Body.