General Gynaecology - Dual-scoring

Introduction

Dual-scoring

You are using a dual-scoring form for the General Gynaecology tool. You will be asked questions required to complete both the 2006 and the 2018 versions of the tool.

The score for this event will be based on the 2006 version of the tool. A second prioritisation event based on the 2018 version of the tool will also be created as a “Test” event, which you will be able to see in your history in case it is of interest. These test events will be assessed to establish an appropriate threshold before the 2018 version of the tool goes live.

General Comments and Directions

- Scoring should be based on the considered view of the clinician taking into account the patient’s history, examination, results of investigations and the clinician’s experience in treating similar patients.
- Criteria only apply for patients where a procedure is indicated and the patient wishes it and all non-surgical therapeutic options have been explored.
- These criteria only apply to elective and arranged admissions.
- The score should be calculated during the consultation, and the patient informed whether they will be accepted for publicly funded treatment. This may occur during the first or follow-up consultation, after investigations have assisted with establishing a diagnosis (e.g. CT scans).
- If due to exceptional factors not included in the prioritisation criteria, the booking status generated does not adequately reflect the patient’s priority, the booking status may be overridden. The reason for the exception must be documented.

More than one procedure

Where two or more related but independent procedures are contemplated at the same operating session the score should relate to the most significant procedure.

Staged Procedures

A treatment procedure may be staged over several months or years. For the purpose of the priority access scoring a related series of treatments should be considered as one event. Repeat scoring is not required.

This tool does not cover:

- Treatment for infertility (see separate tool) unless the surgery is required to address physical symptoms (e.g. endometriosis which may require surgery for either indication).
- Sterilisations (refer separate tool).
- Planned terminations of pregnancy, as various requirements and processes are prescribed by the Contraception, Sterilisation and Abortion Act 1977.

Special cases

Automatic Priority

An appropriate priority score reflecting the clinically appropriate timeframe for treatment will be automatically assigned for the following cases:

- Treatment where a confirmed diagnosis of malignancy exists
- Treatment where a confirmed diagnosis of pre-malignancy exists
- Investigation of symptoms or signs where a significant probability of diagnosis of malignancy or pre-malignancy exists
- Investigation where diagnosis is uncertain but probably benign
- Operative investigation of infertility
- Not a special case

Prioritisation

DRAFT General Gynaecology 2018

Impact on Life - Part I

Warning: please proceed with this prioritisation event only if you have a completed Impact-on-Life Self-Assessment form from the patient.

Impact of the condition on ability to engage in and enjoy activities which are important to the individual patient.

Please transcribe information from the questionnaire completed by the patient.

This scale ranges from 1: *No difficulty* to 6: *Extremely difficult*.

Social Interaction

Personal Interaction

Ability to fulfil your responsibilities to others

Personal Care

Personal Safety

Leisure Activities

Impact on Life - Part II

Impact of gynae problem on ability to engage in and enjoy activites which are important to the individual patient.

The focus is to reflect on the *impact* of the symptoms on life rather than to specify the nature and degree of symptoms. In evaluating two separate symptoms, the symptom with the highest weighting should be taken.

Examples

- A woman who has heavy painful periods for 4 days and feels tired and drained for this time but is mostly able to participate in activity has **compromise for at least 2 days**.
- A woman with heavy painful periods for 4 days and cannot attend University for at least 3 days would be classified as **avoiding activities for at least 2 days.**
- A woman with heavy painful periods for 4 days, cannot attend University for at least 3 days but is more troubled by dyspareunia for which intercourse is made more dificult because of the pain, with reduced frequency will be classified as **compromise for the whole month**.
- A woman with heavy painful periods for 4 days, cannot attend University for at least 3 days but is more troubled by dyspareunia for which intercourse is impossible/avoided because of the pain, with reduced frequency will be classified as **avoiding activities for the whole month**.

Is there significant compromise to any important activity?

- No
- Yes

Is this because symptoms are controlled by other non-surgical management?

- No
- Yes

Is the important activity compromised or avoided?

- Compromised
- Avoided

How frequent are the symptoms?

- Less than 2 days per month
- At least 2 days per month
- At least 7 days per month
- Whole of month

Effectiveness of procedure in improving the impact on life

Effectiveness needs to be related to **reversal of impact on life** rather than any intermediate technical steps.

The effectiveness of therapeutic procedures should be based on the usual effectiveness of that procedure taking into account anything of direct relevance to the particular patient that would increase or reduce that effectiveness. It needs to reflect evidence-based practice that may come from local, national or international sources.

Diagnostic procedures: there should be an assessment of effectiveness in relation to managing the **overall** condition of the patient especially the impact on life of the gynaecological condition. This should include the value of both positive and negative findings in providing for total patient care.

- Substantially limited (<50% likelihood of optimal outcome)
- Significantly limited (50-80% likelihood of optimal outcome)
- Somewhat limited (80-95% likelihood of optimal outcome)
- High (95% likelihood of optimal outcome)

Risk of complications / Adverse effect of the surgical procedure

In evaluating the potential net benefit of the procedure, this criterion considers the extent to which this benefit could be reduced if the woman is at risk of significant complications from that procedure.

- Substantially increased (e.g. MI last 6 months, Cardiac Failure, Respiratory Failure, Smoking > 20/day, BMI > 40)
- Mildly increased (e.g. BMI 30-40, PHx DVT/PE, IHD)
- Not increased above normal

New special cases

In future, the following special cases will also be available for selection so that you don’t have to complete the entire form.

For now, please indicate which if any of the following new special cases would apply.

- Surgical, irreversible sterilisation where the patient has completed her family and all clinical criteria are unequivocally met
- Removal of IUCD with anaesthetic support
- Not a new special case