

Reference: FOI.ICB-2526/151

Subject: Management of Endometriosis and Joint Replacement (Primary): Hip, Knee and Shoulder

I can confirm that the ICB does hold some of information requested; please see responses below:

QUESTION	RESPONSE
NICE guideline NG73 on the diagnosis and management of endometriosis (published September 2017):	
<p>1. Referral Pathways and Initial Management</p> <p>NICE NG73 recommends that primary care clinicians should consider endometriosis in women presenting with certain symptoms and outlines when referral should be made to a gynaecology service (Recommendations 1.1.1–1.1.3).</p> <p>a) Does NHS Bristol, North Somerset and South Gloucestershire ICB provide specific guidance or care pathways to primary care providers regarding when to refer patients for suspected endometriosis?</p> <p>b) Do you monitor adherence to these referral pathways by primary care providers across your footprint? If so, please share any evaluation reports from the past 2 years.</p>	<p>a) Yes. The ICB provides guidance and information on pre-referral and referral pathways in relation to endometriosis as well as link to resources. See for example the following Endometriosis (Remedy BNSSG ICB)</p> <p>b) No, the ICB does not monitor this, and no audits have been carried out.</p>

2. Access to Specialist Endometriosis Services

NG73 recommends referral to a specialist endometriosis service in cases of deep endometriosis or where initial treatment has been unsuccessful (Recommendation 1.4.1).

- a) Which specialist endometriosis centres or services are commissioned by NHS Bristol, North Somerset and South Gloucestershire ICB for patients requiring advanced care?
- b) What is the current average and longest recorded waiting time for a referral from primary care to a specialist endometriosis service within NHS Bristol, North Somerset and South Gloucestershire ICB?

- a) Specialist services in BNSSG include Southmead Hospital (North Bristol Trust), St Michael's Hospital and Weston General Hospital (United Hospitals Bristol and Weston NHS Foundation Trust) and Independent Sector provider, Emerson's Green Treatment Centre. Provision comes under Gynaecology services and is for severe, persistent or recurrent symptoms of endometriosis, for pelvic signs of endometriosis or if initial management is ineffective, not tolerated or is contraindicated.
Both Southmead Hospital and St Michael's Hospital are BSGE (British Society of Gynaecological Endoscopy) accredited endometriosis centres providing gynaecologists, specialist nurse, colorectal surgeon, urologist and pain specialist all with expertise in endometriosis and is where patient with suspected or confirmed deep endometriosis involving the bowel, bladder or ureter, endometrioma ($\geq 3\text{cm}$) or extra pelvic endometriosis e.g. thoracic endometriosis are referred to.
For paediatric and adolescent patients (aged 17 and under) patients are referred into the Paediatric and Adolescent Gynaecology Service at St Michael's Hospital (UHBW).
- b) The ICB does not hold this information. Please contact the trusts directly, contact details below;

North Bristol NHS Trust (NBT): <https://www.nbt.nhs.uk/about-us/information-governance/freedom-information/request-information>

	University Hospitals Bristol and Weston NHS Foundation Trust (UHBW): https://www.uhbw.nhs.uk/p/how-we-use-your-data/freedom-of-information-foi-requests
<p>3. Multidisciplinary Care and Support</p> <p>NICE recommends that specialist endometriosis services include a multidisciplinary team (MDT) of gynaecologists, surgeons, pain management specialists, fertility experts, and others as appropriate (Recommendation 1.4.2).</p> <p>a) Do the specialist services commissioned by NHS Bristol, North Somerset and South Gloucestershire ICB include access to a full MDT as specified in the NICE guidance?</p> <p>b) How many patients have been referred to an MDT for endometriosis-related care in the past 12 months?</p>	<p>a) Yes, both Southmead Hospital and St Michael's Hospital are BSGE (British Society of Gynaecological Endoscopy) accredited endometriosis centres providing gynaecologists, specialist nurse, colorectal surgeon, urologist and pain specialist all with expertise in endometriosis.</p> <p>b) The ICB does not hold this information. Please contact the trusts directly, contact details below; NBT: https://www.nbt.nhs.uk/about-us/information-governance/freedom-information/request-information</p> <p>UHBW: https://www.uhbw.nhs.uk/p/how-we-use-your-data/freedom-of-information-foi-requests</p>
<p>4. Surgical Expertise</p> <p>The guideline states that excision or ablation of endometriotic lesions should be performed only by practitioners with appropriate training and experience (Recommendation 1.5.3).</p> <p>a) Does NHS Bristol, North Somerset and South Gloucestershire ICB maintain oversight or assurance mechanisms to ensure endometriosis surgery is carried out by appropriately qualified professionals?</p>	<p>a) No, the NHS acute trusts maintain oversight and assurance of the surgical competencies among their staff. Please contact the trusts directly for more information, contact details below;</p> <p>NBT: https://www.nbt.nhs.uk/about-us/information-governance/freedom-information/request-information</p> <p>UHBW: https://www.uhbw.nhs.uk/p/how-we-use-your-data/freedom-of-information-foi-requests</p>

<p>b) How many patients underwent laparoscopic surgery for endometriosis in the last 12 months within NHS Bristol, North Somerset and South Gloucestershire ICB area?</p>	<p>b) 105 (surgeries completed for patients with a primary diagnostic code of Endometriosis and a secondary procedure code of Laparoscopic from Aug-24 to Jul-25)</p>
<p>5. Awareness and Education</p> <p>NICE emphasises the importance of raising awareness of endometriosis among healthcare professionals (Recommendation 1.1.4).</p> <p>a) Has NHS Bristol, North Somerset and South Gloucestershire ICB conducted or funded any training or awareness campaigns on endometriosis for primary or secondary care professionals since 2020? If so, please provide details.</p>	<p>In the year 2024-25 the ICB worked with our general practice training hub to run a training webinar on endometriosis that has also been recorded, and we are promoting its use.</p> <p>We are in the process of updating our local clinical guidelines on gynaecology, which includes endometriosis. The updated guidelines will be communicated to all practices and to women's health leads in particular.</p> <p>We have created a local women's health information hub for the public, which also serves the purpose of increasing awareness for staff as well.</p> <p>Period Problems - Well Aware NHS teams up with local businesses to champion women's health and wellbeing - BNSSG Healthier Together And released a video for endometriosis awareness. <u>What is endometriosis?</u></p>
<p>6. Data Collection and Audit</p> <p>a) Does NHS Bristol, North Somerset and South Gloucestershire ICB collect any data or conduct audits specifically relating to endometriosis diagnosis, treatment, or outcomes?</p> <p>b) If so, please provide the most recent audit results or performance data available.</p>	<p>a) We have just commenced a BNSSG Gynaecology Health Needs Assessment led by Bristol City Council that will include need related to endometriosis and current service provision</p> <p>b) N/A</p>

<p>NICE guideline NG157: “Joint Replacement (Primary): Hip, Knee and Shoulder” (February 2020). The guidance provides evidence-based recommendations for best practice in the delivery of joint replacement surgery and pre/post-operative care:</p>	
<p>1. Referral Pathways and Thresholds for Surgery</p> <p><i>Related to Recommendations 1.1.1–1.1.5</i></p> <p>a) Does NHS Bristol, North Somerset and South Gloucestershire ICB use any formal criteria or thresholds (e.g. Oxford Hip Score) to determine eligibility for referral to secondary care or surgery for primary hip replacement?</p> <p>b) Do you commission or support any "triage" services (e.g. MSK hubs, community physiotherapy) that must be accessed prior to secondary care referral?</p>	<p>a) Commissioning policies to determine referral eligibility are available here: Hip Replacement Surgery (including Referral for Surgical Assessment of Osteoarthritis) - BNSSG Healthier Together</p> <p>Hip Surgery (open or arthroscopic) for Pain including Femoroacetabular Impingement - BNSSG Healthier Together</p> <p>b) Yes, orthopaedic referral pathways are via an MSK Interface service.</p>
<p>2. Shared Decision-Making and Information Provision</p> <p><i>Related to Recommendations 1.2.1–1.2.3</i></p> <p>a) Are patients referred for hip replacement routinely provided with NICE-compliant decision aids or written information on surgical options, benefits, risks and recovery timelines?</p> <p>b) Is shared decision-making formally monitored or audited by NHS Bristol, North Somerset and South Gloucestershire ICB or provider trusts?</p>	<p>a) Yes</p> <p>b) Not formally monitored by the ICB. Please contact the trusts directly for more information, contact details below;</p> <p>NBT: https://www.nbt.nhs.uk/about-us/information-governance/freedom-information/request-information</p> <p>UHBW: https://www.uhbw.nhs.uk/p/how-we-use-your-data/freedom-of-information-foi-requests</p>
<p>3. Choice of Implant and Surgical Technique</p> <p><i>Related to Recommendations 1.3.1–1.3.7</i></p>	<p>a) No, this is covered by NICE guidance which all surgeons are required to follow</p> <p>b) Yes, this is covered within the commissioning policy which can be found at Hip replacement surgery policy</p>

<ul style="list-style-type: none"> a) Does NHS Bristol, North Somerset and South Gloucestershire ICB have any policies or contracts in place that influence which hip implants (e.g. cemented vs. uncemented) can be used by providers? b) Do you require providers to follow NICE's recommendation to use implants that meet ODEP 10A* or equivalent standards for survivorship and performance? c) Is data on implant selection and revision rates tracked across your providers? 	<ul style="list-style-type: none"> c) Revision rates data are collected on "revision of primary hip replacement on the same side of the body within 90 days /1 year / 5 years"
<p>4. Enhanced Recovery and Length of Stay</p> <p><i>Related to Recommendations 1.4.1–1.4.4</i></p> <ul style="list-style-type: none"> a) Are providers within NHS Bristol, North Somerset and South Gloucestershire ICB expected to follow an Enhanced Recovery After Surgery (ERAS) pathway for hip replacements? b) What is the average and maximum length of stay for elective primary hip replacement surgeries in your area? 	<ul style="list-style-type: none"> a) We have enhanced recovery pathways, including supported discharge pathways. b) Average LoS = 3.1 days. To note that one of the BNSSG providers is the regional infection and revision centre for hips (and knees) and therefore provide services for significantly complex cases compared to other providers, which impacts LoS.
<p>5. Post-Operative Rehabilitation and Follow-Up</p> <p><i>Related to Recommendations 1.5.1–1.5.3</i></p> <ul style="list-style-type: none"> a) Are all patients offered post-operative rehabilitation (e.g. physiotherapy) following hip replacement? b) Is rehabilitation routinely delivered in hospital, the community, or both? c) What follow-up protocols are in place (e.g. physiotherapy review, outpatient check-ups), and at what intervals post-surgery? 	<ul style="list-style-type: none"> a) Yes b) Both c) Follow up protocols are in place as per the pathway requirements. Physiotherapy is standard. An example follow pathway for primaries is 6-8/52 F2F, 1yr virtual, PIFU thereafter. An example for revisions: 6-8/52, 1yr then every 2-3yrs depending on complexity/reason for revision.

<p>6. Data Collection and Outcomes</p> <p>a) Does NHS Bristol, North Somerset and South Gloucestershire ICB collect or review data on patient outcomes following hip replacement (e.g. PROMs, complication rates, revision surgery rates)?</p> <p>b) If so, please provide the most recent audit or summary outcome data available for hip replacement across providers in your area.</p>	<p>a) Revision surgery rates: yes PROMs: no, this is however collected by the providers Complication rates: no</p> <p>a) Revision surgery rates are routine collection available through Model Health. Data is however currently suppressed due to small numbers, so not available to share at this time. Please note that all revision surgeries are notified to the National Joint Registry who publish this data.</p>
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The information provided in this response is accurate as of 5 September 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.