

General Commissioning Policy

Treatment	Post Coital Bleeding
For the treatment of	Post Coital bleeding
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for post coital bleeding.</p>
Commissioning position	<p>Definition Non-menstrual bleeding that occurs after sexual intercourse</p> <p>Exclude Red Flag Symptoms</p> <ul style="list-style-type: none"> • Postmenopausal bleeding (PMB) i.e. bleeding >12 months after last period • Suspicious cervix on examination – refer to colposcopy 2WW <p>Referral criteria (when to refer)</p> <ul style="list-style-type: none"> • Persistent PCB with no obvious cause – USS and referral if any abnormal finding • Consider referral for PCB for over 6 months or if bleeding particularly heavy
Management	<ul style="list-style-type: none"> • Routine examination and swabs (remember Chlamydia) • Perform smear (ONLY if due) • If an ectropian is found – consider change in contraception. Ectropia are commonly hormone induced <p>Note – ROUTINE CRYOTHERAPY for ectropian is not performed as high risk of recurrence and risk of scarring</p> <ul style="list-style-type: none"> • If cervical polyp found – please see RSS guidance
Investigations prior to referral	<ul style="list-style-type: none"> • Chlamydia screening • High vaginal swab • Pelvic USS • NB: DON'T perform a cervical smear if outside the screening programme
Information to include in	<ul style="list-style-type: none"> • Describe problem (cycle, quantity e.g. pad usage, duration) and effect on quality of life

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
	NHS Scarborough & Ryedale Clinical Commissioning Group

referral letter	<ul style="list-style-type: none"> • FBC and USS results • Current contraception • Smear history (including last smear & result) <i>the patient will still be seen without this but if you can retrieve it automatically it speeds up the appointment</i> • Treatment options <i>please include which tried and whether effective</i> <p>Desirable information</p> <ul style="list-style-type: none"> • Indication of parity • Expectations of referral • Exclusions of pathology and reassurance • Endometrial Ablation/TCRE • Hysterectomy
Date reviewed	January 2017
Next Review Date	2019
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

1. Intermenstrual and postcoital bleeding – patient.co.uk website
2. NICE guideline Jan 2007 – Heavy Menstrual Bleeding

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
	NHS Scarborough & Ryedale Clinical Commissioning Group