

Diagnosing Adenomyosis and Endometriosis in a Primary Care Womens Hub

B.A.Sarker, C.M.Coppack, Y.McGrady, K.Barnett, S.Malik, R.Thompson, F.K.Khalil. Hylton Medical Group
Sunderland Womens Hub NENC ICB (North East North Cumbria Integrated Care Board)

This poster describes our first year experiences and figures scanning all patients using 30min appointments and an advanced technique to diagnose Adenomyosis and Endometriosis in an unselected primary care population and how this meets the NHS Womens Health Plan.

Introduction: The NHS ten year plan focuses on shifting care delivery closer to the community from hospital settings, leveraging digital technology and prioritising disease prevention to improve health outcomes. The government funding of regional and sub-regional Women's Hubs supports a centralised and targeted approach to women's healthcare.

The North East North Cumbria Women's Health Strategy is set out below

Our eight priorities and ambitions:

Menstrual health and gynaecological conditions We will improve access to timely information, diagnosis and treatment that is relevant to women's individual needs.	Cancers We will address the identified gaps in services and to deliver specific approaches for women in relation to cancer prevention, early detection and treatment.
Fertility, Pregnancy and Postnatal Support We will continue to improve the experience of fertility services, postnatal care and postnatal support. All women in NENC will be given information on all forms of contraception and be provided with their preferred choice in a timely, convenient and safe way.	Health impacts of abuse & violence against women and girls We will provide evidence based, in-house advocacy services to sensitively identify, support and refer women and girls experiencing abuse and violence.
Menopause All women in NENC will have access to well trained professionals that provide a person-centred approach to dealing with symptoms and management of menopause. To support this, the NENC ICB Menopause Policy will be rolled out with a focus on advanced consultant level support.	Healthy ageing and long-term conditions (LTC) Our clinical partners, especially primary care, will lead on intergenerational issues, will develop and maintain pathways, alongside existing data sharing, to ensure that women and girls have the best possible health and care outcomes.
Mental health and wellbeing We will improve prevention, identification and management of mental health issues, especially those who have experienced abuse and adversity.	The development of women's health hubs Women's health hubs will deliver flexible and innovative, high-quality care that is accessible locally to the community to every woman.

Our 'themes that will support all ambitions:

Needed approach: listening to the diverse voices of Women and Girls The diverse voices of women and girls will be at the heart of all NENC transformational projects. Their experiences, alongside the robust health intelligence and our commitment to be future oriented, will allow the ICB to develop services based on need.	Service mapping and pathways Detailed service mapping must be completed to allow the ICB to understand the current service provision and quality of care. We can then identify opportunities for improvement or reach to 'Place' for patient services.
Workforce & Training Ensure women's health related workforce policy is embedded in NHS organisations, and training of a high quality workforce to ensure that women and girls across NENC are receiving cutting edge assessments, treatment, care and support.	Technology and Digital Promoting digital inclusion, we will work with women and girls, to explore digital technologies to improve their access to a personal professional based diagnosis and service, support them to manage symptoms and conditions, and share their experiences of services.
Data The NENC Women's Health Needs Assessment (CHD, 2023) highlighted not enough women about adverse health related and primary care. Development of metrics and monitoring frameworks, alongside existing data sharing, to ensure that women and girls across NENC are receiving cutting edge assessments, treatment, care and support.	Strategic commissioning During the three years in the NHS, primary and co-ordination health services will be reviewed and commissioned to ensure that women and girls across NENC are receiving cutting edge assessments, treatment, care and support.
Prevention and early intervention Prevent & health through identification, prevention and support to individuals on all health issues and benefits and to citizens. Addressing health issues, health and emotional wellbeing at the right time and right place. Managing care to prevent a health issue.	Research Research is essential to better understand causes, diagnosis, and treatment of under-represented conditions, including rare effects and preventative care. We are committed to actively participating in and supporting research that advances women's health wherever possible.

Aim: We set out to utilise this opportunity to meet the unmet needs of women, potentially under-diagnosed with Adenomyosis and Endometriosis, with a 30min appointment including assessment of the Uterine Sliding Sign as routine.

Methods: We assessed the uterine sliding sign in the Pouch of Douglas and attempted as much of the BMUS advanced assessment for deep endometriosis as possible in the time allocated (as set out in their poster "Ultrasound for Endometriosis" distributed in December 2024)

We set out to train a GP and Advanced Nurse Practitioner in gynaecology ultrasound and teach them these techniques as part of their primary learning curve. They were enrolled on a CASE accredited course, but exposed to the full advanced technique at intermediate Level 2 during their training.

Results: We then audited our data every three months and present below our 10month findings of the disease incidence detected in a primary care population of undifferentiated gynaecology ultrasound referrals from a deprived background population. We also surveyed our patients for satisfaction as well as creating a focus group for potential service evaluation and research.

The Ultrasound Report Safety and Educational Features

Information about what the scan covers and what it does not replace

Information about what actions have been and need to be taken Including RED ALERTS

PLUS how to get the images across to the centre the patient has been referred to using the Image Exchange Portal (IEP)

Examination: Ultrasound Scan Pelvis – Transabdominal and Transvaginal
DATE OF SCAN:

CLINICAL DETAILS:

Consent – a transvaginal scan was performed with the patients consent.
Allergies – none declared
Staff Present – CHAPERONE DECLINED
LMP –
Extra clinical information – eg. Contraception, extra history, etc.
Student Present –

Findings:

EndoCervix –
Important: Ultrasound (including TVS) cannot assess the ecto-cervix or vaginal wall and a speculum examination may be indicated if this has not already been by done as part of the clinical examination.

Uterus –
Endometrium –
Pelvic Mobility / Sliding Sign –

Ovaries –
Right Ovary –
Left Ovary –

Adnexa –
Pouch of Douglas – No significant free fluid was seen in the pouch of Douglas

Pelvic signs of endometriosis – none seen
Important: endometriosis cannot be completely excluded using ultrasound and referral should always be considered where there is a strong clinical suspicion or the symptoms cannot be alleviated by measures taken in primary care.

Conclusion –

Referral – report sent back to referring clinician
IMPORTANT: Please ensure a copy of this report is sent with any secondary care referral

Referral – RED ALERT: This report contains either serious or unexpected findings that require the immediate attention or actions of the referring clinician. Please ensure this is brought to their attention and any actions are recorded. The report will be filed to the tbl.sussex@nhs.uk inbox. All acknowledgement/actions will be recorded there.

Miss Borsha Sarker DCR, DMU AVS, MHSC.
Consultant Sonographer – Sunderland Womens Hub HCPC RA30715

IMPORTANT – the ultrasound images are held on the PACS system belonging to Tyne-side Surgical Services and can be transferred securely on request via the Image Exchange Portal to any clinician by emailing the request to tbl.sussex@nhs.uk stating who is making the request, who the images should be sent to and at which hospital/institution.

Some things are different in Primary Care and due to cost restrictions we opted to offer a chaperone in line with cervical smears. The report had elements added for GP education and to help with image and report transfer to secondary tertiary care

BMUS 101 Ultrasound for Endometriosis

Endometriosis affects up to 1 in 10 people assigned female at birth and can take an average 8 years to diagnose. NHS guidelines advise an ultrasound scan to aid diagnosis. This quick visual reference guide may help guide sonographers to diagnose pelvic endometriosis.

Ultrasound Reference Guide

Anatomy

Imaging features

Example imaging

Uterus

Ovaries

Mobility

POD

Red flags

Dr Susanne Johnson has driven the adoption of this advanced technique for many years with free educational material on her YouTube channel @GynaecologyUltrasound.com

rad review of ultrasound

You really can diagnose endometriosis on ultrasound

Dr Susanne Johnson
Associate specialist in gynaecology
Princess Anne Hospital, Southampton

Borsha Sarker
Research sonographer, South Leicesters Research Centre Education Committee, British Medical Ultrasound Society
susanne.johnson@gynaecologyultrasound.com

Endometriosis is a common cause of pelvic and abdominal pain. It is a chronic condition that affects many women. It is a condition where tissue similar to the lining of the uterus (endometrium) grows outside the uterus. This can cause pain, bleeding, and other symptoms. It is a condition that can be diagnosed on ultrasound. This is a condition that can be diagnosed on ultrasound. This is a condition that can be diagnosed on ultrasound.

Education & Training Opportunities

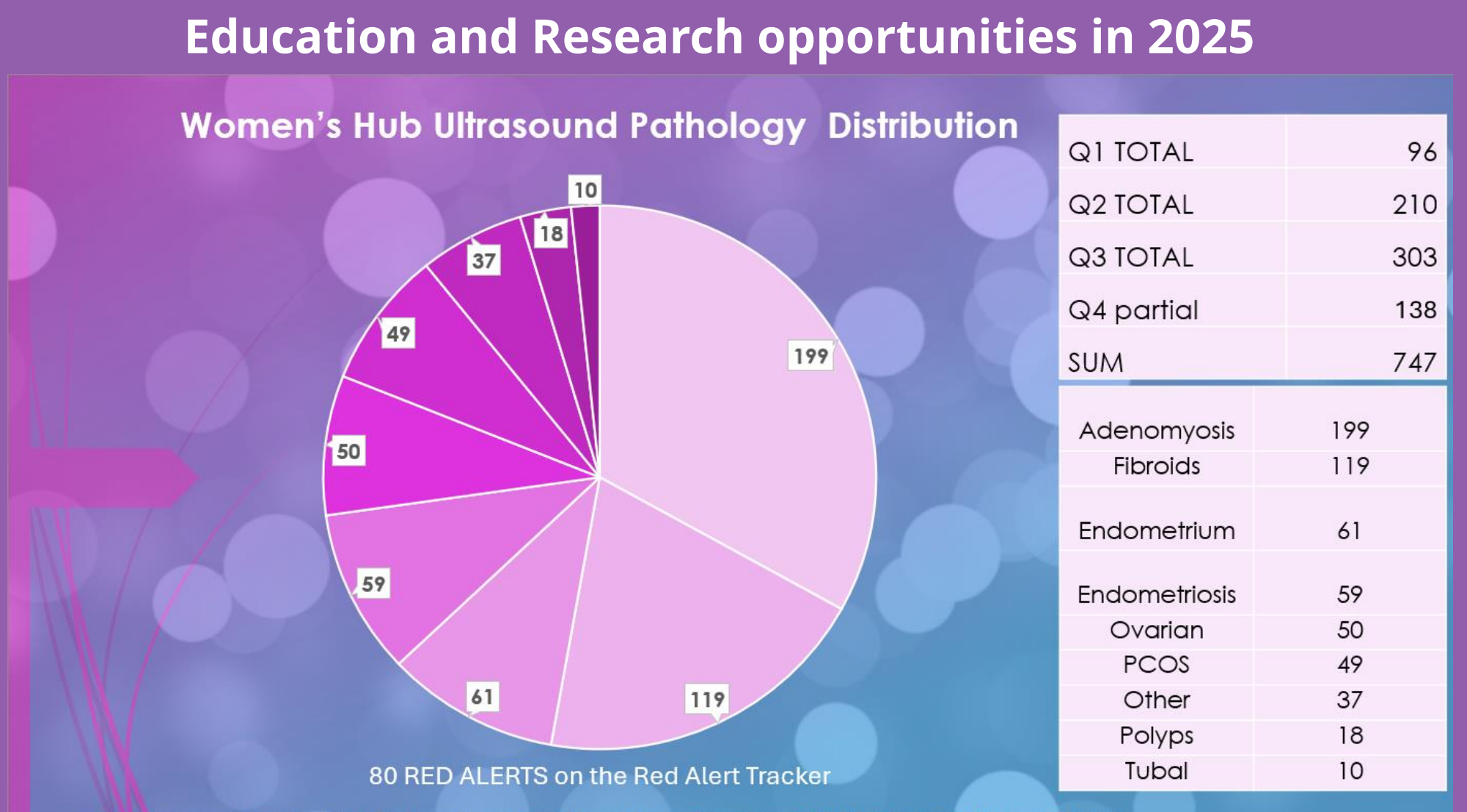
Research Opportunities

IMMENSE STUDY

DIAGNOSTIC FUTURES IN ENDOMETRIOSIS WORKSHOP

ENDO1000

Primary Care Endometriosis and Adenomyosis Research and Learning



What is our USP?

What difference are we making?

Red Flags Reminder

CONCLUSION: Since the Hub's US service is accessed via GP referrals, this dataset represents an important opportunity to evaluate outcomes from an integrated primary care referral pathway.

We observed problems when auditing that the management of patient pathology was not always as expected. Particularly some cases of endometriosis were referred via 2WW pathways, leading to the observation that having a satellite clinic to help manage and refer these patients in the Women's Hub may be more helpful in our Primary Care setting.

Clinical Audits.....unpublished data

- RED ALERT TRACKER – patients in whom urgent or unsuspected pathology was identified and dealt with urgently
- Previously Undiagnosed Pathology – previous 'normal' scan
- Endometriosis – patients referred to local or regional unit
- Adenomyosis – patients offered a Mirena coil for treatment
- Ultrasound Patient feedback surveys
- Patients newly diagnosed with pathology on their ultrasound scan and then managed by the Womens Hub, avoiding long waits for routine OP Gynae Referral
- Patients recruited for focus groups and for potential research

The NENC ICB Primary Care Ultrasound Training Academy

At the Sunderland Womens Hub

Our Best Assets

Our Key Deliverables

What Support We Need

OPEN ACCESS TO DIAGNOSTIC REFERRALS FROM ICE OR NHS CHOOSE AND BOOK

Business Proposal: Plan on a Page

The NENC ICB Primary Care Ultrasound Training Academy

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Examples of Bowel Endometriosis

What Support We Need

Our Best Assets

Our Key Deliverables

What Support We Need

PP001825: I will be here on Day 3 from 13.15 to 13.35 for any questions

<https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/characteristicsofwomenwithendometriosisdiagnosisinengland/27march13to31december21>

<https://blog.ons.gov.uk/2024/12/10/a-better-understanding-of-endometriosis-in-england/>

<https://www.gov.uk/government/publications/government-response-to-the-women-and-equalities-committee-report-on-womens-reproductive-health-conditions/government-response-to-the-women-and-equalities-committees-first-report-of-session-2024-to-2025-womens-reproductive-health-conditions>