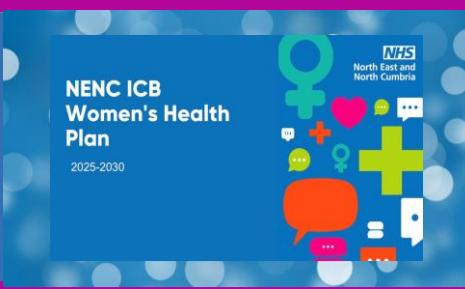


Diagnosing Adenomyosis and Endometriosis in a Primary Care Womens Hub

B.A.Sarker, C.M.Coppock, 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)



Redesigning Womens Health
Creating a Gynaecology Hub within General Practice



Sunderland Womens Hub
Diagnostic Ultrasound

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
- Cancers
- Fertility, Pregnancy and Postnatal Support
- Health impacts of abuse & violence against women and girls
- Menopause
- Healthy ageing and long-term conditions (LTCs)
- Mental health and well-being
- The development of women's health hubs

Our *themes that will support all ambitions:

- Needed approach: listening to the diverse voices of Women and Girls and the diverse voices of women and girls will be at the heart of all ICB transformations. Their experiences, needs and aspirations will be used to shape our services and ensure our services are better informed, more effective and better meet the needs of women and girls.
- Service mapping and pathways
- Workforce & Training
- Technology and Digital
- Data
- Strategic commissioning
- Research
- Prevention and early intervention

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.

BMUS Ultrasound for Endometriosis

Endometriosis affects 1 in 10 people assigned female at birth and can take on average 8 years to diagnose. NICE guidelines advise an ultrasound as a diagnostic test. This guide will help you identify and manage endometriosis.

Ultrasound Reference Guide

Uterus:

- Uterine position within the pelvis
- Assessment for Adenomyosis (inner uterine lining)
- Reporting phone suggestion: The indentation sign (dotted/dotted) features suggestion of adenomyosis (insert appropriate sign)

Ovaries:

- Direct ultrasound sign of adenomyosis
- Indirect signs of adenomyosis
- Reporting phone suggestion: The indentation sign (dotted/dotted) features suggestion of adenomyosis (insert appropriate sign)

POD:

- Direct ultrasound sign of adenomyosis
- Reporting phone suggestion: The indentation sign (dotted/dotted) features suggestion of adenomyosis (insert appropriate sign)

Red flags:

- Women are 50% more likely to have a heart attack wrongly diagnosed
- The NHS hasn't always been designed with women's needs in mind
- 80% of women find menopause symptoms affect their work
- 1 in 10 women go through menopause before the age of 45
- Women are 50% more likely to have a heart attack wrongly diagnosed

What is our USP?

We are attempting to introduce advanced level Gyno ultrasound as a standard service wherever possible for our patients. This includes as EXTRA, the deep pelvis, anterior and posterior compartments, retrofetal space, uterosacral ligaments, recto-vaginal, bowel, bladder, etc.

So we are starting mixed clinics where we can see and treat benign conditions if the GP requests to. We can also accommodate other specialist clinics e.g. Local gynaecologists or urologists.

What difference are we making?

From a slow start in October, we have scanned over 150 patients. Our new mixed clinics will hopefully reduce the number of patients being added to the waiting list for benign gyno at SRH.

- We are training two staff to PgCertification level in primary care
- We have an internal Red Alert Report tracker which follows up actions and helps us with clinical audit and governance
- We have external audit of 6% of cases for the CQC
- We have a quarterly audit meeting, including feedback review
- We have started to forge links with RSH Gynaecology to ensure referrals to Rapid Access services are streamlined and that the reports and Images follow the patient

Red Flags Reminder

We need to remember that all urgent patients with clinical Red Flags still need to be referred using the existing 2WW urgent pathways

What does this show us so far?

Our patient feedback tells us they feel this is a fantastic service with great continuity of care - 97% satisfied patients

The service has great potential but getting our scan reports sent on to the hospital hasn't been straightforward.

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.

Together our findings and dataset provide a real-world distribution of pathology mapping from GP referrals and show the value of service integration, accelerating diagnosis and reducing delays - using our red alert tracker to improve safety and timely care. This highlights a replicable model for workforce innovation and improving diagnostic capacity in Womens Health and demonstrates patient centred impact, with feedback surveys and focus groups enabling mixed methods publications on access, experience and equity. Policy relevance: The Hub offers a prototype for scaling women's health services nationally by embedding GP-initiated imaging within dedicated hubs.

We have presented the numerical and qualitative data including investigation and treatment outcomes of these patients in the context of primary care, discussed potential research opportunities and the wider potential for training and education in such a setting, as well as discussing some of the barriers that still need addressing for the NHS ten year plan to succeed for Gynaecology ultrasound. We hope this will inspire new models of service provision incorporating the advanced techniques that help to diagnose more cases of endometriosis at first presentation. We hope to publish our data with the PEARL group after data validation and cleansing.

Laid out below are further opportunities in Primary Care.

The NENC ICB Primary Care Ultrasound Training Academy

At the Sunderland Womens Hub

Our Best Assets

- Experienced Sonographers
- 6 Validated Staff Trainers
- Capacity for any ultrasound
- Ability to grow our own NEW Sonographers

Our Key Deliverables

- Newly Grown ICB Capacity
- 3 students per annum per machine
- Capacity for any ultrasound
- Ability to grow our own NEW Sonographers

What Support We Need

- Infrastructure
- US Equipment
- Primary Care
- Staffing for CDCs
- Training Contracts
- Primary Care ACPs

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

At the Sunderland Womens Hub

Our Best Assets

- Experienced Sonographers
- 6 Validated Staff Trainers
- Capacity for any ultrasound
- Ability to grow our own NEW Sonographers

Our Best Deliverables

- 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

At the Sunderland Womens Hub

Our Best Assets

- Experienced Sonographers
- 6 Validated Staff Trainers
- Capacity for any ultrasound
- Ability to grow our own NEW Sonographers

Our Best Deliverables

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

What Support We Need

- We have the ability to grow our own NEW Sonographers for NENC ICB capacity from external applicants who can be recruited to training contracts that demand up to two years of service delivery in the Primary Care sector in return (or receipt of costs of training via contract enforcement provisions).
- We can support up to 3 students per annum per machine, as students funded by the NENC ICB for the first year of the PgCert in Primary Care. This will be funded by the NENC ICB for the first year of the PgCert in Primary Care ACPs.
- Training contracts for Full Ultrasound or Part of Care PgC, PgM and MSc could be supported by the hospital trusts and GPs who would refer patients to the Training Academy as images and reports are generated by the hospital trusts and GPs.
- Training contracts for Gynaecology, Endocrinology, Radiology, and other specialities such as Psychiatry, Podiatry, Urology, Women's Health, Neurology, Rheumatology and other long term conditions. The primary goal is the undergraduate academic requirements to be met and the clinical requirements to be met and a successful recruitment process.

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

Chaperone Present – CHAPERONE DECLINED

IMR –

Extra clinical information – eg. Contraception, extra history, etc.

Student Present –

Bladder: EndoDopix –

Obstetrics: EndoDopix –

Ovaries: Right Ovary – Left Ovary –

Adnexae: 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 other 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 referring clinician. All acknowledgement/actions will be recorded there.

Miss Borslark DCR DMU AVS MHS:
Consultant Sonographer – Sunderland Womens Hub HCPC RA30715

IMPORTANT – the ultrasound images are held on the PACS system belonging to Tynside Surgical Services and can be transferred securely on request via the Image Exchange Portal to any clinician by emailing the request to tel:01915850000 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

Education & Training Opportunities

Education & Training Opportunities

ASM25

BSGE Endometriosis 2 Day Education Event

ULTRASOUND 2025

Gynaecology Ultrasound

MARCH IS ENDOMETRIOSIS MONTH

Research Opportunities

IMENSE STUDY

ENDO1000

OVERVIEW

ENDO1000 is a multi-centre project that will recruit 1000 people with endometriosis (TAKEMORE) and 1000 people without endometriosis (TAKEMORE). We're asking people to participate who:

- Are age 18 or older
- Have regular periods and are not on hormone replacement therapy
- Have had a previous diagnosis of endometriosis
- Have had a previous diagnosis of adenomyosis

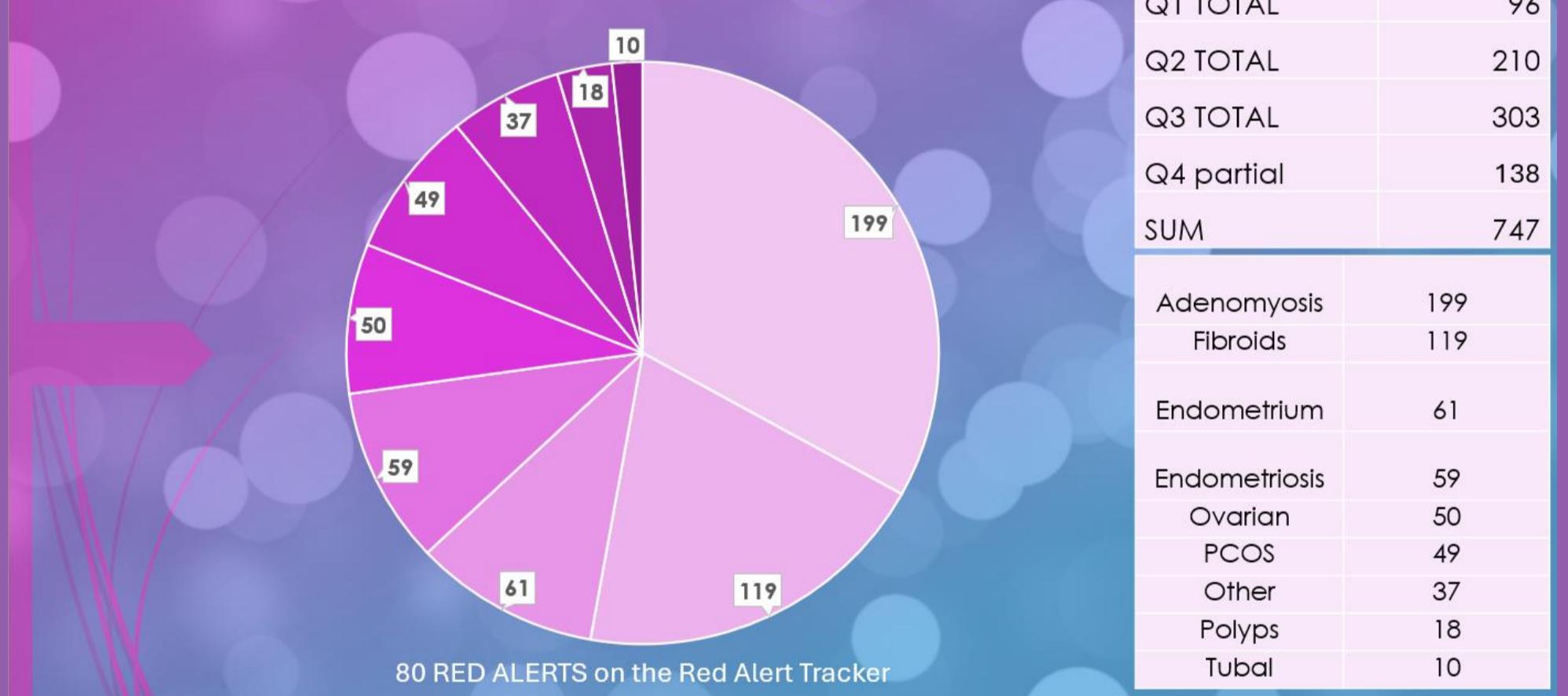
The objective of the ENDO1000 project is to accelerate discovery and translational research this endometriosis diagnosis and treatment.

PEARL

Primary Care Endometriosis and Adenomyosis Research and Learning

Education and Research opportunities in 2025

Women's Hub Ultrasound Pathology Distribution



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

REFERENCE: BMUS PEER REVIEW AUDIT TOOL 2014

Scoring	Criteria
3 - Excellent	High quality examination. Organised to maximise patient safety and efficiency. Appropriate measurements made. May include ultrasound images but with evidence that this was due to patient factors and attempts have been made to address this by manipulation of scanner controls.
2 - Acceptable / Yes	Reasonable image quality with a few poor quality images and poor use of measurements. May include ultrasound images. May include verbal feedback from patient about the quality of the images.
1 - Not Acceptable / No	Images of a non diagnostic standard. Unable to diagnose based on images taken during the examination.

5% clinical scans peer audited quarterly.

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

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/characteristicsofwomenwithanendometriosisdiagnosisinengland/27march11to31december21>

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

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