

Debate Pack
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NHS hysteroscopy treatment

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1 Background

A debate is scheduled to be held on Tuesday 31 January 2023, at 2.30pm, in Westminster Hall on NHS hysteroscopy treatment. The debate will be opened by Lyn Brown MP.

Concerns have previously [been raised in the Commons](#), and by the [Campaign Against Painful Hysteroscopy](#), about variations in practice regarding the use / offer of anaesthesia and the pain associated with having a hysteroscopy. The NHS states the pain may be “severe” for some patients during a hysteroscopy while others may feel no or mild pain.¹ The Campaign Against Painful Hysteroscopy started a change.org petition – “[End barbaric NHS hysteroscopies with inadequate pain-relief](#)” – which, at the time of writing, has over 57,000 signatures.

1.1 What is a hysteroscopy?

A hysteroscopy is an examination of the uterus (womb) and cervix using a hysteroscope. A hysteroscope is a thin, lighted tube with a camera at the end. It is inserted through the vagina. The NHS website explains that images “are sent to a monitor so your doctor or specialist nurse can see inside your womb”.² The Royal College of Obstetricians and Gynaecologists (RCOG) describes hysteroscopy as an “established diagnostic test that is in widespread use across the UK”.³

1.2 Why might a hysteroscopy be performed?

A hysteroscopy is primarily used to “assess abnormal uterine bleeding” (such as heavy menstrual bleeding, irregular spotting between periods and post-menopausal bleeding) and to help diagnose “reproductive problems”.⁴

It can be a part of the investigative, diagnostic and treatment processes and may be used to:

- identify structural irregularities in [the] uterus that may be causing abnormal bleeding;⁵

¹ [Hysteroscopy - NHS \(www.nhs.uk\)](#), page last reviewed December 2018

² [Hysteroscopy - NHS \(www.nhs.uk\)](#), page last reviewed December 2018

³ [Hysteroscopy, Best Practice in Outpatient \(Green-top Guideline No. 59\) | RCOG](#), April 2011

⁴ [Hysteroscopy, Best Practice in Outpatient \(Green-top Guideline No. 59\) | RCOG](#), April 2011

⁵ [Hysteroscopy: Purpose, Procedure, Risks & Recovery \(clevelandclinic.org\)](#), December 2022

- confirm the results of other tests, such as an ultrasound or hysterosalpingography (the latter is used to check whether fallopian tubes are damaged or blocked);⁶
- investigate symptoms or problems – such as heavy periods, unusual vaginal bleeding, postmenopausal bleeding, pelvic pain, repeated miscarriages or difficulty getting pregnant;⁷
- examine and remove uterine scarring, polyps, or fibroids;⁸
- find and remove displaced IUDs (intrauterine devices);⁹
- place small birth control inserts into the fallopian tubes;¹⁰
- take a biopsy (this can, for example, be part of the diagnostic procedure for womb and endometrial cancers);¹¹
- perform endometrial ablation [...] a procedure that treats abnormal uterine bleeding. [The] surgeon uses the hysteroscope to look inside [the] uterus before using a device to destroy [the] uterine lining.¹²

[Information about what happens during a hysteroscopy is available on the NHS website.](#)

⁶ [Hysteroscopy: Purpose, Procedure, Risks & Recovery \(clevelandclinic.org\)](#), December 2022

⁷ [Hysteroscopy - NHS \(www.nhs.uk\)](#), page last reviewed December 2018

⁸ [Hysteroscopy | Johns Hopkins Medicine](#), not dated, last accessed 25 January 2023

⁹ [Hysteroscopy | Johns Hopkins Medicine](#), not dated, last accessed 25 January 2023

¹⁰ [Hysteroscopy | Johns Hopkins Medicine](#), not dated, last accessed 25 January 2023

¹¹ [Hysteroscopy | Johns Hopkins Medicine](#), not dated, last accessed 25 January 2023; [Biopsy for womb cancer | Macmillan Cancer Support](#), August 2021

¹² [Hysteroscopy: Purpose, Procedure, Risks & Recovery \(clevelandclinic.org\)](#), December 2022

2 Guidelines and statements

2.1 Royal College of Obstetricians and Gynaecologists (RCOG) guidelines

The [NHS website](#) explains that a hysteroscopy tends to be performed as an [outpatient or day-case basis](#), with or without the use of local anaesthesia. It adds that it is “generally very safe” but that “like any procedure, there is a small risk of complications”.¹³

As noted above, concerns have [been raised in the Commons](#), and by the [Campaign Against Painful Hysteroscopy](#), about variations in practice regarding the use / offer of anaesthesia and the pain associated with having a hysteroscopy which, the NHS states, may be “severe” for some patients.¹⁴

RCOG provides further detail on its website:

Outpatient hysteroscopy, whether diagnostic or operative, is successful, safe and well tolerated. However, as with any procedure requiring instrumentation of the uterus, outpatient hysteroscopy can be associated with significant pain, anxiety and embarrassment. This not only impacts upon women’s satisfaction with their experience, but also limits the feasibility and possibly the safety, accuracy and effectiveness of the procedure.¹⁵

Lyn Brown MP (Labour) has repeatedly called on the Government to address the matter of painful hysteroscopy. In January 2022, for example, Ms Brown asked the Government:

- for a “guarantee [...] that tackling painful hysteroscopy will be a core issue” in the Women’s Health Strategy and;
- “for all NHS trusts to offer patients who need a hysteroscopy a full range of anaesthetics and to inform them accurately about the risk factors for serious pain, so that all women can make an informed decision”.¹⁶

The Government has stated, in response to Parliamentary Questions, that NHS England is:

¹³ [Hysteroscopy - NHS \(www.nhs.uk\)](#), page last reviewed December 2018

¹⁴ [Hysteroscopy - NHS \(www.nhs.uk\)](#), page last reviewed December 2018

¹⁵ [Hysteroscopy, Best Practice in Outpatient \(Green-top Guideline No. 59\) | RCOG](#), April 2011

¹⁶ [HC Deb, 31 January 2022, c118](#)

[...] clear that doctors or nurses carrying out hysteroscopies should ensure that before a woman consents to the procedure she must be clear on what to expect and be offered pain relief options.¹⁷

RCOG published guidelines – [Best Practice in Outpatient Hysteroscopy](#) (opens PDF) – in March 2011 to promote “optimal service provision” and with particular reference to “minimising pain and discomfort”. Its recommendations on ‘analgesia’ (medication for pain relief), for example, include:

- Routine use of opiate analgesia before outpatient hysteroscopy should be avoided as it may cause adverse effects.
- Women without contraindications should be advised to consider taking standard doses of non-steroidal anti-inflammatory agents (NSAIDs) around 1 hour before their scheduled outpatient hysteroscopy appointment with the aim of reducing pain in the immediate postoperative period.¹⁸

The RCOG guidelines also include recommendations regarding the use of miniature hysteroscopes, on the grounds that they “significantly reduce the discomfort experienced” and that gynaecology units should develop and implement “standard protocols regarding the type, maximum dosage and route of administration of anaesthesia”.¹⁹

The Government stated in early 2023 that RCOG is:

[...] updating their best practice in outpatient hysteroscopy guidelines, due to be published in 2023. RCOG is also producing a good practice paper on pain relief and informed decision-making for outpatient hysteroscopy procedures, due to be published in early 2023.²⁰

The Health Minister, Maria Caulfield, noted in 2022 that, while the RCOG guidelines are in place, there was no data on whether they were being followed:

we do not have the information to know who is and is not following those guidelines. We are therefore not in a position to say whether, if those guidelines were followed, many women would not experience pain, and that is the difficulty we have. The data is therefore crucial.²¹

¹⁷ [PQ 126711](#) [on Hysteroscopy: Pain], 23 January 2023

¹⁸ [RCOG, Best Practice in Outpatient Hysteroscopy \(opens PDF\)](#), April 2011, p2

¹⁹ [RCOG, Best Practice in Outpatient Hysteroscopy \(opens PDF\)](#), April 2011, p2-3

²⁰ [PQ 126713](#) [on Hysteroscopy: Counselling and Pain], 23 January 2023; [PQ 126712](#) [on Hysteroscopy], 23 January 2023

²¹ [HC Deb, 31 January 2022, c121](#)

British Society for Gynaecological Endoscopy statement

The British Society for Gynaecological Endoscopy (BSGE) also issued a statement, in 2018, on outpatient hysteroscopy. It said the statement was “in response to demand from members and patients”:

Diagnostic hysteroscopy is a commonly performed investigation; it is safe and of short duration. Most women are able to have the procedure in an outpatient setting, with or without local anaesthesia, and find it convenient and acceptable. However, it is important that women are offered, from the outset, the choice of having the procedure performed as a day case procedure under general or regional anaesthetic. Some centres are also able to offer a conscious sedation service in a safe and monitored environment.

It is important that the procedure is stopped if a woman finds the outpatient experience too painful for it to be continued. This may be at the request of the patient or nursing staff in attendance, or at the discretion of the clinician performing the investigation.²²

The BSGE has developed a patient satisfaction survey on outpatient hysteroscopy, more information on which can be accessed at: [October national survey month in outpatient hysteroscopy - bsg](#)

²² [BSGE statement regarding outpatient hysteroscopy - BSGE](#), December 2018

3 Government policy

3.1 Women's Health Strategy for England

The [Women's Health Strategy for England](#) aims to address and improve health outcomes for women and girls while also ensuring that their voices are heard, and their experiences are used, to improve healthcare. It was shaped by a call for evidence which generated over 100,000 individual responses and over 400 from health care bodies and organisations.

An updated version of the strategy was published in late August 2022.

One of the "10 year ambitions" in the plan is to improve experiences of hysteroscopy, specifically:

- women and girls report improved experiences of care and gynaecological procedures, in particular experiences of pain during procedures such as hysteroscopy and IUD fittings. Disparities in access to care and experiences of care are tackled.²³

The work being undertaken on the matter by RCOG is also set out in the Strategy:

We are also pleased that the Royal College of Obstetricians and Gynaecologists guidelines on outpatient hysteroscopy are being updated, and that the Royal College of Obstetricians and Gynaecologists is producing a good practice paper on pain relief and informed decision-making for outpatient hysteroscopy procedures, which will be published shortly.

In addition, the Royal College of Obstetricians and Gynaecologists has been commissioned by the Getting it Right First Time (GIRFT) programme to develop consent guidance for 9 gynaecological procedures as part of the [High Volume Low Complexity Programme](#), which is supporting elective recovery and the development of standardised patient pathways across regions.

These are:

1. Outpatient hysteroscopy.
2. Outpatient operative hysteroscopy.
3. Operative hysteroscopy under general or regional anaesthesia.
4. Diagnostic laparoscopy.

²³ Department of Health and Social Care, [Women's Health Strategy for England - GOV.UK](#), 30 August 2022

5. Laparoscopic sterilisation.
6. Total laparoscopic hysterectomy.
7. Vaginal hysterectomy and repair.
8. Endometrial ablation under general anaesthetic.
9. Outpatient endometrial ablation.²⁴

²⁴ Department of Health and Social Care, [Women's Health Strategy for England - GOV.UK](#), 30 August 2022

4 Parliamentary material

4.1 Debates

[Westminster Hall debate: Gynaecological Services: Waiting Lists](#)

HC Deb 6 July 2022 | Vol 717 c399WH-

[Commons adjournment debate: NHS Hysteroscopy Treatment](#)

HC Deb 31 January 2022 | Vol 708 c115-

[Commons adjournment debate: NHS Hysteroscopy Treatment](#)

HC Deb 24 September 2020 | Volume 680 c1238-

[Westminster Hall debate: NHS: Hysteroscopies](#)

HC Deb 11 December 2018 | Vol 651 c35WH-

4.2 PQs

[Hysteroscopy: Pain](#)

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that women undergoing hysteroscopy tests opting for a general anaesthetic do not experience delay to their procedure.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

To transform the way the National Health Service provides care, reduce delays and tackle waiting times including for gynaecology services, the Department has allocated £2.3 billion to open up to 160 Community Diagnostic Centres by 2024/25 and £1.5 billion for new surgical hubs.

Surgical hubs focus on providing high volume low complexity surgeries including in gynaecology, as recommended by the Royal College of Surgeons of England.

Operative Hysteroscopy under general or regional anaesthesia is one of the procedures surgical hubs are able to provide within gynaecology. Currently, there are 89 elective surgical hubs that are operational across England, helping tackle waiting times and improving patient outcomes.

HC Deb 25 January 2023 | PQ 126715

[Hysteroscopy: Pain](#)

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications of the First Do No Harm report for pain and trauma management for women having hysteroscopy diagnosis tests.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

No specific assessment has been made. The First Do No Harm report does not refer to pain and trauma management for women having hysteroscopy diagnosis tests. The Government responded to the First Do No Harm report in July 2021 and published an update report in December 2022.

HC Deb 23 January 2023 | PQ 126714

[Hysteroscopy: Counselling and Pain](#)

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, if he will take steps to ensure that there is effective counselling for women ahead of hysteroscopy procedures; and discuss with medical professionals the potential merits of ensuring that women are offered anaesthetics to address pain during that procedure.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

NHS England are clear that all doctors or nurses carrying out hysteroscopies must make sure women are listened to before, during and after their procedure. The National Health Service website advises women that they can speak to the doctor or nurse before having the procedure about what to

expect, and to ask them about pain relief options, including the option of local or general anaesthetic.

The Royal College of Obstetricians and Gynaecologists (RCOG) is updating their best practice in outpatient hysteroscopy guidelines, due to be published in 2023. RCOG is also producing a good practice paper on pain relief and informed decision-making for outpatient hysteroscopy procedures, due to be published in early 2023. We encourage healthcare professionals to refer to these publications.

HC Deb 23 January 2023 | PQ 126713

Hysteroscopy

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, if his Department will take steps to help ensure there are effective feedback processes in place for women undergoing hysteroscopy procedures, before and after surgery.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

There are arrangements in place for patients to provide feedback, raise a concern or complain about their care, including a National Health Service wide complaints system. These arrangements are an important means of enabling the patient's voice to be heard and identifying where and how NHS services can be improved.

Hysteroscopy can be done as day case procedures under general, spinal or epidural anaesthesia, and it is important that all information covering both benefits and risks are provided to women, so they can make informed choices about their care. Doctors or nurses carrying out hysteroscopies should ensure that before a woman consents to the procedure, she must be clear on what to expect and be offered pain relief options. NHS England are clear that all doctors or nurses carrying out hysteroscopies must make sure women are listened to before, during and after their procedure.

HC Deb 23 January 2023 | PQ 126712

Hysteroscopy: Pain

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of guidance for women undergoing hysteroscopy procedures.

To ask the Secretary of State for Health and Social Care, if his Department will review the adequacy of the guidance for post-menopausal women undergoing hysteroscopy procedures on levels of pain during and after those procedures.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

No specific assessment has been made. However, information on hysteroscopy procedures and pain management is available on the National Health Service website.

The Royal College of Obstetricians and Gynaecologists (RCOG) has published a patient information leaflet on outpatient hysteroscopy, which we encourage NHS trusts to make available to patients ahead of the procedure. NHS England are clear that doctors or nurses carrying out hysteroscopies should ensure that before a woman consents to the procedure she must be clear on what to expect and be offered pain relief options.

HC Deb 23 January 2023 | PQ 126710; PQ 126711

Gynaecology: Waiting Lists

Asked by: Clark, Feryal

To ask the Secretary of State for Health and Social Care, what steps his Department plans to take to tackle regional variation in gynaecological waiting lists.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

National Health Service regional teams and integrated care systems will collaborate to standardise how care is delivered care, ensure best practice is adopted and share capacity and resources to reduce unwarranted regional variation in waiting times for gynaecological services. We have allocated £8 billion for the next three years £8 billion over the next three years to increase activity in elective services in England and reduce waiting times, including for gynaecology services.

We have also provided an additional £2.3 billion to establish up to 160 community diagnostic centres (CDCs) to provide further capacity for those waiting for clinical tests, such as ultrasound scanning, blood tests and hysteroscopy to investigate heavy menstrual bleeding or post-menopausal bleeding. Funding for CDCs has been allocated to ensure that regions with unmet need receive additional resources to address regional variation.

HC Deb 26 July 2022 | PQ 33961

[Campaign Against Painful Hysteroscopy](#)

Asked by: Twist, Liz

To ask the Secretary of State for Health and Social Care, what discussions his officials have had with NHS England about the meeting held on the 4 February 2022 with the Campaign Against Painful Hysteroscopy; and if he will make a statement.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

NHS England and NHS Improvement's National Speciality Adviser for Gynaecology met with representatives of the Campaign Against Painful Hysteroscopy, the Royal College of Obstetricians and Gynaecologists, and The Royal College of Anaesthetists. Officials have been advised that all attendees agreed that hysteroscopy is an effective way of assessing and treating abnormalities in the cavity of the uterus and it is essential women feel able and safe to have the procedure.

The Royal College of Obstetricians and Gynaecologists are consulting on a good practice paper 'Pain relief and informed decision-making for outpatient hysteroscopy and procedures'. This paper makes clear that all doctors or nurses carrying out hysteroscopies must make sure women are listened to before, during and after their procedure.

HC Deb 17 March 2022 | PQ 122782

[Hysteroscopy: Pain](#)

Asked by: Twist, Liz

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the impact of fear of painful hysteroscopy has had on uptake of procedures.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

No specific assessment has been made. The National Health Service advises women to consult a clinician prior to the procedure to discuss any concerns and pain relief options, including a local or general anaesthetic. Women can also discuss the option of alternative treatment, such as a pelvic ultrasound. If a woman experiences pain during the hysteroscopy, she should alert the clinician who can halt the procedure at any time. The Royal College of Obstetricians and Gynaecologists' guideline also stresses the minimisation of pain during hysteroscopies.

HC Deb 17 March 2022 | PQ 122780

Hysteroscopy

Asked by: Twist, Liz

To ask the Secretary of State for Health and Social Care, what plans his Department has to develop national guidelines on the provision of hysteroscopies for investigating suspected gynaecological conditions.

Answering member: Maria Caulfield | Department: Department of Health and Social Care

The National Institute for Health and Care's guidelines for heavy menstrual bleeding suggest that hysteroscopy should be used as a diagnostic tool only when ultrasound results are inconclusive, for example, to determine the exact location of a fibroid or the exact nature of the abnormality. The Royal College of Obstetricians and Gynaecologists' guidelines outlines best practice in outpatient hysteroscopy and identifies that outpatient treatment has both clinical and economic benefits. The Royal College is updating its clinical guidelines which are expected to be published in 2023.

HC Deb 16 March 2022 | PQ 122781

Hysteroscopy: Pain

Asked by: Twist, Liz

To ask the Secretary of State for Health and Social Care, whether it is his policy for the National Institute for Health and Care Excellence has to update Quality Standard 2 in QS47 on Heavy Menstrual Bleeding to state that all women undergoing outpatient hysteroscopy should be offered pain relief, in line with Royal College of Obstetricians and Gynaecologists guidance.

Answering member: Edward Argar | Department: Department of Health and Social Care

The National Institute for Health and Care Excellence (NICE) is an independent body and is responsible for maintaining its published guidelines and quality standards.

NICE quality standards draw on existing NICE guidelines or NICE-accredited guidance and describe high-priority areas for quality improvement in a defined care or service area. NICE's guideline on the assessment and management of heavy menstrual bleeding recommends that women are advised to take pain relief before hysteroscopy and have the option of hysteroscopy under general or regional anaesthesia. This is in line with recommendations made by the Royal College of Obstetricians and Gynaecologists.

NICE currently has no plans to update or review its quality standard or guideline on heavy menstrual bleeding. NICE maintains close surveillance of new evidence that may affect its published guidance, and would consult on proposed changes if significant new evidence were to emerge.

HC Deb 21 February 2022 | PQ 122779

[Hysteroscopy: Finance](#)

Asked by: Brown, Ms Lyn

To ask the Secretary of State for Health and Social Care, with reference to the 2020-21 National Tariff Payment System Annex D: Guidance on best practice tariffs, section 15.2, paragraph 196, whether the 2021-22 National Tariff Payment System will include a higher price for outpatient hysteroscopy procedures than for ordinary and day-case elective admissions.

Answering member: Edward Argar | Department: Department of Health and Social Care

NHS England sets day case and outpatient tariffs for a range of procedures where expert clinical consensus is that this may be appropriate. In the case of hysteroscopy procedures there is a single price.

NHS England recognises that few hysteroscopy cases are reported as outpatient procedures and that most are reported as day cases or inpatient cases. NHS England has raised this issue with the NHS Digital-led Expert Reference Group that covers this clinical area. Expert Reference Groups are led by clinicians nominated by their Royal Colleges to agree currency design changes and provide their views about whether the prices relativities are correct. The Expert Reference Group for this clinical area advises that the

same price is set for all forms of diagnostic hysteroscopy procedures under Healthcare Resource Group codes MA31Z-MA34Z.

HC Deb 22 December 2020 | PQ 128919

[Health Services: Females](#)

Asked by: Brown, Ms Lyn

To ask the Secretary of State for Health and Social Care, with reference to the oral contribution of the Minister for Patient Safety, Mental Health and Suicide Prevention, of 24 September 2020, Official Report, column 1243, when the Women's Health Agenda is next planned to meet; and whether the issue of painful hysteroscopy is on the agenda for that meeting.

Answering member: Ms Nadine Dorries | Department: Department of Health and Social Care

The Women's Health Agenda is not a formal group and there are no meetings of the Women's Health Agenda planned.

However, we are committed to considering the issue of painful hysteroscopies as part of our ongoing work on women's health and the Royal College of Obstetricians and Gynaecologists is currently reviewing the guideline regarding out-patient hysteroscopy, which has an explicit focus on minimising pain and optimising the woman's experience.

HC Deb 24 November 2020 | PQ 114123

[Hysteroscopy: Pain](#)

Asked by: Brown, Ms Lyn

To ask the Secretary of State for Health and Social Care, if NHS Improvement will remove the financial incentive for outpatient hysteroscopy procedures within the proposed National Tariff Payment System 2020-21.

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the effect of the inclusion of a financial incentive for outpatient hysteroscopy procedures within the National Tariff Payment System on the incidence of (a) severe pain during hysteroscopy and (b) women discouraged from taking up diagnostic hysteroscopy as a result of fear of severe pain due to the procedure.

Answering member: Caroline Dinéage | Department: Department of Health and Social Care

NHS England and NHS Improvement are responsible for the design of the National Tariff. Any changes to tariff are made following significant engagement with stakeholders throughout the sector. The final changes are consulted on alongside an assessment of the potential impact to providers and patients.

The current statutory consultation on the 2020/21 tariff is open until midnight on Wednesday 22 January. The document considers changes to outpatient tariffs to support the delivery of the Long Term Plan, including outpatient transformation.

Hysteroscopy is covered by the outpatient procedures best practice tariff (BPT). The aim of the BPT is to encourage procedures in an outpatient setting, where clinically appropriate. Outpatient procedures provide the patient with a quicker recovery, as well as allowing them to recuperate at home and get back to work and daily life sooner. The National Health Service in England does not collect data on the incidence of severe pain during hysteroscopy or women discouraged from taking up diagnostic hysteroscopy as a result of fear of severe pain due to the procedure.

HC Deb 14 January 2020 | PQ 393; PQ 394

5

Further reading

Hysteroscopy Action – the website of the Campaign Against Painful Hysteroscopy

<https://www.hysteroscopyaction.org.uk/>

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