SHEHATA CRP CLINIC ANNUAL REPORT 2017-18

Delivering Hope for New Life

MISCARRIAGE CLINIC LTD | CENTRE FOR REPRODUCTIVE IMMUNOLOGY AND PREGNANCY
SURREY : BRAMSHOTT HOUSE, 137/139 HIGH STREET, EPSOM KT19 8EH
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ABOUT US

Our clinic promotes a cutting edge scientific medical approach and alternative therapy. We are dedicated in diagnosing and treating miscarriages and providing women with the chance of having a successful pregnancy outcome.

Each patient is entirely unique in terms of their clinical problems and the outcome of their investigations, our aim is to give the best possible improvement in each individual case. Currently, most couples are told that there is no apparent cause for their miscarriages or that it is 'bad luck'.

However, the good news is that in our clinic, we have taken long-awaited steps forward in the diagnosis and treatment of women who suffer miscarriages.

Using radical scientific advances, we now understand that in some instances a mother's immune system can turn on itself and damage her own pregnancies. Using our knowledge of 'reproductive immunology' alongside other established therapies we are now able to diagnose and treat a much greater proportion of women who have previously been offered little hope. We are aware that not all clinicians agree that the immune system plays a role in miscarriages.

Even women in their late thirties and early forties who have suffered several miscarriages consecutively without any apparent reason, are finally able to carry their pregnancies to full term and take their babies home with them.

We treat couples who experience recurrent miscarriages, multiple pregnancy losses or repeated in vitro fertilization failures.

Our clinic is one of the few centres in the world offering this latest treatment and we believe we can finally bring relief to thousands of couples who might otherwise give up hope.

In our institute we also offer other services to support women's health such as expert pregnancy care and delivery, prenatal testing and baby scans, hyperemesis gravidarum, general gynaecology and complimentary therapies.

We also offer a bespoke well man service and fertility (men and women) screening to support a holistic approach in the endeavour to start a family.

We are always in pursuit of excellence and development.



WELCOME

Welcome to our annual report for 2017-18, this report aims to give an overview on how the clinic has performed over the last financial year. Our clinic has experienced a busy year, with over 3000 patient visits over the course of the financial year. Despite treating such a large number of patients, we are happy to confirm that the high level and quality of care that we provide our patients has been pivotal to last year's success.

At the same time, more consultants have been brought into the practice to cover the growing demand for our services. We have also introduced specialist clinicians that can aid in a more holistic treatment for our patients and their partners.

We have collected patient feedback, to actively try and improve wherever possible. For example, it was noted that the phone lines were often busy, so we changed our practice so that calls are answered throughout the working day, rather than only between 9:30 &12:30.

At the forefront of our thinking, we are committed to the care and improvement of human life, therefore several audits have been undertaken to provide us with recommendations and action plans that ensure our patients are getting the best service possible.

For more information about our clinic, including the answers to various frequently asked questions, please visit: **http://www.miscarriageclinic.co.uk/**

We are extremely proud of our clinic and staff, and hope this report reflects all the hard work that the team has done over the last financial year.

MISSION STATEMENT

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Above all, we are committed to the care and improvement of human life

We act in ways that respect dignity, uniqueness and intrinsic worth of every individual

We endeavour to promote a cutting edge and pioneering scientific approach to help provide individuals with successful outcomes

We treat all those we serve with the utmost compassion and confidentiality

We act with honesty, integrity and fairness and aim to inspire trust in the way we conduct our business

We highly value our colleagues’ contributions and treat each other with loyalty, respect and dignity

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OUR SERVICES

MISCARRIAGE SERVICES

It is a surprise for many women to discover how common miscarriage actually is. More than one in five pregnancies ends in a miscarriage. When a woman conceives, and a baby is created, it takes half of its genes from the sperm and half from the egg that ovulated that month. At the exact time of conception, the cross-over of these genes takes place. But for many different reasons this complex process sometimes goes wrong and sadly the pregnancy miscarries.

We know that half of these miscarriages can be explained by either chromosomal or genetic abnormalities which occur naturally as part of the random nature of the eggs and sperm joining, and it is a matter of 'luck' that some of these pregnancies do not survive.

Sometimes there are other causes that usually only begin to become apparent when the mother has a further miscarriage. 'Recurrent miscarriage' is diagnosed when a woman miscarries consecutively 3 times, before 9 weeks gestation. Some of these will also be due to bad luck, although the probability of there being some other explanation increases the more miscarriages she has. The incidence of miscarrying 3 times is about 1 in 100. As further miscarriages occur, the rarer is the incidence and the more likely that there would be an underlying cause.

The good news is that in our clinic, we have taken long awaited steps forward in the diagnosis and treatment of women who suffer recurrent miscarriage.

Using radical scientific advances, we now understand that in some instances a mother's immune system can actually turn on itself and damage her own pregnancies. Using our knowledge of 'reproductive immunology' alongside other established therapies we are now able to **diagnose** and **treat** a much greater proportion of women who have previously been offered little hope.

FERTILITY SERVICES

Male Fertility

When a couple are trying for a child it is important to consider the male partner's contribution. For many years this has been an area of limited awareness but published causes and outcomes available from the HFEA show that male factors are the most common reason for undergoing fertility treatment in the UK.

Scientific and clinical evidence is growing specifically relating to how the quality of sperm can impact on the chance of conceiving as well as that of miscarriage.

The results of DNA damage testing can give men and couples reassurance if normal, but if elevated can help focus investigations for potential causes and even offer treatments to improve the sperm. Treatment may be removal of risk factors such as smoking cessation, treating infection or embolization of a varicocele. Lifestyle changes may also be beneficial and nutritional support or vitamin and anti-oxidant supplementation can be more directed. For couples the result may inform their decision making such as those related to continuing with natural conception or using assisted reproductive techniques such as Intra-Uterine Insemination (IUI), In Vitro Fertilisation (IVF) or Intra-Cytoplasmic Sperm Injection (ICSI). Rarely, if IVF or ICSI are being considered then surgical sperm retrieval may be an option to use sperm that has not been subjected to the oxidative stress often found when on

the prolonged journey passing through the male genital tract. If sperm quality is particularly low, then consideration of using a sperm donor may be an option for some.

Assisted Fertility (Superovulation Programme)

Superovulation is the use of fertility drugs to cause an ovary to release two or more eggs in one cycle rather than one egg, as is usual for a typical menstrual cycle. Superovulation is often used alongside or in combination with other fertility treatments, such as in vitro fertilization (IVF) and intrauterine insemination (IUI), to increase a woman's chances of becoming pregnant successfully. This combination of treatments may be recommended for women who have unexplained infertility or endometriosis. Superovulation is also referred to as controlled ovarian stimulation.

FETAL MEDICINE

The Fetal Medicine Services at the CRP clinic are delivered by sub-specialists in Feto-Maternal Medicine. The CRP clinic introduced fetal medicine as a follow-on service from Dr Shehata's treatment programme and to support those women that suffer recurrent miscarriages. Professor Akolekar, who is an accredited specialist in Fetal Medicine and is the Clinical Lead for Fetal Medicine at Medway NHS Foundation Trust, was selected as the best consultant to offer this aspect of care to our high-risk patients. The fetal medicine aspect of care focuses on managing the health concerns of the mother and fetus prior to, during and up to the delivery of the baby.

The fetal medicine tests available at the clinic range from non-invasive testing such as the Harmony Blood test, where DNA in maternal blood is tested to give a strong indication of whether a fetus is at high or low risk of having any chromosomal abnormalities, to more invasive testing such as amniocentesis.

There are also several pregnancy scans that we offer:

- **Nuchal Scan** - The nuchal scan appointment is the first important appointment in any pregnancy. This appointment will allow us to accurately date a pregnancy, undertake a survey of the baby's anatomy and provide a risk assessment of Down's Syndrome and other chromosomal abnormalities. The scan is carried out from 11 weeks to 13 weeks and six days
- **Anomaly Scan** - This is a detailed scan carried out at 20-24 weeks of pregnancy. It is the second routine scan appointment in the pregnancy and is aimed at assessing each part of the baby's body, measuring the baby's growth, determining the position of the placenta and assessing the amount of amniotic fluid around the baby
- **Cervical Scan** - The measurement of cervical length (neck of the womb) by transvaginal ultrasound scan allows for an assessment of the chance of preterm birth. The ideal time for such an assessment is between 16-20 weeks but in pregnancies at high-risk of preterm birth, earlier assessments from 16 weeks may be necessary
- **Wellbeing Scan** - The third trimester scans are aimed at determining the baby's well-being by an assessment of growth, fluid around the baby and examination of blood flow in the baby's blood vessels using Doppler ultrasound. Such scans are typically carried out at around 32-34 weeks but in some high-risk pregnancies, assessments at 28, 32 and 36 weeks may be required.

To offer our woman the most cost-effective service, fetal medicine packages are available.

GYNAECOLOGY SERVICES

Conditions treated include, but are not exclusive to, treatments for pelvic pain and Endometriosis, adhesions, fibroids and fertility surgery, heavy and abnormal bleeding, prolapse, menopause and HRT, and women with severe premenstrual tension.

Women with symptoms that may benefit from such services include: heavy and or painful periods, bleeding after the menopause, bleeding in between periods, pelvic pain, irregular spotting and bleeding after intercourse.

SURGICAL PROCEDURES

Hysteroscopy

Hysteroscopy is the use of a telescope that is inserted through the vagina and cervix into the uterus without incision to see the uterine cavity.

It helps determine:

- The size and depth of the uterine cavity, the presence of congenital abnormalities within the uterus, such as a septum that divides the inside of the uterus, or a double uterus
- The presence of polyps or fibroids in the uterine cavity and resecting them if possible
- Whether specific abnormalities of the endometrium (lining of the uterus) are present, e.g. hyperplasia (build-up the lining of the uterus), or cell changes that indicate inflammation.

HyFoSy

A HyFoSy is a scan examination of the fallopian tubes. It involves an internal examination very like a smear test, and then a very thin tube is passed into the womb. Once the tube is in place the womb is scanned using an internal scan to check the position of the tube is correct. A very small amount of foam is then passed through the tube into the womb and fallopian tubes. Ultrasound waves bounce off air so giving us a very clear view of the tiny microbubbles as they pass through the fallopian tubes and spill out of the end of the fallopian tubes. Occasionally we are unable to get a conclusive result and further tests may be required.

Your doctor needs this information to check that the tubes are open and are able to allow your eggs to travel freely down the tubes to allow fertilisation and implantation in the womb at ovulation.

Saline Hysterosonogram

A Saline Hysterosonogram, is a non-invasive technique that involves the slow infusion of sterile saline solution into a woman's uterus during ultrasound imaging. A very thin tube is passed into the womb. Once the tube is in place the womb is scanned using an internal scan to check the position of the tube is correct. A very small amount of sterile saline is passed through. Occasionally we are unable to get a conclusive result and further tests may be required.

Hysterosonography allows the doctor to evaluate abnormal growths inside the uterus; abnormalities of the tissue lining the uterus (the endometrium); or disorders affecting deeper tissue layers. The Saline Hysterosonogram test is performed between days 6-10 of a woman’s menstrual cycle.

Manual Vacuum Aspiration (MVA)

An MVA procedure is a way of emptying the womb following a miscarriage. You have the choice to have an MVA under local anaesthetic via an injection into the cervix, or under sedation, where we will arrange for an anaesthetist to be available. A numbing injection is injected into the neck of the womb then MVA is performed using a narrow tube to enter the neck of the womb and the womb is emptied using gentle suction aspiration.

MVA is offered to women in the following situation:

- Delayed miscarriage (where a pregnancy has failed but the pregnancy sac is still present within the womb, or where no fetal heart beat is present but the pregnancy is still within the womb)
- Incomplete miscarriage (where some of the pregnancy tissue remains inside the womb)

OBSTETRICS SERVICES

The Centre for Reproductive Immunology and Pregnancy (CRP) is a specialist clinic offering care to women with high-risk pregnancies. The centre offers women specialist advice from experts in the field to allow for an individualized management of their pregnancy to improve pregnancy outcomes.

The CRP Clinic offers a variety of specialist care packages for pregnant mothers ranging from private antenatal care to private delivery and postnatal care. The specialist antenatal care is supported by a range of screening tests to assess the risk for pregnancy complications to allow mothers to have a plan of care that is specific for their pregnancy.

The private antenatal care and deliveries are offered by Dr Hassan Shehata and Professor Ranjit Akolekar, both of whom are experts in managing low and high-risk pregnancies. Our consultants work together as a team complimenting each other. The team also includes our specialist midwives who will provide advice and support in one-to-one appointments.

The Antenatal Care Package

The complete antenatal care package starts at or after 12 weeks gestation and includes 5 appointments with your consultant obstetrician who would usually assess fetal wellbeing by ultrasound scans. The package also includes 3 Fetal Medicine specialist ultrasound scans at about 12, 20 and 36 weeks gestation, 3 appointments with your midwife, and 2 sets of complete blood tests during the pregnancy.

The antenatal care package starts with an initial appointment with detailed discussion about your medical and pregnancy history. This initial appointment is supported by a viability ultrasound scan to ensure the pregnancy is developing normally. It includes a complete package of blood tests at the beginning of the pregnancy to allow assessment of mother's well-being and risk for common problems.

The antenatal care plan includes a risk assessment for common pregnancy complications such as chromosomal abnormalities (e.g. Down's syndrome), problems with baby's development, premature birth, preeclampsia (high-blood pressure in pregnancy) and diabetes in pregnancy.

The antenatal care will be supported by visits not just with the Consultant obstetrician but also with a specialist midwife who will provide you with reassurance, advice and support during the pregnancy. Additional appointments or Fetal Medicine ultrasound scans are not included in the package and can be offered depending on individual needs.

The Delivery Care package

Mothers choosing to have private deliveries will be supported with specialist advice regarding an appropriate timing and mode of delivery depending on their medical and pregnancy history. The delivery will be carried out by your Consultant Obstetrician to ensure a seamless pathway of care from antenatal through to delivery. The care for deliveries can be facilitated at The Portland and Epsom General Hospital, depending on your preference.

The Postnatal Care Package

The care of mothers after delivery is a part of all our care packages, which includes a 6-week postnatal appointment with your Consultant Obstetrician at no extra cost.

The Full Care Package

This package includes full antenatal care, delivery and postnatal packages as detailed above.

OUR PEOPLE

OUR DOCTORS

DR HASSAN SHEHATA - MEDICAL DIRECTOR & FOUNDER

Dr Hassan Shehata MD FRCOG FRCPI is a UK based Consultant Obstetrician and Gynaecologist and a subspecialist in Maternal Medicine at Epsom and St. Helier University Hospitals NHS Trust. He is also an Honorary Senior Lecturer in Obstetrics & Gynaecology at St George's Hospital Medical School, University of London. He is also a Council member at the Royal College of Obstetricians and Gynaecologists.

Following training in obstetrics and gynaecology at several London university hospitals, he embarked in subspecialising in maternal medicine at St Thomas's hospital in London. He now provides obstetric care at The Portland and Epsom General Hospital. He achieved membership and fellowship of both Royal Colleges of Obstetricians and Gynaecologists and Physicians of Ireland. He is included in the General Medical Council's Obstetrics & Gynaecology Specialist register. (GMC Number: 4346007)

PROFESSOR RANJIT AKOLEKAR – FETAL MEDICINE CONSULTANT

The Fetal Medicine Services at the CRP clinic are performed by Professor Ranjit Akolekar who is an accredited specialist in Fetal Medicine and is the Clinical Lead for Fetal Medicine at Medway NHS Foundation Trust. He also works at the Harris Birthright Research Centre at King's College Hospital.

He undertook basic training at the Royal Infirmary in Edinburgh and neighbouring NHS Trusts in Scotland and then pursued sub-specialty training in Fetal Medicine at the Harris Birthright Research Centre at King's College Hospital in London. During his training, he pursued his research and clinical interests in prenatal diagnosis and prediction of adverse pregnancy outcomes such as preterm delivery, fetal growth restriction and preeclampsia. He is widely published and has several peer reviewed publications in this field. (GMC Number: 6092409)

DR KASHIF BURNEY – CONSULTANT RADIOLOGIST

Dr Kashif Burney MBBS, MRCS, FRCR was appointed as a consultant cross-sectional and interventional radiologist at Epsom and St Helier NHS trust in April 2007. He is the trust lead for gynaecological interventional procedures such as uterine fibroid embolisation (UFE).

He has a particular interest in the management of symptomatic uterine fibroids and deep pelvic venous embolisation and is also actively involved in diagnosis and radiological treatment of peripheral vascular disease.

Dr Burney undertook sub speciality training as a fellow in body imaging, abdominal vascular and non-vascular interventions at Southampton General Hospital. This included radiological management of gynaecological conditions such as uterine fibroids by uterine fibroid embolisation (UFE) and tumour embolisation. He has extensive experience in body and pelvic MRI, MRA and CT angiography. (GMC Number: 4758644)

DR STEPHEN GORDON – CONSULTANT UROLOGIST

Dr Stephen Gordon BSc, MBBS, FRCS (Urol) is a consultant urologist with a sub-specialist interest in men's health, fertility, sexual function and the male role in pregnancy loss. He undertakes consultations from the male partner's perspective whilst considering both partners with a shared goal. Understanding men's health issues as well as the growing body of research that is rapidly evolving around the male role in miscarriage allows him to assess and advise each individual couple.

He has worked within the NHS for over 20 years gaining wide experience and training in areas of male health including prostate, testicular, bladder and kidney conditions. He is currently a consultant at Epsom & St. Helier Hospitals. He is a Fellow of The Royal College of Surgeons and Royal Society of Medicine, a member of the British Association of Urological Surgeons and on the Specialist Register for Urology with the General Medical Council. (GMC Number: 4333980)

DR HAIDER JAN – CONSULTANT OBSTETRICIAN & GYNAECOLOGIST

Dr Haider Jan is a Consultant Gynaecologist and is Clinical Lead for Gynaecology at Epsom and St Helier University Hospitals. He specialises in providing evidence based, cutting edge, and innovative minimally invasive approaches to help women with gynaecological conditions. Conditions treated include, but are not exclusive to, treatments for pelvic pain and Endometriosis, adhesions, fibroids and fertility surgery, heavy and abnormal bleeding, prolapse, menopause and HRT, and women with severe premenstrual tension.

His special interest is in minimally invasive surgery and Gynaecological Ultrasound (including 3D/4D) with accreditation from the Royal College of Obstetricians and Gynaecologists in both fields. His NHS practice is based primarily at Epsom General Hospital where he is leading the development of minimally invasive services. As an executive editor for the Global Library of Women's Medicine, he has devoted much of his time in projects in low resource settings to increase the standard of care given to women, helping to improve survival during childbirth. (GMC Number: 6075583)

DR RADHIKA VISWANATHA – CONSULTANT OBSTETRICIAN & GYNAECOLOGIST

Dr Radhika Viswanatha is a consultant Obstetrician and Gynaecologist.

After completing her undergraduate training in India, she pursued and completed the structured training programme in Obstetrics and Gynaecology in the London Deanery. She obtained MRCOG and MSc in medical ultrasound. Her other interests include medical education and improving women's health globally. She is a member of CALMED programme which is a charity focussed on reducing maternal mortality in developing countries.

Her special interests and treatments include obstetric ultrasound, fetal Doppler assessment, multiple pregnancy, fetal growth restriction, pre-eclampsia, obesity in pregnancy and recurrent miscarriage. (GMC Number: 5194635)

OUR CLINICAL TEAM

GERALDINE BAILEY – SENIOR PATIENT ADVISOR

Geraldine Bailey joined Dr Shehata and his team as a Healthcare Assistant in October 2017. She has worked in fertility and early miscarriage for a number of years.

Her experience includes two years within an Antenatal clinic, including the early pregnancy unit at Epsom and St Helier University Hospitals. During this time, she trained to become the key worker for breast feeding management as well as becoming competent in taking blood and inserting cannulation for the administration of intravenous fluids. Her passion for working in fertility and miscarriage stemmed from over six years of working at an IVF unit. She had a pivotal role in supporting women and families through the process of IVF and trained as the infection control lead.

She loves working with and helping patients on their journey to becoming parents. In her personal life she is a mother to three boys, grandmother to three gorgeous boys as well as four beautiful girls. This enables her to understand the need and want to become a parent.

NICOLA JENKINS – MIDWIFE

Nicola Jenkins RM, Dip HE, BSc (Hons) is a Registered Midwife, completing her Midwifery Degree in 2015 following 10 years of support work within an NHS maternity team. Her journey with the NHS started at the same time as training with the NCT, to provide Antenatal and Postnatal Education to local families in Sutton & Epsom. Qualifying in 2008 with a Diploma Higher Education as an Antenatal class facilitator, she quickly moved on to gaining a similar qualification in Postnatal Group Facilitation. Having gained experience as a newly qualified midwife, and with a keen interest in supporting women and their partners through the pre-conception and antenatal journey, Nicola joined the team as the Midwife at the CRP Clinic in March 2018.

Outside of work a busy family life keeps her fully occupied and when she can, her love of travelling is always top of the list.

OUR MANAGEMENT TEAM

MAIREAD FAUGHNAN – PRACTICE MANAGER

Mairead Faughnan RGN, RM, Dip HE, BSc (Hons) is a Registered Nurse and Midwife with over 20 years' experience in the National Health Service (NHS). Her career experience is high risk pregnancy care and general management. On completion of her nursing in 1995 she consolidated her training for one year as an Orthopaedic Nurse before commencing her midwifery training. From 1998 she worked as a junior midwife at Kingston Hospital NHS Foundation Trust and gradually climbed the ranks to senior midwife. Her career spans from high risk labour wards and antenatal care which led to her interest and choice in pursuing the care and management of women with high risk pregnancies.

She was appointed as the Lead Midwife for inpatient services at Epsom Hospital where she worked with Dr Shehata and joined his team at the clinic in 2016.

In her spare time, she enjoys cooking, walking and spending time with her husband and daughter Belle.

AMJAD SHEHATA – DEPUTY MANAGER

Amjad Shehata BSc (Hons) joined the team as deputy manager and has recently completed his degree in Business Management at The University of Nottingham. Amjad would like to consolidate his theory learned through his university degree and gain experience in the family business, to support Dr Shehata, as well as bring a fresh perspective to the business. He is an enthusiastic individual with many qualities that will enable him to achieve his goal of managing independently in the future.

The approach that Amjad has brought to the business, has allowed him to use his talents for creating change with ease. For example, he has already altered some of our clinic processes by reorganising the administration structure.

Amjad has many passions in life, one of which is "all things food", and one day wants to branch out in a career in the food industry.

OUR ADMINISTRATION TEAM

LORNA GARBETT – OFFICE MANAGER & PA TO DR SHEHATA

Lorna joined Dr Shehata's team in May 2015, just before the new Epsom clinic opened and played an instrumental role in helping to set up the clinic. She was initially employed as a Health Care Assistant providing support to Dr Shehata and the midwives at the clinic.

She was recently promoted to office manager, whereby, she provides advice to patients during their treatment programmes, as well as leads and manages several areas of administration, to ensure all aspects of the office work are done to a high standard.

She describes her role as varied and very enjoyable and feels privileged in being part of the team.

SARAH SIMPSON – MEDICAL RECEPTIONIST / ADMINISTRATION ASSISTANT

Sarah joined the clinic in November 2018 as part of the administration team.

Prior to this, she worked at Parkside Hospital for 9 years, leaving as she felt she needed a new challenge. Even though she has been with us for a short time she is really enjoying being a part of the team and is seen as a valuable member of the team.

In her spare time, she likes to socialise with friends and family and spend time with her daughter.

OUR ACCOUNTING TEAM

NIRMALA AHILAN – ACCOUNTANT

Nirmala graduated with a BA (Hons) in Accounting and Finance and has been working in the accounting field for the last 22 years.

She joined the team in 2015 as an accountant and has been an integral part of the business, taking responsibility for overlooking all the business's accounting and finance operations.

Nirmala is an excellent addition to our Accounting team and she has been a hard-working valuable member of the CRP team for many years.

NICOLA BOYLAN – ACCOUNTS MANAGER

Nicola joined the team in June 2018 as Accounts Manager. She has trained with the Institute of Certified Bookkeepers, and previously worked as a Financial Controller and Payroll manager before starting her own Bookkeeping business after the birth of her youngest daughter.

Nicola finds working within the clinic very rewarding compared to previous roles she has undertaken. She values the importance of Dr Shehata's work and feels privileged to be a part of the happiness it brings.

Outside of her role at the clinic, Nicola fills her time with her Husband and 3 children. She enjoys family days out, camping trips and weekends away as much as possible! She also loves watching her son play football most weekends and spending time with extended family.

AUDITS

THE IMPORTANCE OF AUDITING

Definitions

Clinical audits apply the best knowledge, derived from research, clinical experience and patient preference, to achieve optimum processes and outcomes for patients. This process involves a framework of involving, changing and monitoring practice. Clinical audits seek to improve patient care using explicit criteria against which to measure performance. Clinical Effectiveness is defined as the extent to which specific interventions achieve what they are intended to do.

Objectives

Our audits provide the Management Board with assurances about the systems in place to monitor, evaluate and report the quality of care. By prioritising audits in areas which present high risk to the Practice, (e.g. patient feedback or problems identified from clinical incidents) we can ensure that we are constantly scanning for potential problem points.

At the CRP clinic we have created a framework and mechanism to ensure that clinical audit projects undertaken are effective and deliver real service improvements. Furthermore, where appropriate, we involve patients in the development and definition of clinical audit outcome measures. When organisational changes are planned, adequate arrangements are put in place to ensure that health and safety is maintained and managed during and after the change.

Ongoing Development & Actions

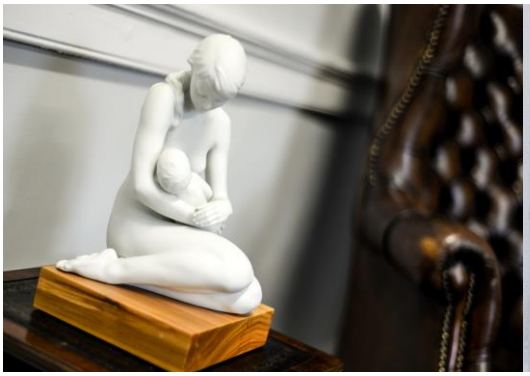
We have had several audits this financial year, each with a very clear ongoing development or action attached. For example, we have undertaken a Patient Feedback Form audit **(Appendix I)**. This led to several changes, firstly more consultants were brought into the practice to cover the large demand for the clinic services. Additionally, due to the feedback from patients, we have changed our practice so that calls are answered throughout the working day. As well as this, all documentation sent to new patients will have a breakdown of costs for their first appointment only, as it is difficult to envisage an exact price for each individual patient, as treatment plans are made based on patients results.

We have also undertaken a World Health Organisation Consent Form audit **(Appendix II)**, to ensure that all relevant procedures have a relevant WHO consent form attached. It was recommended that the areas found for improvement were highlighted to staff members who use the WHO form. Those who do not regularly complete the form need additional supervision to improve confidence in its completion. Additionally, having an allocated lead for the WHO form in theatre may improve compliance.

Every month we have been undertaking an environmental audit where we inspect the whole building, to look for any dust or uncleanliness. We do this, so that we can accurately give feedback to the cleaning company that we contract. For example, in December 2017 (**Appendix III)**, the issue of clutter in the complimentary therapies room was escalated to the line manager and documented for the cleaners to action.

Audit Log

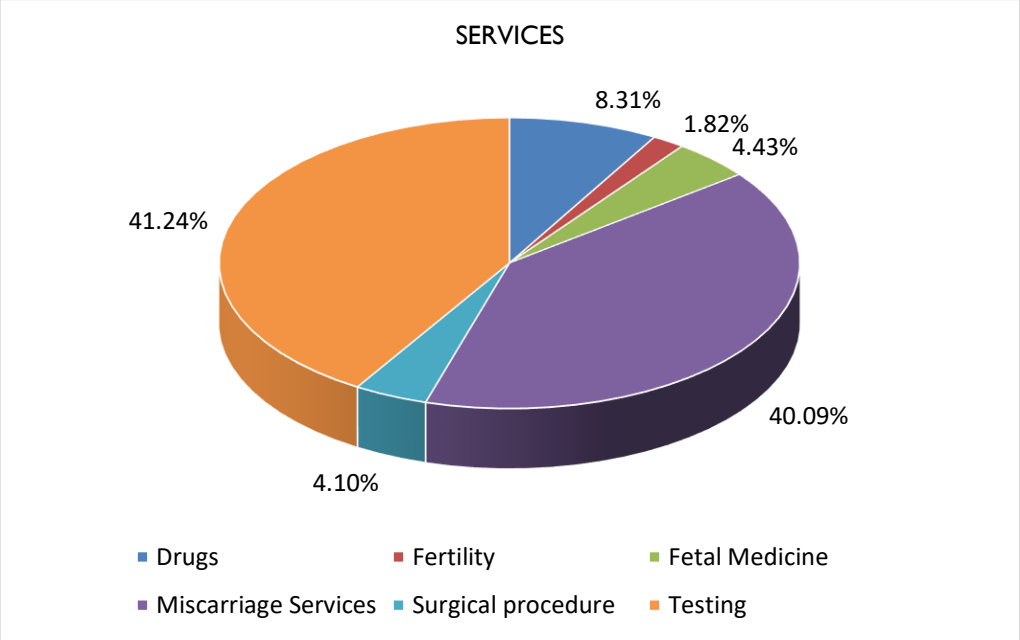
Clinical/Organisational		Person collecting Data	Update Notes	Date Audit Completed	Report /action plan Generated	Result if applicable	Frequency	Next Audit Due	Manager Sign Off
Clinical	Follicle Tracking	Mairead Faughnan		27/10/2017	Yes	n/a	6 months	May-18	Yes
Clinical	Infection Control	Shila Patel		01/12/2017	Yes	100%	Annual	Nov-18	n/a
Clinical	WHO form	Nicola Jenkins		01/12/2018	Yes	78%	Annual	Dec-18	Yes
Clinical	Consent	Nicola Jenkins		Pending	Pending				
Clinical	Prescriptions	Nicola Jenkins		Pending	Pending				
Clinical	Fridge	Geraldine Bailey		Jan-18	Yes	not marked as %	6 months	Jul-18	Yes
Clinical	Fetal Medicine	Mairead Faughnan		01/10/2018	Yes		n/a	n/a	Yes
Organisational	Environmental	Mairead Faughnan & GP Cleaning		01/06/2018	Yes	98.50%	Monthly	Jul-18	Yes
Organisational	Medicines Management	Mairead Faughnan & Nicola Jenkins		01/05/2018	Yes	96%	3 months	Aug-18	Yes
Organisational	SRCL	Lorna Garbett		n/a	Yes	n/a	5 years	2021	Yes
Organisational	GDPR	Mairead Faughnan	May 2018 new guidelines enforced.	23/02/2018	Yes	n/a	n/a	New guidelines	Yes
Organisational	Patient Feedback	Amjad Shehata		23/01/2019	Yes	n/a	Annual	Jan-20	Yes



THE GROWING BUSINESS

SERVICE BREAKDOWN

CLINIC ACTIVITIES



SERVICE IMPROVEMENT & DEVELOPMENT

MALE PATHWAY

An example of how male factors have an impact on not only conception but also later events in pregnancy is evident from the increased chance of pre-eclampsia at the end of pregnancy with a first child of a new male partner. Scientific and clinical evidence is growing specifically relating to how the quality of sperm can impact on the chance of conceiving and that of miscarriage.

Male fertility is difficult to measure and traditionally has only been performed by a semen analysis which looks at the number of sperm and how well they move and their shape.

In the last decade researchers have looked more closely at the relevance of DNA damage within the sperm and how it impacts on conception and later stages of pregnancy, including miscarriage. The DNA in the sperm is the genetic material which merges with DNA from the woman's egg and all being well leads to the formation of a healthy embryo and pregnancy. Increased levels of DNA damage have been linked to early and late pregnancy loss even with normal sperm counts. It has also been postulated that a certain amount of DNA damage may be able to be corrected if the woman's eggs are of very good quality.

The direct causes of DNA damage are varied but seem to have a common factor of oxidative stress. This is a type of stress caused to the sperm when exposed to certain substances called reactive oxygen species (ROS) that can damage the sperm.

Treatments for excessive DNA damage are available and depend on the cause but ultimately can reduce the amount of ROS or their chance of affecting the sperm. Major causes linked to DNA damage include smoking, infection, high fevers, diet, drug use, advanced age, varicocele and exposure to environmental or occupational pollutants including increased testicular temperatures.

We base our treatment on scientific information and use scientific approaches to treat couples. We have reviewed the current services offered to couples and have included a male fertility pathway unique to our clinic, including the introduction of a male fertility specialist, Dr Stephen Gordon, as well as a consultant radiologist, Dr Kashif Burney who use the latest in diagnostic testing to provide the very best for our patients.

RESEARCH AND DEVELEOPMENT

The clinic is looking to further develop treatment of miscarriage by further developing the male side of our fertility treatment.

A small controlled trial was undertaken at the clinic to see how effective certain equipment is in the sorting of sperm. This will support our patients on superovulation programmes and those patients suffering with infertility.

This trial has initially showed promising results for the above cohort, and we endeavour to complete more rounds of testing. This new treatment has the potential to increase the scope of fertility treatment.

PATIENT FEEDBACK

In the past we have had a low number of patients providing feedback for our services. Moving forwards, we have actively tried to bring this number up, to cast a fairer reflection of our clinic. For example, we have relocated the patient feedback forms to the entrance hall giving our patients the time and privacy to complete. As well as this, a 'Guide to Making Comments and Complaints Booklet' is now available in clinic for patients to read or take with them.

We are also looking to build on our patient feedback online by increasing the number of Google reviews written by our patients and by including their testimonials on our website.

RESTRUCTURE OF OFFICE ORGANISATION

The business is growing quickly and with increased demand for our services we need increased efficiency, or we risk not being able to provide the service that we are known for. There is a strong need for effective time management and workload organisation.

A new timetable/system has been created, using staff feedback to improve efficiency and organisation of workload. In doing this, we have reduced the number of mistakes being made. Furthermore, this new structure will ease pressure for our staff members, as workload will be better organised.

By following this system, it will ensure that we stay up to date with letters, clinic preparation as well as phones and emails. In doing this there will be no need for burdensome 'catching up' work. Our main aim in undertaking this restructure is to improve administration staff satisfaction, by managing the workload more effectively.

APPENDIX

APPENDIX I

PATIENT FEEDBACK AUDIT REPORT 2018

Feedback Purpose: *The purpose of collection and analysis of the patient data is to help the CRP clinic measure our level of achievement in maintaining high standards of care for our patients and a quality service for our visitors*.

INTRODUCTION:

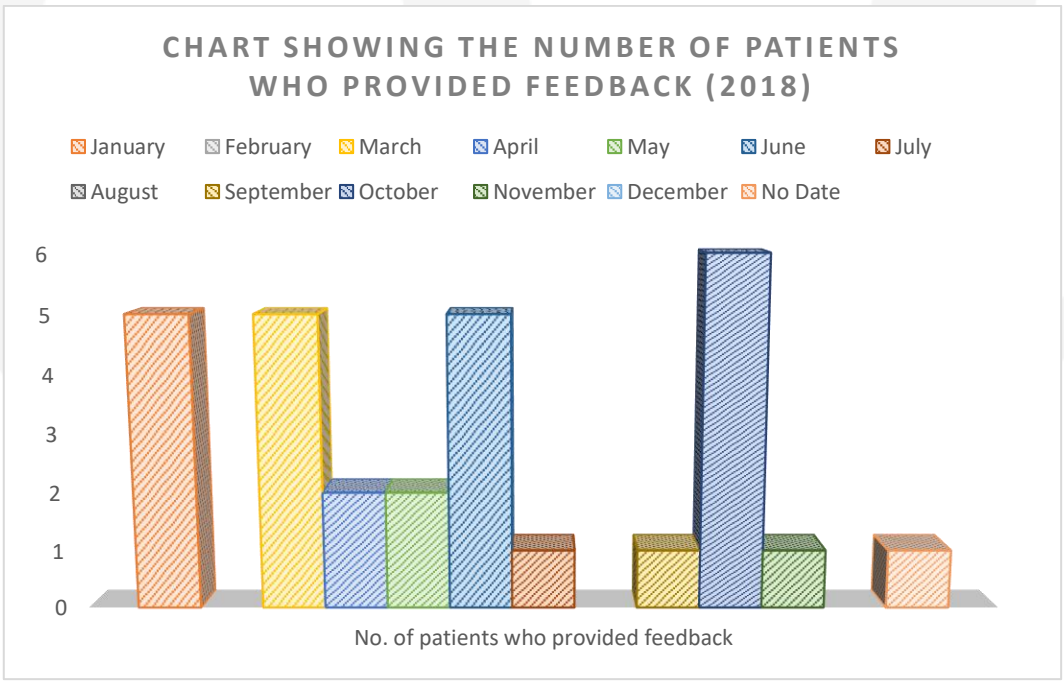
The patient feedback audit was carried out on all patient feedback for the year 2018. This report also includes the number of compliments and complaints received via email and/or card as part of the ongoing development of the reporting process.

ANALYSIS & FINDINGS:

The analysis was carried out by the Practice Manager using completed patient feedback forms. The total number of forms completed by patients in 2018 is **n=29.**

The number of patient feedback forms we received can be split into different months for information purposes. This has been illustrated using Chart 1.0:

Chart 1.0



POSITIVE & NEGATIVE COMMENTS / COMPLIMENTS & COMPLAINTS

As part of the ongoing development of the reports, the following additional information has been added for the purposes of information. These figures do not form part of the actual analysis. The number of compliments defined as Thank You cards received and/or email compliments is **n=43**. The number of complaints either written or verbal is **n=4**. Table 1.0 shows the percentage rate of responses:

Table 1.0

Title	No of responses	% of comments
Positive Comments	23	79.31%
Negative Comments	7	24.14%
Compliments & Complaints		
Compliments		n= 43
Complaints		n= 4

This has been illustrated using Chart 2.0 and Chart 3.0:

Chart 2.0

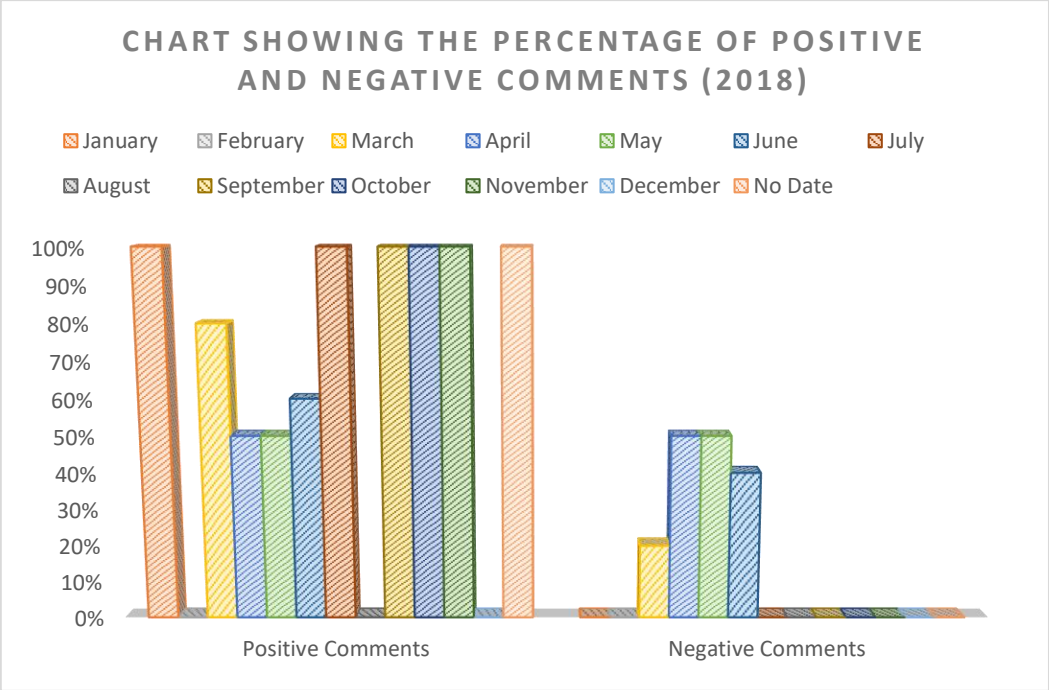
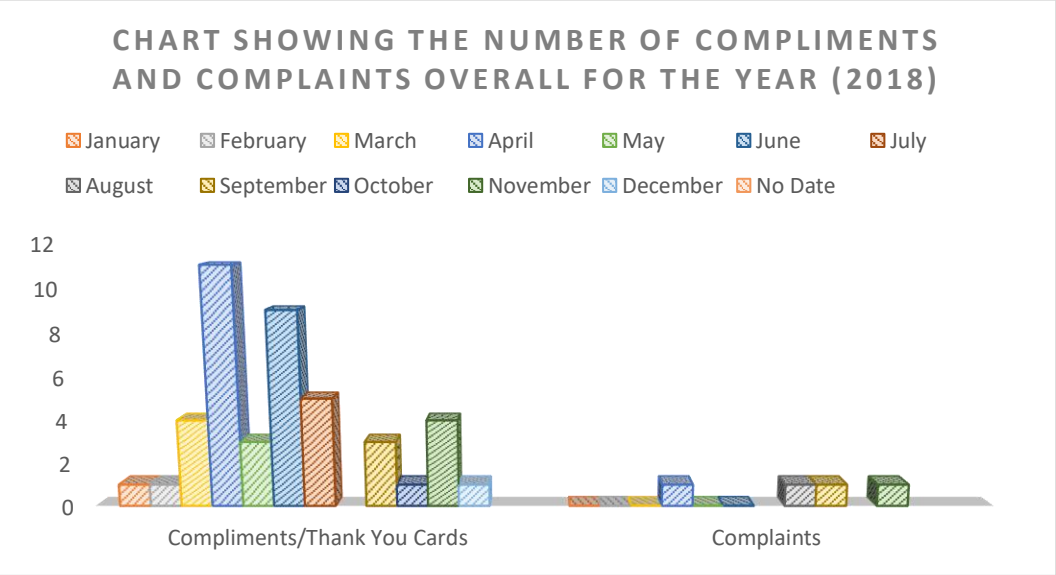


Chart 3.0



QUALITY OF CARE

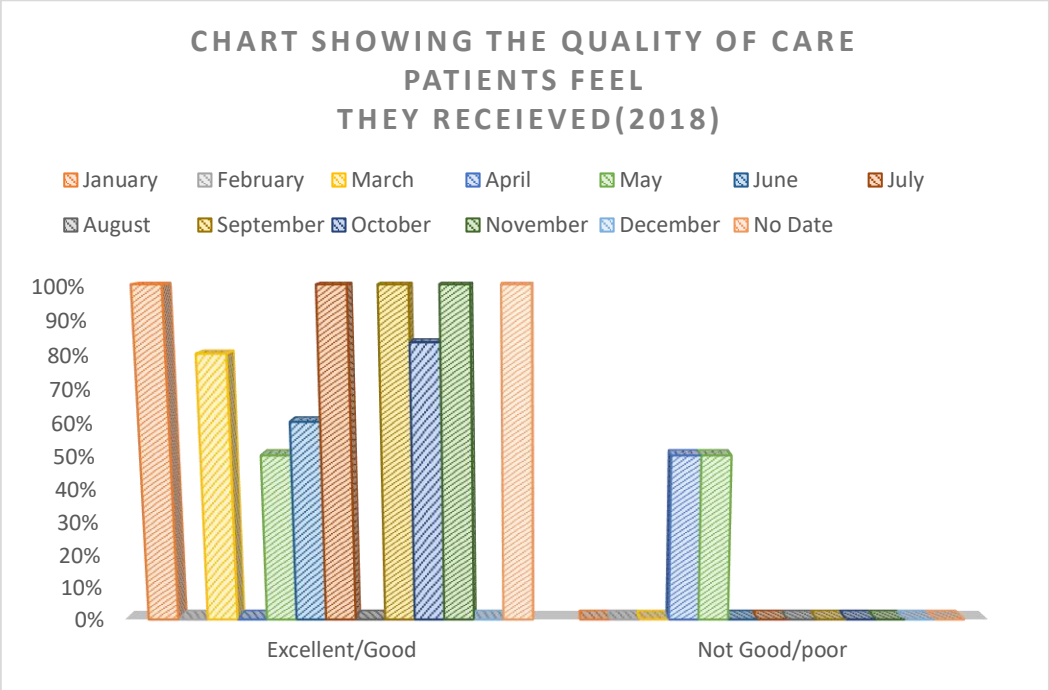
The feedback forms ask patients to comment on the quality of care received. For the purposes of analysis, the headings, Excellent/Good, Not Good/Poor are used to show the findings: Table 2.0 shows the percentage rate of responses:

Table 2.0

Quality of Care	No. of responses	% of Responses
Excellent/Good	22	75.86%
Not Good/Poor	2	6.90%

This has been illustrated using Chart 4.0:

Chart 4.0



LIKELIHOOD OF RECOMMENDATION

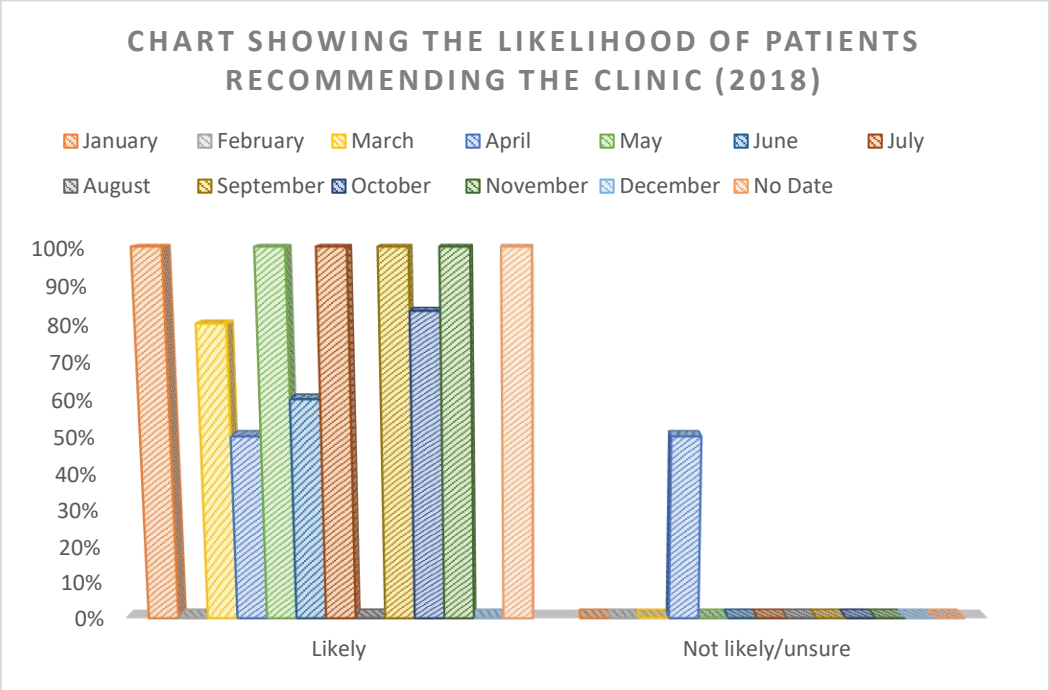
The feedback forms ask patients to comment on the likelihood of recommending to friends & family. For the purposes of analysis, the headings, Likely & Not Likely/unsure are used to show the findings: Table 3.0 shows the percentage rate of responses:

Table 3.0

Likely to Recommend our Clinic	No. of Responses	% of Responses
Likely	24	82.76%
Not likely/unsure	1	3.45%

This has been illustrated using Chart 5.0:

Chart 5.0



ANALYSIS

The data set is relatively low, with only 29 patients providing feedback for our services. Moving forwards, we will actively try and bring this number up, to cast a fairer reflection of our clinic. On analysis of the findings, the overall experience of patients is positive, and our service is recommended by most of our patients. The majority of patients who provided feedback felt that the quality of care they received was excellent/good, with only a small number of cases stating otherwise in the months April and May. The negative comments were made in the months of March, April, May & June and specific to appointments in general, with a sense of feeling rushed through. A review of clinic lists over that period showed an increased demand for Dr Shehata's services. This led to appointment slot times being reduced to accommodate the number of patient requests for appointments. In addition, comments referred to difficulty getting through on the telephone when trying to make appointments. This potentially is also due to the high volume of calls in demand for the service. The clinic policy, in place between January and June, of answering calls between 09:30 & 12:30 may have contributed to the high call volume between these times. Further comments were in relation to financial costs and "misleading" information in relation to costs on our website. In response to this feedback the following actions have been taken:

RECOMMENDATIONS & ACTION PLAN:

- More consultants brought into the practice to cover the demand for the clinic services
- The addition of ad hoc clinics depending on Dr Shehata availability and external commitments
- Changed our practice so that calls are answered throughout the working day. Website updated to reflect this change in response to patient feedback.
- All price lists maintained and updated as necessary on the website.
- All documentation sent to new patients will have a breakdown of costs for their first appointment only, this will be made clearer. It is difficult to envisage an exact price for each individual patient as treatment plans are made based on patients results.

ONGOING DEVELOPMENT:

- *A Guide to Making Comments and Complaints* Booklet available in clinic for patients to read or take with them.
- Dashboard in developmental stage to highlight activity, monitor the number of complaints and be responsive to feedback both negative and positive so that we continue to offer a high-quality service.
- Continue to improve on the number of feedback forms given to patients.

APPENDIX II

WORLD HEALTH ORGANIZATION FORM AUDIT REPORT 2017

ANALYSIS & FINDINGS:

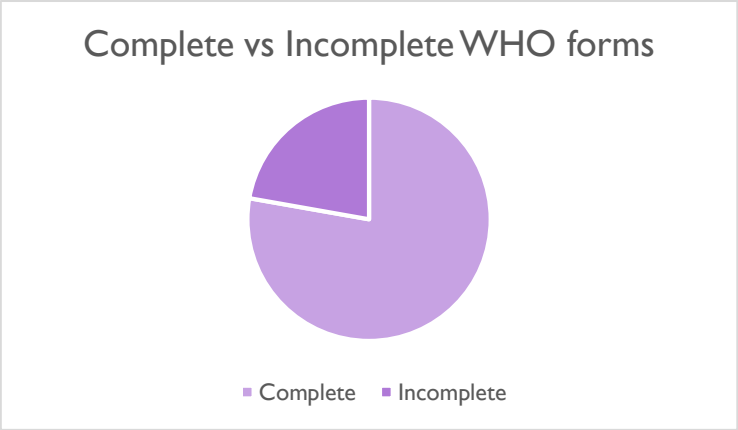
The April 2017 WHO audit found only 76% of the audited procedures had a relevant WHO form documented in the patient's notes. Of these (n=13) only one was correctly completed. In response to this, a new WHO form was designed for ease and clarity of use and highlighted to all appropriate members of staff.

This was introduced in September 2017, with 9 procedures undertaken since the new form was made available. These notes were audited in December 2017 to ensure improvement in compliance with the WHO forms. All the 9 procedures notes were audited, checking for a correctly completed WHO form present in the patient's file.

The 9 procedures ranged in date from 12th September to 3rd November and included 4 MVA procedures and 5 Hysteroscopy procedures over the 2 months. One day saw two hysteroscopy procedures in an afternoon. Two obstetrics/gynaecology consultants performed the surgery, depending on the speciality required. The same registered midwife was present at every procedure, accompanied by one of two health care assistants. Five of the procedures were under sedation, performed by one of two anaesthetic consultants. One patient had two hysteroscopy procedures on separate dates due to being unable to complete the first.

RESULTS:

All the procedures had a relevant WHO form present in the notes. This is a significant improvement from April's 76%.



In this audit 78% (n=7) of forms were correctly completed, which is also a significant improvement, with the previous audit finding only one of the notes to have a correctly completed WHO form (5%).

The two incomplete forms were found to have the following omissions:

- Procedure not documented (x 1)
- Sign out not signed by completing staff member (x1)

This audit has shown excellent progress, but there is still room for improvement.

ONGOING DEVELOPMENT:

On the form the procedure name has been emboldened to highlight this requirement. It is also recommended that the areas found for improvement are highlighted again to staff members who use the WHO form. Those who do not regularly complete the form may need additional supervision to improve confidence in its completion. Additionally, having an allocated lead for the WHO form in theatre may improve compliance.

APPENDIX III

ENVIRONMENTAL AUDIT REPORT DECEMBER 2017

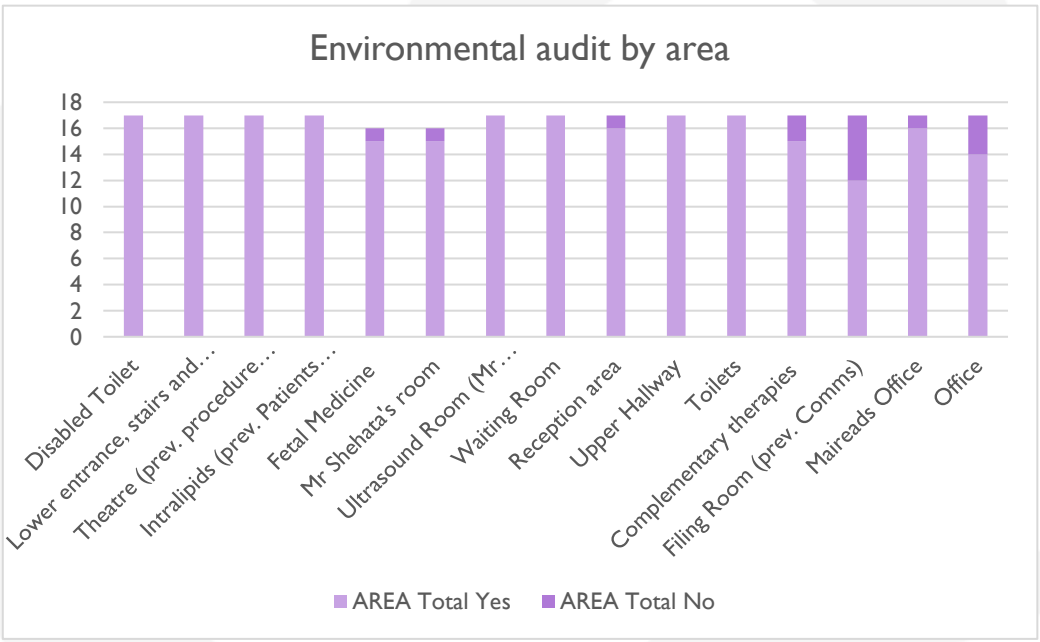
Feedback Purpose: *The purpose of collection and analysis of the environmental data is to help the CRP clinic measure our level of achievement in maintaining high standards of cleanliness for our patients and a quality service for our visitors*. It also enables us to accurately give feedback to the cleaning company that we contract

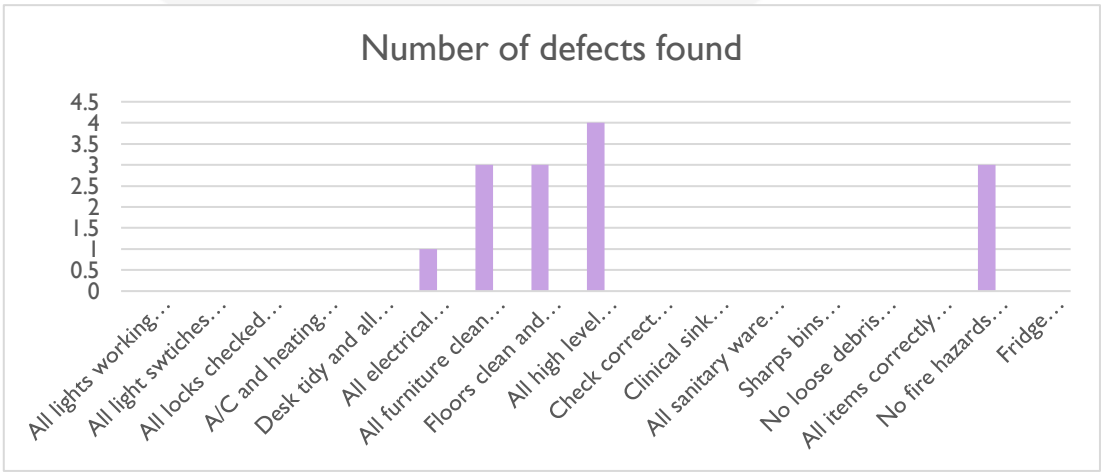
INTRODUCTION:

The period between the August environmental audit and December's audit had been exceptionally busy in the clinic, making it difficult to complete a full audit of the building. The December audit was undertaken by one member of the clinical team, again due to the busyness of the clinic at this time. It was therefore impossible to randomly allocate areas to improve parity. It is also important to note that there was also a change in cleaning staff in the month prior to the audit.

ANALYSIS & FINDINGS:

The tables below show the main findings:





The total number of defects were found to be identical to the last full audit (n=14) but were found across 5 categories. 7 dusting issues were found in this audit (down from 11 in August), a good improvement. Only one clinical area (Foetal medicine) had a defect found (dust on high levels). Other key issues were trip hazards and clutter on the floor, with the filing room having a lot of dust on computer equipment. This was escalated to the manager, fire warden and cleaners as a fire hazard.

RECOMMENDATIONS & ACTION PLAN:

- Cleaning issues have again escalated to the line manager and documented for the cleaners to action.
- Clutter issues have been addressed in the Complementary therapies room since the audit was undertaken but may need monitoring in the Filing room and Office spaces.

ONGOING DEVELOPMENT

- Continue to highlight audit to all staff members.
- Monitor new cleaning team's work, particularly with dusting.

137/139 High Street, also known as Bramshott House, is a late 17th century (listed) building. A wall plaque records a visit made by Nell Gwynne and King Charles II. Nell Gwynne was one of the first female actors on the English stage. She became best known for being a long-time mistress of Charles II.

The building is a typical townhouse of the time as it was brick-built, flat-fronted with regularly spaced sash windows.

It is part of a group of surviving buildings that reflect Epsom's late 17th century development as a spa, including the Assembly Rooms, various taverns and other properties associated with Charles II and Nell Gwynne.

The building principally derives its significance from the façade and the street side elevation. Its proportions relate to the size and scale of the roof in relation to the lower floors and the stucco render. The old tiles on the hip roof, display craftmanship of quality and character, whilst the reconstructed Doric pilasters on ground level create neo-classical detail, which along with the well-proportioned shop fronts gives the building some gravitas.

The notion of protruding eaves and the appearance of a sloped roof behind also accorded with Georgian aspirations for dramatic interplay.

The chimney stack and surviving chimney pots on the north elevation, as seen from the side of the building, help define architectural style and give personality to the area. The decorative render of Bramshott house advertises the building which, alongside a record of its name and the likely occupation of Nell Wynn on a plaque, makes it an invaluable piece of local history.

For more information about our clinic, including the answers to various frequently asked questions, please visit:
http://www.miscarriageclinic.co.uk/

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