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		Date Created:	14.05.2018
		Version No:	Original
		Last reviewed	14.05.2018
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1 Purpose

The purpose of this policy is to outline how we; at Herts & Essex Fertility Centre ensures that our patients, donors and their partners (where applicable) receive appropriate psychosocial support from all staff they encounter; before, during and after treatment.

2 Scope & Application

It is important that our patients, donors and their partners (where applicable) fully understand their treatment and any implications it may have. All patients, donors and their partners (where applicable) will be treated with sensitivity and respect, and supported through all aspects of their treatment and, in particular, if they are suffering distress at any stage.

3 Accountability and Responsibilities

It is the responsibility of all members of staff within each department to ensure Psychosocial support is delivered to all patients, donors and their partners (where applicable) this includes, but is not limited to, access to counselling.

3.1 Consultation

At the initial consultation, all patients, donors and partners (where applicable) will meet with one of our Fertility Consultants to help us obtain a full medical history. This will include details of any previous fertility investigations or pregnancy history. The consultants will assess the patient's lifestyle. This will include; diet and weight, whether they take enough or too much of exercise, and if they smoke.

At this stage the consultants will discuss the treatment options that are likely to be most successful for the patients. They will then give them their Medical opinion of the risks involved and their chances of success.

The patients will be encouraged to ask as many questions as they wish, and they will be reminded that we are here to help them to make the right choice, with regards to their treatment. Counselling information will be discussed with the patients during the initial consultation.

The patients will sign a consultant checklist with the consultant to confirm that we have discussed the vital elements of their patient journey including access to counselling, before during and after treatment.

The patients will sign consent to Disclosure form clearly indicating their personal preferences for contact throughout their treatment.

The consultant will complete and sign a Welfare of the Child Assessment with the patient and partner if relevant.

3.2 Screening

The Patients health, and the health of their future child, will always be of paramount importance to us. Certain conditions can have serious consequences for mother and baby, so every patient – male and female – who chooses to have fertility treatment with us will

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be required to undergo specific screening investigations as required by the Human Fertilisation & Embryology Authority (HFEA) Code of Practice.

Those mandatory screening tests are as follows: HIV, hepatitis B, hepatitis C and chlamydia. We will need the validated results from a UKAS accredited laboratory before we can start the patient's treatment.

A positive result for one or more of these diseases does not necessarily mean that they cannot have fertility treatment – and cannot start their family – but it might mean that we have to approach their treatment with various safeguards in place. Patients will be seen by the consultant and then referred to the appropriate specialist if a positive diagnosis is made and counselling is again supported.

Negative Viral Screening needs to be dated within 3 months of starting treatment.

3.3 Treatment and Information Appointment (TIA)

When the patients are ready to begin their treatment, we will arrange a Treatment Information Appointment (TIA) for them to see one of our Fertility Nurse Coordinators. This is a private one-to-one appointment which gives them the opportunity to raise any concerns in complete confidence. The couple are seated comfortably and asked how they are feeling about starting the treatment at this particular stage, and whether they have any specific concerns to discuss. The nurse will guide the patients through the treatment process they have chosen step-by-step, and demonstrate how to self-inject any drugs, It is at this appointment that we will give the patients a provisional programme of dates for their treatment appointments so that they can arrange any time off work, should they find it necessary.

At this appointment the patient and partner will complete the relevant HFEA & Clinic consent forms under the guidance of the nurse specialist. If the nurse or the patient feels they need more time to understand the implications of the consents they are signing the appointment will be rescheduled to another suitable date.

This appointment is the patients opportunity to ask as many questions as they wish – It is important to us at Herts & Essex that our patients are fully informed so that they feel confident, comfortable with their decision and the course of fertility treatment that they are about to undertake and therefore making an informed decision about their treatment

Free independent counselling highlighting the names and contact details of the counsellors will be reiterated to the couple and advised this is available before, during and after treatment. If the patient is donating or receiving a gamete then they are required to attend an implications counselling session before starting treatment.

3.4 SIS and Pipelle and Ultrasound Monitoring

The patient will have been given information in preparation for the SIS/Pipelle procedure including taking analgesia 1 hour prior to the appointment. The consultant will explain the procedure before it takes place and the patient will be required to sign a consent form agreeing to the procedure, fully understanding any complications that may arise. A HCA or Fertility Nurse will be present along with the Consultant performing the procedures to help support the patients throughout. This will ensure their privacy and dignity are met at all times, and that the patient remains as comfortable as possible during the procedure.

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The Ultrasound Monitoring appointments are performed by the Consultants and Fertility Nurse Sonographers; again privacy and dignity for the patients are observed at all times as well as ensuring the patient remains comfortable throughout. Should the patient require a chaperone during this appointment, they are more than welcome to ask for this prior or during this appointment. There are notices on the back of the doors in the scan rooms and bathrooms in the clinic to inform our patients of this.

3.5 Egg Collection, Surgical Sperm Retrieval and Embryo Transfer

Patients are admitted by the Theatre/Recovery Team into individual private bays in the recovery department prior to going into theatre, it is here where they will meet the anaesthetist and consultant performing their procedure, the patients will have the opportunity to ask any questions with regards to their procedure taking place. The Consultant will clearly explain the procedure and the patient will sign a consent fully understanding any risks associated with the procedure. Privacy and dignity is of utmost importance during their stay, individual private bedded bays, gowns and blankets are supplied to ensure the patient remains as comfortable as possible.

3.6 Embryo Development

The Laboratory Guide given to the patients on the day of egg collection will provide a good insight into the journey their embryos will make in our laboratory, providing information and pictures to help them to understand how we make our decisions regarding both the number of embryos to transfer and the stage when the transfer is made to maximise their chances of success.

The laboratory will contact the patient daily with updates regarding their embryo development, from the morning after egg collection. The first call (day 1) will be to inform them how many of their eggs have fertilised normally with the sperm sample provided at egg collection.

On the following days the embryologists will assess how the patient's embryos are developing, recording the number of cells in each of them, as well as making assessments of their quality. The Embryologist, with the patient consent will make a decision as to the most appropriate day for transfer dependent on the quantity and quality of the embryos.

We strongly believe that embryo/s should be replaced at the optimum stage of development, when they have proven themselves through a process of self-selection. It is for this reason that we perform embryos transfers 7 days a week, on days 2, 3 and 5.

The embryologist will inform a member of the nursing team to contact the patient in the event of any medical issues or in the event of Breaking Bad news regarding embryo development to support and guide the patient.

3.7 Treatment Outcome

The time between the embryo transfer and the pregnancy test can be the most difficult, as our patients wait to find out the outcome of their fertility treatment. Some patients describe a feeling of being in 'limbo' and many find that the days seem to pass by slowly. While there is no formal contact with the clinic staff at this time, we understand how difficult this wait can be. In addition, any concerns that can be worrying even during a routine pregnancy take on an even greater significance during assisted pregnancies. So if our patients have any questions, or if they just need some reassurance that all is well, they are

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encouraged to phone in and speak with one of our nurse coordinators at any point during this 2 week wait. The patients are made aware that we have a direct call system to the nurse and all calls will be answered with 4 hours or sooner.

The patient's pregnancy test will be two weeks from the date of egg collection. We will advise them at embryo transfer of the date of their test, and will ask them to carry out a urine pregnancy test at home unless otherwise specified. The patients are asked to telephone the nursing team with their pregnancy test result, and they will guide as to their next steps.

If the pregnancy test is positive the patients will need to continue with their prescribed medication, and we will make them an appointment for an early ultrasound pregnancy scan at the clinic on or around 7 weeks of pregnancy.

If, however, the test is negative, the nurse will advise regarding medication. A Follow –up appointment is offered with the consultant to discuss the cycle and plan for moving forward. We also reiterate the offer of counselling to support the patient during this difficult time.

4 Counselling

At the Herts & Essex Fertility Centre we provide confidential, professional independent counselling support to couples at any time before, during, or after fertility treatment to help explore their feelings. All our counsellors are registered to the British Infertility Counselling Association (BICA).

At Herts and Essex Fertility centre we offer all of our patients the opportunity to speak to someone impartial who is not involved in their treatment but who is knowledgeable about the clinical practicalities of their treatment which can be invaluable. Our experience has shown that this option can have a very positive effect on how a couple cope together with what can be a very complex process of decision-making.

Depending on circumstances and when you they decide to receive counselling support, this can help

- To back up the factual information members of the clinical team have given them and allow them to make their own decisions with confidence and peace of mind.
- To equip them to deal with the inevitable stress of undergoing fertility treatment including vaginal scans, injections, and drug therapy,
- To bring insight and perspective to their experiences leading up to treatment and help prepare them as their future unfolds.

4.1 Implications counselling

Treatments where a donor gamete is used, whether the patient are the donor or recipient requires that they attend an implications counselling session before treatment commences.

We have fertility counsellors,

- Mollie Graneeek – 07710 631702
- Vicky Parkin – 07887 527955

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Patients are asked to contact the counsellors themselves directly to make an appointment

Sessions are arranged at a time to suit the patients, in consulting rooms away from the Centre, or by Skype and these last for one hour. Counselling is free of charge for up to three sessions; any subsequent sessions are to be arranged directly with the counsellor on a private, fee paying basis.

4.2 Support counselling

To offer emotional support to the individual or couple at times of particular stress. This may occur at any stage of treatment.

4.3 Therapeutic.

To assist the individual or couple in developing coping strategies to deal with the consequences of fertility treatment in both the short and long term. The duration of therapeutic counselling will be determined by the individual needs of a patient, it may be an ongoing process

5 Support and personal contact

5.1 Nurse call

If our patients are worried or concerned about any aspect of their treatment, they are always encouraged to contact us. Their first contact should always be the nursing team who are trained to support them through their treatment and they can answer all of their questions or reassure them, however often the patient needs them and however trivial they feel their questions might be. We have a nurse available on the nurse call phone line Mon-Fri 08.00 – 17.00 and there is also an emergency call phone, where the patients can call after 5pm and at weekends, until midnight. For any emergencies after midnight and before 7am, the patients are advised to go to their nearest A&E.

5.2 Herts & Essex Fertility Centre Website and Social Media sites

It is the responsibility of our Marketing Manager to keep our website and social media sites up to date with the most current information with regards to supporting our patients. She continually collates and updates important information as changes arise.

5.3 SALVE App

At Herts & Essex Fertility Centre; we encourage our patients to download a patient App which supports them through their journey with us. They will be given a unique password and instructions how to download this to their phone device. The SALVE App guides our patients through treatment, supporting and giving them the information they need at the right times. It provides push notification reminders for medication and appointments, along with personalised treatment information with videos and image guides. The App also enables our patients to securely message the clinic their questions via a chat function.

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6 Training and Monitoring

6.1 Staff training and competence

Annual training is provided to all staff on different aspects of patient support; counselling and breaking bad news courses are run off-site annually and our staff will attend these courses accordingly to reflect the aspects of their roles within the clinic. Staff will record their training on their individual continual personal development logs. Annual Personal development reviews are carried out for all staff and will include patient support throughout the patient journey. Monthly departmental meetings also take place to reflect and discuss any issues or improvement plans that may need to be put into practice as a result of patient concerns

6.2 Patient feedback questionnaires

We ask all our patients to complete a Patient Satisfaction survey which are downloaded to our iPad in the Theatre/Recovery department; these include our in-house patient questionnaire and the HFEA patient feedback questionnaire on survey monkey. Our patients who are attending for their Embryo Transfers will be asked to complete both questionnaires; the staff will explain how important collating their feedback is.

The information collated is looked at monthly by our marketing Manager; to highlight any trends/ concerns. This is then fed back to all the departments via HODs Meetings, Clinical Meetings, Quality and departmental meetings.

6.3 Continuous Improvement Log

Our continuous improvement log is updated on a regular basis to capture any complaints, incidents, and quality indicator feedback and customer feedback comments (from patient questionnaires). This is visited regularly and discussed at Quality meetings and all relevant meetings to improve performance and to continually support our patients. Immediate action is taken if necessary.

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7 Other Support and Fertility Resources

Regulatory Bodies

- Human Fertilisation & Embryology Authority (HFEA) www.hfea.gov.uk
- Care Quality Commission www.cqc.org.uk

Multiple Births

- Multiple births: www.oneatatime.org.uk
- Twins/triplets: www.tamba.org.uk

Acupuncture

- British Acupuncture Council: www.acupuncture.org.uk

Counselling

- British Infertility Counselling Association (BICA): www.bica.net

Patient Support

- Fertility Friends – Free online forum for infertility and adoption www.fertilityfriends.co.uk
- Fertility Network UK – www.fertilitynetworkuk.org.

Surrogacy

- Brilliant Beginnings www.brilliantbeginnings.co.uk
Tel: 020 7050 6875
Email: hello@brilliantbeginnings.co.uk
- Childlessness Overcome Through Surrogacy (COTS)
Moss Bank
Manse Road
Lairg, Sutherland
IV27 4EL
Tel and facsimile: 0844 414 0181 (local rate call) or 01549 402777
Email: info@surrogacy.org.uk
- Surrogacy UK
PO Box 451
Potters Bar
Herts
EN6 9DL
Tel: 01531 821889
Email: admin@surrogacyuk.org