



Care Quality Commission assessment for Newson Clinic

Overview

Overall Rating: Outstanding

The service is performing exceptionally well.

Summary

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| Safe | Good |
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| Effective | Outstanding |
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|--------|------|
| Caring | Good |
|--------|------|

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| Responsive | Good |
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| Well-led | Outstanding |
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Overall Service Commentary

Newson Clinic was established in 2018 by Dr Rebecca Lewis and Dr Louise Newson. The private clinic provides consultations, treatment and advice by experienced doctors, pharmacists and nurses specialising in the treatment of perimenopause, menopause, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD) and other women's hormone health conditions. The service offers in-person and virtual appointments to women across the UK and beyond. Newson Clinic operates from two clinic locations: Winton House, Church Street, Stratford-upon-Avon CV37 6HB; and 32 Wimpole Street, London, W1G 8GT. On average, the service currently provides 1936 appointments a month. During 2025, the clinic undertook an average of 2,075 patient appointments per month. Newson Clinic's mission is to listen, educate and empower to improve the health, wellbeing and lives of their patients. In addition to the services provided for patients through the clinic, Newson Clinic has developed the 'Balance' software application programme (App) which is free to the public and provides medically approved resources to educate and enable people to make informed choices about their health during perimenopause and menopause. Newson Clinic was registered with CQC in 2018 to provide the following regulated activities: diagnostic and screening procedures, family planning and treatment of disease, disorder, or injury. The service was previously inspected in September 2019 and rated Good. This assessment was scheduled in response to concerns raised about the service within a television documentary aired in September 2024 and negative feedback received from 8 patients. We carried out an announced assessment of Newson Clinic on 7th and 16th October 2025. We assessed all of the quality statements for Safe, Effective, Caring, Responsive and Well-led, and rated the service as overall Outstanding.

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Overall People's Experience

To hear from patients about their experiences we asked the service to share details of CQCs email and telephone number to provide their feedback. In addition, we provided the service with CQC comment card forms for patients to provide their written feedback about their experience. We received a total of 505 patient emails and telephone calls to our customer services centre and 57 written responses.

Of the 505 patient emails and telephone calls, 438 were positive about their experience of the service; 25 were mixed; and 42 were negative. All 57 written patient feedback responses were positive. The results of CQC collated data of patient feedback for this assessment showed 88% of patients were positive about their experience of using Newson Clinic; 8% reported a negative experience; and 4% reported a mixed experience with both positive and negative aspects.

We identified trends and themes from the patient feedback we received. Patients reporting a positive experience told us their care and treatment had improved their quality of life; they felt listened to; staff had treated them with kindness and respect; they were given a wealth of information and advice to help them make informed decisions about their care; and access to the service was easy and flexible. Patients told us:

"I finally knew I didn't have to suffer the effects of menopause ever again."

"I began to enjoy life again."

"It's given me back my quality of life."

"Their care has literally transformed my life."

"They helped transform my life at a time when I felt most vulnerable."

“I can only thank them for making a huge difference in my life.”

Patients reporting a negative experience told us they were concerned about the high levels of oestrogen they had been prescribed; side effects of medication including bleeding; concerns their treatment had promoted cancer; and financial costs of appointments and follow up appointments. Patients told us:

“I felt unable to challenge the conclusions and prescriptions given to me...because of the financial pressure of paying for more consultations.”

“The clinic refused to answer my questions unless I paid for further appointments.”

“I felt the doctors were pushed into prescribing higher and higher doses of HRT when really they should have looked at other factors.”

“During the consultation there was a strong emphasis on increasing my HRT dose.”

In addition to patient feedback collated by CQC, as part of this assessment we reviewed patient survey data collated by Newson Clinic. Over a six-month period prior to our assessment, the service had received 2,216 responses to the post-appointment patient survey.

Patients rated their consultation experience as follows:

- Outstanding: 71%
- Good: 27%
- Average: 1%
- Poor: 0.5%
- Very Disappointing: 0.5%

Patients rated their overall Newson Clinic experience as follows:

- Outstanding: 67%
- Good: 30%
- Average: 2%
- Poor: 0.5%
- Very disappointing: 0.5%

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Safe

Rating: Good

Percentage Score: 81.00 %

▶ [How do we score this?](#)

Summary

This service is safe

Commentary

We looked for evidence that patients were protected from abuse and avoidable harm. At our last assessment, we rated this key question as Good. At this assessment, the rating remains the same.

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Safe

Learning culture

Overall Score

1 2 3 4

▶ [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

Newson Clinic had an incident reporting and management policy in place to support staff to report incidents, near misses and safety events. The service had a positive culture of safety and leaders encouraged staff to raise concerns when things went wrong. Staff felt there was an open culture, and that safety was a top priority.

Lessons were learnt to continually identify and embed good practice. Learning from incidents and complaints was discussed in meetings and resulted in changes that improved the service. Weekly complaints and incidents meetings were established for staff and regular one-to-one meetings with remote clinicians were scheduled to ensure learning from incidents reached all staff promptly.

Staff provided us with examples of incidents which had been reported and the actions the service had taken in response to the learning identified. One incident we discussed with staff related to an IT system failure which resulted in a patient letter being manually sent out instead of automatically. Staff inadvertently sent the patient letter to the wrong patient, and the service was notified by the recipient patient of the error.

The service investigated the incident and applied the Duty of Candour by contacting both patients involved and apologising for the error. The incident was discussed at the weekly complaints and incidents meeting. The cause of the error was identified as the removal of the safeguard in the IT system which sends patient letters automatically to the correct patient. To prevent this incident from reoccurring, a new Standard Operating Procedure was developed. This instructs staff that in the event of an IT failure, patient letters are not to be sent out manually but to wait for the IT system to be re-instated.

Leaders demonstrated they were passionate about learning and research. There was a 'Newson Research' department for women's health within the service which had produced 20 peer reviewed papers to date that had been published within medical journals such as the 'British Journal of Psychiatry,' 'Menopause,' 'Journal of Sexual Medicine,' and 'Maturitas.'

In addition to published articles in medical journals, leaders provided free presentations on women's health to various organisations and events around the world, including the All-Party Parliamentary Group (APPG) on Osteoporosis and Bone Health; Endometriosis Cumbria Support Group; Imperial College Women's Federation; Canadian Mounted Police; and Netherlands Women's Health. Between January and October 2025, the service had provided over 17 of these free presentations.

Safe

Safe systems, pathways and transitions

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

The service worked with patients and healthcare partners to establish and maintain safe systems of care. Staff worked to facilitate continuity of care, including when patients moved between services. With patient consent, the service shared information about their treatment appropriately with the relevant healthcare partners such as the patient's NHS GP. This meant patients experienced a joined-up approach to the management of their care and treatment. Leaders told us they had received positive feedback from NHS GPs they had engaged with who had expressed appreciation for the contact and information they had received from the service regarding shared patients, and this engagement had supported their learning.

The service had a clear onward referral pathway for both private healthcare providers and the NHS. We discussed the process for urgent referrals and staff explained they liaised with medical consultants across the UK for patients and facilitated 2 Week Wait referrals (urgent suspected cancer referrals) with NHS GPs. Our review of patient records showed referrals were managed appropriately and in a timely manner.

Safe

Safeguarding

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Safeguarding policies and procedures were in place to keep people safe and safeguarded from abuse. The service had thoroughly reviewed their patient demographic when developing the safeguarding policy. As such, the service had a robust domestic abuse process and there were resources and information within the policy detailing Female Genital Mutilation (FGM) and sexual abuse support.

The service had two safeguarding leads who had completed advanced safeguarding training Level 4. All staff had completed the relevant safeguarding training for their role and shared concerns quickly and appropriately. The service maintained a patient safeguarding register and alerts were used on the clinical IT system to identify patients who were at risk of harm or abuse. A safeguarding meeting was held regularly every two months to discuss safeguarding risks and review the safeguarding register. Interim safeguarding updates were also provided for staff as required.

The service worked in partnership with other organisations to act on safeguarding concerns. Staff gave us an example of a patient who had disclosed to a clinician that they were experiencing financial abuse. The service offered to speak to the police on the patient’s behalf and contacted their NHS GP to alert them of the safeguarding concern identified. The NHS GP followed up with the patient at an appointment scheduled the same day. The partnership of Newson Clinic and NHS GP provider led to a positive outcome for the patient who expressed their thanks for the support they received.

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Involving people to manage risks

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

Staff understood the risks and potential side effects of the treatments they offered. The service ensured all patients completed a pre-appointment questionnaire and discussed this during their consultation so that every aspect of risk could be explored. In addition to risks being discussed as part of the consultation, after their appointment patients were provided with written summaries of their consultation and information on the risks of treatment.

In addition to the services provided for patients through the clinic, patients were able to access the ‘Balance’ software application programme which provides medically approved resources to educate and enable patients to make informed choices about their care and treatment.

Staff followed internal service policies and operating procedures when assessing and treating patients. Our patient records review as part of this assessment found consultation notes were detailed and we saw evidence of risks and side effects being communicated to patients.

As part of our assessment, we received patient feedback about the service. The vast majority of patients reported positive experiences of using the service and told us clinicians had fully explained their treatment including risks and side effects.

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Safe environments

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service detected and controlled potential risks. They made sure equipment, facilities and technology supported the delivery of safe care. Contracts were in place to ensure the premises were maintained. Systems were in place for the checks of fire alarms, fire extinguishers and fire evacuation procedures. Portable Appliance Testing (PAT) was completed annually to ensure equipment was safe to use. The service provided us with evidence of health and safety risk assessments which showed that risks were properly managed. There was a comprehensive business continuity plan in place which was monitored and reviewed.

Facilities and equipment at both clinics were well-maintained and were suitable for the intended purpose. The clinic facilities were accessible to patients. The Winton House clinic building was step-free for patients, with full access for wheelchair users. Consultation rooms were located on the ground floor. The Wimpole Street clinic building had steps at the entrance, however there was a lift available to access the consultation room.

As part of our assessment, we checked the emergency equipment and medicines available at the clinics and reviewed the processes to maintain these. The service had recently updated their Emergency Medicines policy and had undertaken a risk assessment with an external company. As a result, the service purchased a defibrillator and acquired additional emergency medicines for the Winton House clinic. At the Wimpole Street clinic, the service rented consultation rooms in a modernised building which was used by another private healthcare provider. As such, the service worked alongside them to ensure the safety and upkeep of the premises and emergency equipment. Emergency equipment and medicines were checked regularly, and documented logs were maintained to confirm functionality and expiry dates. All staff had been trained to deal with emergencies including the use of emergency equipment, and basic life support and sepsis training.

Safe

Safe and effective staffing

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. There were a range of clinical and non-clinical roles within the service. We found training was up to date, learning needs and development of staff was managed appropriately, and staff were working within their agreed areas of competence.

The service had a 'Newson Education' department where staff worked to provide healthcare professionals with the latest knowledge, clinical insights and practical tools to enhance their confidence in diagnosing and managing hormone-related conditions.

There was a comprehensive on-boarding programme for new clinical starters at the service. This included clinicians' completing Newson Clinic's CPD accredited 'Confidence in Menopause' course prior to starting their role. There was an enhanced mentorship programme for all new clinicians which included a structured induction and supervision. Supervisors had scheduled check-ins with new doctors after each clinic to begin with followed by weekly check-ins and 3 monthly. In addition to the check-ins between the new doctors and supervisors, the service undertook patient consultation notes audits for new doctors every 6 weeks, then 3 months, 6 months and 12 months. After a doctor had worked for the service for 12 months, their consultation notes were reviewed on an annual basis to ensure high-quality, safe care for patients.

Ongoing support for clinical staff included a range of meetings. There were monthly clinical meetings where staff shared best practice; engaged in case and research discussions; and reviewed any other relevant updates based on patient demographic. There was a monthly 'lunch and learn' meeting with Dr Louise Newson which was open to all clinical staff and provided an opportunity for staff to refresh or enhance their knowledge base. There was also a bi-monthly 'lunch and learn' meeting with the Clinical Lead in Winton House which provided support and education for the clinical and non-clinical team. In addition to scheduled meetings, every Monday the service sent out updates to staff where learning and updates on research was shared; any changes within the service were communicated; and any updates on relevant clinical guidance and Central Alerting System (CAS) alerts was provided. CAS is a web-based system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and independent providers of health and social care.

Leaders told us that they arranged for external speakers to attend meetings to provide specialist knowledge for staff. For example, the service had recently provided a meeting with a physiotherapist who gave information on pelvic floor exercises.

For both new and existing staff, the service provided them with expert-led webinars and resources to help them in their role. Both clinical and non-clinical staff had access to Microsoft Teams groups where staff could request for support or answers to queries on demand; share best practice; and receive updates. All staff had protected time for study, continuing professional development and mandatory training. In addition, the service held an annual conference for all staff. Leaders told us this collaboration and coming together of the teams was an opportunity to share learning, communicate any changes and re-iterate the service mission.

Safe

Infection prevention and control

Overall Score

1 2 3 4

▶ [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

The service assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.

The service had a designated infection, prevention and control (IPC) lead and staff had completed relevant training. Risk assessments and audits were completed, and actions taken to mitigate risks. The service had effective oversight of the external cleaning companies used to ensure cleaning schedules were followed and cleanliness met the required standard.

We observed the clinic premises were visibly clean. Handwashing facilities including liquid soap, hand gel and paper towels were available in the clinic consultation rooms. Clinicians used personal protective equipment (PPE) such as aprons and gloves when required and single use equipment, which was disposed of in line with national guidance. The service had arrangements in place to manage healthcare waste and staff were aware of the action to take in event of sharps or contamination injury.

Safe

Medicines optimisation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Doctors, pharmacists and nurses prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance, there was a clear rationale for this that protected patient safety. For example, the service prescribed some medicines that were 'off label' such as testosterone which was used to treat menopausal women experiencing low libido (Hypoactive Sexual Desire Disorder - HSDD). 'Off label' prescribing means that the medicine has a license for treating some conditions, but the medicine is being used in a way that is different to that described in the licence. Treating patients with off label medicines is higher risk than treating patients with licensed medicines, because these medicines may not have been assessed for safety, quality and efficacy for the condition they are being used to treat. Staff explained that as with all consultations, patients were given a full explanation of the medicine's purpose, the intended benefits, and any potential risks associated with the medicine. In addition, the service had template patient letters which were automatically generated when clinicians prescribed an off label medicine, which informed patients of this.

We discussed with staff about the prescribing of high doses of hormone replacement therapy (HRT). Staff explained they prescribed the lowest dose of hormone replacement therapy to control symptoms for patients but sometimes this meant prescribing higher than the labelled medicine doses to treat their symptoms. In addition, leaders told us they used HRT as treatment for conditions such as osteoporosis and for cardiovascular benefits and told us they looked to guidance from global experts in relation to protecting future health.

The vast majority of prescriptions issued by the service for patients were for hormone replacement therapy, however staff explained occasionally they prescribed antibiotics and treatments for migraines. The service had a limited medicines formulary from which clinicians could prescribe. There was a drop-

down list of medicines on the clinical IT system for prescriptions which could not be overridden without senior clinical approval. The service carried out regular medicines audits to ensure prescribing was safe. The service had a clinical lead for medicines management in place who maintained lists of every medicine prescribed and reviewed these periodically to check that the prescriptions were appropriate.

The service had a policy and processes in place for receiving and disseminating national medicines safety alerts. These alerts were reviewed for relevance by senior clinicians and cascaded to staff as appropriate for information and action. Safety alerts were also discussed as part of clinical meetings.

As part of our assessment, a Care Quality Commission GP Specialist Advisor undertook searches of patient records on the service's clinical IT system. We reviewed the clinical records of 10 patients selected at random on the clinical system. We reviewed the 'patient journey' of these 10 patients including their first appointment with the service, their diagnosis and treatment, and ongoing follow-up consultations.

Our review found staff kept clear, detailed, and accurate patient clinical records. Patient medical history, examinations, investigations, and diagnoses were recorded. Patient concerns or preferences regarding treatment and information about the risks and benefits of treatment were documented, including potential side effects of medication. We found appropriate systems were in place for patient blood tests including ongoing periodic blood tests to ensure medicines continued to be appropriate and safe to prescribe. We also saw doctors regularly reviewed patients' medicines to confirm they were treating their conditions effectively.

As part of this assessment CQC requested feedback from patients of Newson Clinic. The results of CQC collated data showed 88% of patients were positive about their experience of using the service; 8% reported a negative experience; and 4% reported a mixed experience with both positive and negative aspects. The vast majority of patients were positive about their treatment and the benefits they experienced of the medication they had been prescribed. Patients reporting negative experiences of the service told us they were concerned about the high levels of oestrogen they had been prescribed; side effects of medication which included bleeding; and some patients were concerned their medication had promoted cancer.

Effective

Rating: Outstanding

Percentage Score: 88.00 %

► [How do we score this?](#)

Summary

This service is exceptionally effective

Commentary

We looked for evidence that staff involved patients in decisions about their care and treatment and provided them with advice and support. Staff routinely reviewed patients care and worked with other services to achieve this. At our last assessment, we rated this key question as Good. At this assessment, we rated this key question Outstanding.

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Effective

Assessing needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and

communication needs with them.

Processes

Score: 1 2 3 4

The service demonstrated an exemplary and comprehensive approach to assessing patients' needs. A robust registration process, supported by a detailed pre-appointment questionnaire, enabled staff to identify individual patient needs, relevant medical history, and potential risks well in advance of each consultation.

Patients were encouraged to outline three personal goals for their appointment, ensuring these priorities were explicitly explored and addressed during their consultation. Staff explained that this process strengthened shared understanding between doctor and patient and ensured care was truly aligned with patients' expectations.

Patients' needs were consistently reviewed at every follow-up appointment, supported by the routine use of a symptom-severity questionnaire. The routine use of symptom-severity questionnaire demonstrated the service's commitment to continuous evaluation. It enabled clinicians to effectively monitor progress and tailor treatment based on measurable outcomes. Between appointments, patients were also able to email or phone the service to seek advice or raise concerns promptly.

We found staff were highly engaged and enthusiastic about delivering holistic care. They emphasised that hormonal changes can affect every aspect of a woman's health, and therefore comprehensive assessment was essential. In addition to blood tests that helped clinicians understand hormone levels and overall health, the service had invested in Dual-Energy X-ray Absorptiometry (DEXA) technology. DEXA scanning offers a non-invasive and highly accurate method for evaluating body composition, including fat and lean muscle mass, as well as bone mineral density. The investment in this technology demonstrated the service's commitment to comprehensive assessments for patients.

For patients with more complex needs, clinicians proactively discussed cases with colleagues during multi-disciplinary meetings, ensuring each patient received the most appropriate and effective treatment plan.

The vast majority of patient feedback gathered during this assessment was overwhelmingly positive. Patients consistently reported that the care they received from Newson Clinic had significantly enhanced their wellbeing and, in many cases, markedly improved their overall quality of life.

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Delivering evidence-based care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

The service had systems and processes in place to ensure clinicians were up to date with national legislation, evidence-based good practice and required standards. Leaders told us their clinicians were confident in the prescribing of medicines for patients by consulting global research as well as National Institute for Health and Care Excellence (NICE) guidance. For example, leaders told us they also utilised ‘PubMed’ to keep up to date. PubMed is a free, online resource supporting the search and retrieval of science literature with the aim of improving health. Guidance and research were communicated with staff via email updates and meetings. Leaders were enthusiastic about the varied health benefits of taking HRT identified by global research to protect patients’ future health such as cardiovascular health and osteoporosis.

We discussed with staff about the prescribing of high doses of HRT. Clinicians told us they prescribed the lowest dose they possibly could of HRT in order to control and treat patient symptoms effectively. Clinicians explained higher doses were sometimes prescribed for patients as a result of a skin absorption problem.

The service used a ‘symptom severity’ questionnaire to identify symptoms being experienced by patients and their intensity. This questionnaire was repeated to benchmark patient progress with treatment. The service also collated data from the symptom severity questionnaire for research and education purposes.

Staff told us the service had a ‘3 consultation rule’ in place where if a patient had been seen 3 times and no progress for the patient had been made with their symptoms, the clinician was instructed to discuss the patient’s care with a

senior clinician for a second opinion.

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Effective

How staff, teams and services work together

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service was committed to working collaboratively with healthcare providers to ensure patients received high levels of care. We saw there were robust processes in place for the service to engage with the patients’ NHS GP and wider healthcare team as required.

As part of the registration process, patients were asked to consent for the service to share information with their NHS GP. With patient consent, the service wrote to the patient’s GP and shared what was discussed, what actions took place, and any suggested medication changes if appropriate.

Staff explained if a patient did not consent to sharing information, they checked this at each subsequent appointment and discussed with patients the importance of involving their NHS GP in their care and treatment with the service. They also recorded this decision within the patients record and risk assessed this decision. Staff told us the majority of patients did consent to information sharing and they also found that patients who initially declined, often changed their minds and consented at a later date.

For patients who did not have an NHS GP or lived abroad, they were able to use the consultation summary letter provided for them by the service following their appointment to share with their relevant healthcare professional.

Staff recognised the importance of strong relationships with external healthcare providers to ensure continuity of care and smooth referral processes for patients. Clinicians explained they worked regularly with NHS GPs, Oncologists, Gynaecologists and Breast Cancer Care teams. Leaders told us they had referral pathways in place throughout the UK.

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Effective

Supporting people to live healthier lives

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff demonstrated they were dedicated to improving the health and wellbeing of women. Staff believed 'the journey to better hormone health should be a holistic one.'

Clinicians discussed lifestyle, nutrition, exercise, restorative sleep, vitamin D supplementation, bone health, pelvic floor exercises, and social connections with patients as part of their consultation as standard. Within patient letters, the service also provided information about health promotion. The service also offered patients additional services such as bone density scans and contraception services.

In addition to the services provided for patients through the clinic, Newson Clinic had developed the 'Balance' software application programme which is free to both patients and the public worldwide and provides medically approved resources to educate and enable people to make informed choices about their health during perimenopause and menopause. The app offers people symptom trackers, community support and evidence-based information on menopause hormone deficiency.

The Balance app is the first menopause support app certified by the digital health organisation, ORCHRA, who review and approve health apps for the NHS and multiple national health bodies around the world. In addition, the app was awarded the 'Apple's Editors' Choice Award.' This award celebrates exceptional quality, innovation, design, and user experience.

Since August 2024, the service had been working with the United Nations Population Fund (UNPFA) to produce 10 co-branded articles to feature in the Balance app. The UNPFA is a specialised agency within the United Nations that focuses on sexual health, reproductive health, gender equality, and population issues. The UNPFA have regional offices in Africa, Arab States, Asia and the Pacific, Eastern Europe and Central Asia, and Latin America and the Caribbean. The first 5 co-branded articles were published in September 2024. The articles were entitled: 'Common side effects of menopause;' 'Menopause and contraception;' 'Perimenopause and menopause basics;' 'What are hormones?' and 'What to know about cervical screening.' Between September 2024 and May 2025 there had been 25,000 views of the articles online.

In addition to the UNPFA, the service had also worked with the Sophia Forum organisation which promotes and advocates for the rights, health, welfare and dignity of women living with HIV. The service and the Sophia Forum organisation collaborated to write booklets about HIV and menopause which have now been translated into 22 African languages.

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Effective

Monitoring and improving outcomes

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service actively monitored patients care and treatment to continuously improve it. Staff endeavoured to ensure that outcomes were positive and consistent, and that they met both the clinical expectations and the expectations of patients.

The service had a comprehensive audit schedule covering various clinical and non-clinical areas of the service to drive improvements. Learning from audits was communicated and shared with staff.

We discussed and reviewed three clinical audits which were repeated on a quarterly basis to monitor and assess performance. These were audits on testosterone, progesterone, and high dose oestrogen prescribing. The

testosterone audit included checking that testosterone baseline blood tests were repeated for patients at 3 to 6-month intervals after commencing treatment. The progesterone compliance audit included checking if any patients were requesting oestrogen medication only without progesterone. The high dose oestrogen prescribing audit included checking that clinicians were following the clinical pathway which involves ensuring patients received an annual oestradiol level blood test and an annual review.

In addition to the scheduled audits, the service collated and analysed the data for patients who completed their follow up symptom severity questionnaire. This questionnaire tracks patients' symptom progress before treatment and after. We reviewed the data the service had compiled in one study of 674 patients which identified for all symptoms the average severity score for patients reduced from 86.2% to 56.8%. This was a 34.1% reduction in symptom severity reported by patients. The average follow up period for patients is 3 months.

Another study on patient outcomes found a reduction in symptoms from before treatment to after two appointments with service. For example, symptoms of fatigue were reduced from 96% to 38%; problems with concentration reduced from 91% to 34%; joint pain reduced from 88% to 41%; memory problems reduced from 93% to 44%; issues with sleep reduced from 89% to 27%; and anxiety reduced from 79% to 18%. This study was based on data collated from 20,763 patients.

In addition to the audit schedule, the service had active and frequent participation in research initiatives and peer reviewed publications. For example, in one study published in the Journal of Sexual Medicine in April 2025, 35% of women treated reduced their dose of opioid painkillers; 29% discontinued their use of opioid painkillers; and 26% of women using antidepressants or anxiolytics (medicines used to treat anxiety, fear and tension) reduced or discontinued their use of these medicines after starting HRT.

The results of CQC collated data of patient feedback for this assessment showed 88% of patients were positive about their experience of using Newson Clinic; 8% reported a negative experience; and 4% reported a mixed experience with both positive and negative aspects. The vast majority of patients told us the outcome of their treatment had improved their overall health, wellbeing, and quality of life. Patients expressing negative experiences were unhappy with the outcomes of their treatment. Some patients told us they had experienced negative side effects including heavy bleeding, and some patients felt their medication had promoted cancer.

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Effective

Consent to care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service told patients about their rights around consent and respected these when delivering person-centred care and treatment. A consent policy was in place to ensure appropriate consent was obtained from patients when receiving care and treatment. Staff understood the requirements of legislation and guidance when considering consent and decision making. Mental Capacity Act training was mandatory for all clinical staff.

As part of the registration with the service, patients were asked for their consent for the service to share information about their care and treatment with their NHS GP. For patients who declined, clinicians discussed this with them at each appointment and staff told us patients who previously declined often changed their minds later on after receiving treatment and discussing the benefits of sharing information. All patients however were provided with summary letters of their consultations which was theirs to share with healthcare professionals as they wished after their appointment.

Patients were offered a chaperone for care and treatment when this was appropriate such a Mirena coil fittings, ultrasound scans and DEXA scans. Chaperone information was on display to inform patients of this service and staff who provided this service had completed chaperone training.

There was clear information on the service’s website with regards to how the service worked. Information about the cost of the consultation was known in advance and paid for before the appointment started and subsequent costs of prescriptions and additional services such as DEXA scans were communicated.

Caring

Rating: Good

Percentage Score: 80.00 %

► [How do we score this?](#)

Summary

This service is caring

Commentary

We looked for evidence that the service involved patients and treated them with compassion, kindness, dignity and respect. At our last assessment, we rated this key question as Good. At this assessment, the rating remains the same.

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Caring

Kindness, compassion and dignity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

The vast majority of patient feedback we received was positive about interactions with clinic staff and patients reported they had been treated with kindness, patience, and respect.

There were no patients in the clinics during our site visits to the service that were available to speak to us, however leaders delivered a presentation and provided evidence demonstrating the processes they use to support compassionate care and promote women's health and wellbeing.

The service informed us of over 12 charity and outreach activities they had been involved with as part of their commitment to improving care for vulnerable groups across society and not just their patients. The outreach work focussed on reaching marginalised women, providing them with free healthcare education and resources.

These including working with 'Lancashire Women,' which is a charity for deprived women; providing presentations and teaching sessions to women in 5 different prisons; worked with 'Ovacome' which is an ovarian cancer charity, produce an information booklet for women with ovarian cancer; providing a webinar on mental health and hormones for 'Fibromyalgia Action UK' charity; and working with 'Dimensions' which is a not-for profit support provider and housing association for people with learning disabilities, to develop an information booklet for women.

Within the clinic, staff treated patients holistically and recognised both the physical and mental impact of the menopause. They responded to patients in distress in a timely way and ensured they had the advice, guidance and treatment they needed.

Treating people as individuals

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service had systems and processes in place to provide tailored care and support for patients. Treatment plans were individualised, and staff were passionate about empowering patients to make informed choices about the care they received.

Staff had completed equality and diversity training and recognised the importance of meeting patients cultural, social, and religious needs, and displayed a non-judgmental attitude towards all patients.

For patients with the most complex needs, their care was discussed during clinical multidisciplinary meetings to ensure that their individual needs and preferences were met.

Patients’ communication needs were identified as part of the registration process with the service and any communication needs such as translation and interpretation support, which included British Sign Language, could be organised.

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Independence, choice and control

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service promoted patients’ independence and supported them to make decisions about their care, treatment and wellbeing. They provided patients with information and guidance to enable them to make informed decisions about their care. After a consultation, patients were able to take time to consider all their options before they decided on any treatment. Clinicians explained to patients they had the option to change their minds.

The service website provided patients with access to information about the doctors working for the service and they could book a consultation with a doctor of their choice.

Patients were offered a choice of appointment types including both face to face and remote consultations.

As a private service, people accessing the service for treatment had chosen to do so. Doctors understood the potential barriers around cost of consultations and prescriptions and so if patients wanted to continue their treatment with their NHS GP, clinicians would write to their named GP for them with information about their care.

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Caring

Responding to people’s immediate needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People’s Experience

Score: 1 2 3 4

The service listened to and understood patients’ needs, views and wishes. Clinicians took a full history before treatment so they could understand patients’ immediate needs and their expectations of treatment outcomes.

Staff we spoke with knew how to respond when a patient needed urgent attention and knew the processes to follow to ensure emergency support was given. For example, staff had undertaken sepsis and basic life support training.

The service had arranged for a duty doctor to be available every day to take telephone calls, undertake on the day appointments for patients in need, and provide case discussion or on demand advice for clinicians. The pharmacy team were also available to provide assistance with any urgent telephone queries.

We discussed with staff about the processes in place for abnormal blood test results for patients. Staff explained abnormal blood test results were tasked to the patient’s doctor for prompt review and subsequent action, however, the duty doctor also had access to these test results as a back up to make sure they were actioned in a timely manner.

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Caring

Workforce wellbeing and enablement

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Leaders told us they cared about and promoted the wellbeing of their staff. Leaders told us they supported and valued their colleagues and there was a weekly staff recognition programme in place. All of the staff we spoke with during our site visit gave positive feedback about the service and leaders. For example, staff told us they felt they worked well as a team, and colleagues supported one another. We also collated emailed feedback from staff and found some staff felt relationships and communication between leaders and staff could be improved.

Leaders had taken steps to recognise and meet the wellbeing needs of staff. There was a staff wellbeing policy in place which encouraged a positive culture to support individuals to take positive steps to improve their health and wellbeing when at work.

We discussed with staff wellbeing initiatives that had been provided for them. These included access to confidential counselling; yoga sessions; and a £750 contribution per employee to utilise within an online platform which provides benefits, wellbeing resources, and rewards for employees.

Leaders told us they had also arranged for mental health first aider training which was due to start in October 2025, to ensure staff had access to support.

Prior to our assessment the service had conducted a staff survey in July 2025. We reviewed the responses received from 57 staff members and found staff were positive about their experience working in the service in the following areas:

92% of staff agreed or strongly agreed that their line manager communicated clearly and regularly with them; 94% agreed or strongly agreed that they had a clear understanding of what was expected of them in their role; 94% reported they understood how their role contributed to the overall success of the organisation; 93% stated they felt their skills and abilities were well-used in their job; and 93% reported that they were committed to the long-term success of the organisation.

The staff survey also identified opportunities for improvement within the service. For example, staff reported that more communication from senior leaders ahead of business changes would be valued; greater opportunities for career development were desired; more staff recognition would be appreciated; more forums to speak up and contribute to improve things was desired by staff and following recent organisational changes, employees would appreciate more reassurance about the security of their own roles.

Responsive

Rating: Good

Percentage Score: 79.00 %

► [How do we score this?](#)

Summary

This service is responsive

Commentary

We looked for evidence that the service met patient's needs, and that staff treated patients equally and without discrimination. At our last assessment, we rated this key question as Good. At this assessment, the rating remains the same.

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Responsive

Person-centred Care

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

The service endeavoured to make sure patients were fully engaged with their care and treatment choices. Leaders told us since the service began in 2018; clinicians had totalled over 100,000 hours listening to patients' unique stories and individualised health needs. Staff explained that their individualised approach to care ensured the optimal treatment options were available and patients were central to all decision-making processes.

Prior to their appointment, patients were provided with pre-consultation questionnaires which included asking patients what 3 things they wanted to get out of their appointment. Staff said clinicians went through these 3 requests at the end of their consultation to ensure they had fully addressed these for them.

The service also used patient feedback to identify areas for improvement and made necessary adjustments to ensure patient care was person-centred. After every appointment, the service asked patients to provide them with their feedback. We were provided with evidence of this post-appointment data collated during the 6 months prior to our assessment. Survey results from 2,216 patients found patients rated their overall Newson Clinic experience as 'Outstanding' 67%, 'Good' 30%, 'Average' 2%, 'Poor' 0.50%, and 'Very disappointing' 0.50%.

As part of our assessment, CQC requested and collated patient feedback directly. Our feedback from 562 patients found 495 patients were positive about the treatment they had received, and patients told us they received personalised care.

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Responsive

Care provision, Integration and continuity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Staff recognised the diverse health and care needs of people using the service. The service identified patients who may be in need of extra support and made appropriate referrals to other healthcare professionals and organisations for them. Staff worked to build good relationships with external healthcare professionals so that patient care was joined-up, flexible and supported continuity.

Staff told us to support continuity they also made arrangements within the service for each clinician to be assigned particular administrative staff to work with them. This arrangement facilitated patient continuity and familiarity and enhanced the patient journey.

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Responsive

Providing Information

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Newson Clinic's mission is to listen, educate and empower to improve the health, wellbeing, and lives of women. The service was passionate about providing information and resources for both patients and people around the world.

As part of this endeavour, the Newson Clinic funds the 'Balance' app. Balance is a free app that helps women to track and log their symptoms, moods, periods and sleep pattern. With this information, people were able to generate and download a personalised 'Health Report.' This report enabled people to gain insights into their symptoms and health; and could also be used to share with their healthcare professional. In addition, the app is the world's largest online hormone health library.

Data collated from the app showed 72% of users had gained access to treatment to alleviate their menopausal symptoms; 7 in 10 users of the app reported they felt their mental health had improved because of use of the app; and over half of users reported their physical health had improved since downloading the app.

In addition to the app, Dr Louise Newson provides both patients and the public worldwide with free education about hormone health through podcasts, social media videos and online resources; as well as free talks and presentations to organisations and charities both in the UK and abroad.

For patients of Newson Clinic, clinicians provided clear, accessible, and timely information to support fully informed decision-making. Treatment options, associated risks, benefits, and expected outcomes were explained in a way that reflected individual patient's communication needs. Information about recognising deterioration, raising concerns, and accessing urgent support was routinely shared by clinicians to promote patient safety and independence. We observed there was a range of healthcare information leaflets within the clinic for patients. The service also routinely reviewed patient feedback to improve information provided for patients.

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Listening to and involving people

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service made it easy for people to share feedback and ideas about their care and treatment. The service recognised the importance of patient feedback and learning was seen as an opportunity for improvement. Staff reviewed feedback they received including online reviews and this was shared with staff and discussed in service meetings.

Feedback could be given verbally in person, by email, by telephone, or patients could write to the service. Patients were encouraged to leave feedback and were asked for this after each appointment with the service.

We discussed with leaders changes that had been made as a result of feedback from patients. Staff told us they had brought Mirena coil treatments in-house at the clinic in response to patient feedback.

The service had a complaints policy in place, and we saw complaints were also discussed and reviewed with staff to improve the quality of care. There was a lead for complaints within the service who dealt with complaints and undertook analyses of trends and themes identified. Patient complaints were dealt with in a timely way and the service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. For example, the service was subscribed to the Independent Sector Complaints Adjudication Service (ICAS) who provides independent adjudication on complaints about ICAS subscribers.

We discussed with staff an example of a patient complaint which resulted in learning for the service. This complaint related to a Mirena coil fitting. The patient reported that a gynaecologist had told her that her Mirena coil had not been fitted properly by the service. The service reassured the patient that the coil was fitted correctly, however, it is possible for the coil to move after being fitted. The service made changes to their processes in response to learning

from this complaint. For example, clinicians were instructed to ensure they informed patients there is a risk that the Mirena coil may move at any time after being fitted and this information had been incorporated into the patient consent form. The patients were also given a scanned copy of their consent form with this information to take home after their appointment.

The results of CQC collated data of patient feedback for this assessment showed 88% of patients were positive about their experience of using Newson Clinic; 8% reported a negative experience; and 4% reported a mixed experience with both positive and negative aspects. The vast majority of patients felt listened to and fully involved in decisions about their care and treatment. Some patients who reported a negative experience of the service felt they had not been listened to when raising concerns about side effects of HRT they were experiencing including heavy bleeding.

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Responsive

Equity in access

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Score: 1 2 3 4

Leaders were committed to ensuring that patients could access the service fairly and without barriers. To remove barriers, the service offered a range of practical accessibility measures tailored to individual patient needs. These included varied appointment types such as face to face, telephone, or secure remote consultations.

Patients had timely access to initial assessment, test results, diagnosis and treatment. During 2025, the clinic undertook an average of 2,075 patient appointments per month, however, new patients did not need to join a waiting

list and were usually offered a virtual appointment within two weeks of contacting the service. There was a comprehensive registration process in place for patients with a pre-questionnaire to highlight any reasonable adjustments required prior to an appointment. A first appointment was usually scheduled for up to an hour to fully understand the patient's symptoms and individual healthcare needs.

Patients could book appointments directly online or by telephone. Patients could speak to an administrator to facilitate this between 9am and 5pm Monday to Friday. Appointments were available between 8am and 5:30pm. There was a duty doctor available each day for any urgent enquiries and appointments. There was a free contact programme in place for all patients within 4 weeks of appointments. Leaders told us the service providing access to Mirena coil fittings, DEXA and ultrasound scanning onsite at the clinics, enhanced the patient journey and experience.

The clinic environment was designed to be accessible for patients with consultations on the ground floor at the Winton House clinic and lift access with wide corridors and accessible toilets at the Wimpole Street clinic.

We discussed access with leaders and the challenges related to patient access. The cost of treatment provided by the service was detailed for patients in advance, however, leaders were clear about the importance of not requesting unnecessary tests and appointments because of the cost to patients. The service supported patients if they wished to continue their treatment with their NHS GP and clinicians provided letters and shared information with patients' NHS GP. Staff also offered an option for patients to go back to them in the future for a review if they wanted to. This ensured patients could still access the care and treatment which worked for them.

The Newson Clinic Balance app was free to both patients and the public to access resources and information to make informed choices about their health during perimenopause and menopause. Dr Louise Newson also provided free presentations and wrote booklets for a range of charities and organisations to provide people with hormone healthcare education to support them if they could not afford a private appointment.

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Responsive

Equity in experiences and outcomes

Overall Score

1 2 3 4

► How do we score this?

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Leaders recognised not all women had the option to seek private treatment. They felt the educational part of their work was key to helping women and getting improved outcomes for them in the future whether through a paid for service or not, and this was an important part of the service they provided. As such, the service developed a free app; engaged in numerous outreach and charity endeavours with organisations around the world; and provided social media videos and Podcasts for the general public.

The app had been created to make perimenopause and menopause support inclusive and accessible to everyone, globally. Through the app, leaders wanted to empower women and trans and non-binary people across the world to take control of their health and bodies.

The app had been recognised by Apple for the steps the service had taken to improve the app accessibility for those who are neurodiverse, as well as anyone with low vision, hearing loss, or restricted mobility.

The service engaged with a wide range of organisations to promote health education and support groups who may be at risk of poorer outcomes. For example, as part of their outreach work, leaders provided teaching sessions for women in 5 different prisons; and participated in events in Dallas and New York with a documentary maker about perimenopause and injustice to women who are not listened to.

Leaders also proactively sought ways to address any barriers to improve the patient experience within the clinic. The service took a holistic view to women’s health and staff explained they were not a ‘menopause’ clinic. For example, younger patients who were pre-menopausal presenting with hormone problems were treated at the clinic and clinical pathways for younger women had been developed.

The service had policies and processes in place to ensure equity in experiences and outcomes for all patients. There was an equality and diversity policy in place, and all staff had received this training. Prior to an appointment, as part of the patient booking form, staff were made aware of patient needs in advance such as if they had any hearing problems or disabilities.

For patients with hearing impairments, clinics were equipped with a hearing loop system. Accessible communication formats, including large-print documents, and easy-read information could be arranged for patients as

required. For patients whose first language was not English, the service was able to access interpreting services for them.

The service routinely analysed clinical outcomes, patient experience data, and audit findings to identify any variations between different groups. If any disparities were identified, the service implemented targeted improvement actions to ensure everybody receives the support they need to achieve the best possible outcomes.

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Responsive

Planning for the future

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Leaders were enthusiastic about the varied health benefits of taking HRT identified by global research to protect patients’ future health such as cardiovascular health and osteoporosis. As such, the service offered additional services to patients such as DEXA scans. Patients had the opportunity to discuss their future care and treatment as part of the consultation process and the service also offered appointments to younger patients who were pre-menopausal and experiencing hormone-related problems.

Well-led

Rating: Outstanding

Percentage Score: 89.00 %

► [How do we score this?](#)

Summary

This service is exceptionally well-led

Commentary

We looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At our last assessment, we rated this key question as Good. At this assessment, we rated this key question as Outstanding.

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Well-led

Shared direction and culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service demonstrated a clear and compelling mission to “listen, educate and empower” women, underpinned by a strong vision “to improve the health, wellbeing and lives of all our patients.” Leaders were firmly committed to advancing public understanding of women’s health and ensured this purpose guided both strategic direction and daily practice.

Leadership was strong, visible, and deeply embedded throughout the organisation. Leaders actively reinforced the mission and vision across all aspects of the service, ensuring staff understood how their roles contributed to delivering high-quality, personalised care. These guiding principles were routinely reviewed and discussed at team meetings and further strengthened during the service’s annual staff conference.

Staff consistently told us the service was designed to provide individualised, holistic care tailored to the unique needs of each woman. Patients were placed at the centre of all decision-making processes and this facilitated optimal treatment options.

All the staff members we spoke with were highly positive about the culture of the service. Staff told us the culture was open, transparent, blame free and non-discriminatory and they enjoyed working there. The culture supported learning, feedback and reflection to enhance the quality of care provided for patients.

The service had effective leadership strategies in place to maintain the sustainability of the clinic and to drive continuous improvement. The service was shaped, developed and improved through meaningful engagement with patients and staff; involvement in research; and active participation in community initiatives such as the free Balance app, outreach and charity endeavours with organisations around the world, and social media videos and Podcasts. This approach ensured that the service not only met the needs of its current patients but also contributed to wider improvements in women’s health.

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Well-led

Capable, compassionate and inclusive leaders

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Leaders had the skills, knowledge, experience and credibility to lead effectively and ensure the organisational visions were delivered, and risks were well managed.

Leaders actively engaged with patients, staff, and external healthcare providers to gather feedback and they took meaningful action in response. They demonstrated during the assessment how they made changes for the better wherever they could. Leaders strived to foster an ‘open door policy’ with staff and a non-hierarchical structure.

The staff we spoke with onsite at the clinic were consistently positive about the leaders of the service. They felt leaders modelled the values of the service and they felt respected, supported and valued by them. We received feedback forms from the administrative team who informed us they would appreciate more engagement and communication with the senior leaders and consideration to be given to their career development and salaries.

We saw the leadership team worked with multiple organisations and charities in the UK and around the world, to help to provide free education for women about perimenopause and menopause to help them to make informed choices about their health.

Leaders had also provided funding for a 3-year PhD student in suicide prevention with Liverpool John Moore’s University; and for a Urologist to complete her training in Uganda. Leaders encouraged staff to undertake volunteer work.

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Well-led

Freedom to speak up

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service fostered a positive culture where people felt they could speak up and their voice would be heard, and where everyone respected each other and their differences. Leaders wanted everyone to feel empowered and comfortable to challenge and give an opinion.

The service had a Freedom to Speak Up policy in place and had established internal and external contacts for staff to raise any concerns with if they needed to. Staff were aware of the policy and process on how to raise concerns.

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Well-led

Workforce equality, diversity and inclusion

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service valued diversity in their workforce. They had an inclusive and fair culture which had improved equality and equity for people who work for them. Policies and procedures to promote diversity, equality and human rights were in place. Staff had received training in equality, diversity and inclusion and were aware of supporting people with protected characteristics such as age, gender, religion and disability. There was a zero tolerance to bullying and harassment and leaders were committed to providing an inclusive and supportive working environment.

All of the staff we spoke with reported high levels of job satisfaction. They told us they felt valued and were encouraged to be involved in contributing to the running of the service.

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Well-led

Governance, management and sustainability

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Since our last assessment in 2019, the service had commissioned an external organisation to undertake a substantial review and redevelopment of its governance arrangements. Staff told us this process had been instrumental in reuniting the team following a challenging period linked to media scrutiny about the service. They reported that the structured, independent review provided clarity, strengthened internal processes, and helped rebuild confidence across the workforce.

At this assessment, we found a comprehensive and well-established governance infrastructure that effectively supported the delivery of high-quality care and treatments. Governance oversight occurred at multiple levels within the service including strategic, operational and clinical, and this had a positive impact on quality and safety. Policies were robust, clearly written, and easily accessible to all staff. These were reviewed annually, or more frequently when required.

Staff had clearly defined roles and responsibilities, and managers ensured consistent support through regular meetings, performance reviews and appraisals. Designated leads were in place for key governance domains including clinical governance, safeguarding, infection control, health and safety, research, human resources, and information governance. This distributed leadership added resilience and sustainability of governance within the service.

Induction processes were thorough, and clinicians benefited from a structured onboarding programme with mentoring and ongoing supervision arrangements to support professional development and maintain high standards of clinical practice. Leaders focused on competency assurance and not just staffing to ensure a high-quality workforce to support patient safety and quality.

In addition to the staff governance structure, we saw evidence of a well-coordinated framework of governance meetings occurring at weekly, monthly, and quarterly intervals. These included board meetings, quality and governance committees, clinical operations meetings, and dedicated forums for reviewing complaints and incidents. Clinical meetings included structured peer-review activities that allowed clinicians to discuss complex cases and reflect on practice. Staff reported that this had strengthened clinical decision-making and improved the consistency of treatment plans for patients with more complex hormonal needs. Daily huddle meetings with the administrative team further ensured staff remained informed, aligned, and able to respond promptly to operational needs.

The service had multiple, ongoing audit processes in place which demonstrated robust quality assurance and governance arrangements. Clinical audit and data driven monitoring was undertaken regularly including comprehensive analyses of outcomes for patients.

The service had an up-to-date business continuity plan (BCP) outlining clear procedures for responding to emergencies and major incidents. We also found robust measures in place to ensure the availability, integrity, and confidentiality of patient data, supported by strong information governance processes aligned with data security standards. Staff demonstrated a high level of awareness regarding patient confidentiality and took their responsibilities for information security seriously.

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Partnerships and communities

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

The service worked proactively with a range of external healthcare professionals to ensure patients receive seamless, high-quality, and well-coordinated care. Staff worked to build strong working relationships with NHS GPs, specialists, diagnostic providers, and hospitals to support timely referrals, shared care planning, and continuity of treatment.

The service engaged with community and global organisations to promote health education to enable people to make informed choices about their health during perimenopause and menopause. The service provided us with examples of outreach and charity work which included:

- Writing booklets about HIV and menopause with Sophia Forum (a charity for women with HIV)

- Working with local communities about Female Genital Mutation (FGM) and menopause
- Working with 'Lancashire Women' (a charity for deprived women)
- Giving presentations and teaching sessions to women in 5 different prisons
- Providing teaching sessions to NHS organisations
- Writing a course entitled 'Mental Health and Hormones' for the Royal College of Psychiatrists
- Working with 'Ovacome' (an ovarian cancer charity) to write an information booklet for women with ovarian cancer
- Working with Dimensions (a charity which supports adults with learning disabilities) to write a booklet for women with learning disabilities
- Providing a webinar for Fibromyalgia UK (a charity supporting people with fibromyalgia) about mental health and hormones
- Undertaking research with Gordon Moody charity (a charity which supports people with gambling addictions) about addictions and hormones

The service also provided us with examples of free presentations given from January-October 2025 which included:

- All-Party Parliamentary Group (APPG) for Osteoporosis and Bone Health
- Finham Park School (staff)
- Leicestershire Medico Legal Society
- Imperial College Women's Federation
- Random House/Penguin

Events

- Dallas and New York events with a documentary maker about perimenopause and injustice to women who are not listened to)
- Mills Reeve Femtech Afternoon Tea
- Smart Aging Summit Oxford
- Voyagers The FIX Festival
- Eat, Nourish Love Autumn Fair
- Netherlands Women's Health Event

Webinars and Podcasts

- Endometriosis Cumbria Support Group Webinar
- Essex Equip NHS Webinar
- Black, Asian, and Minority Ethnic (BAME) Nurses webinar
- Canadian Mounted Police webinar
- Suicide Prevention Podcast with Pooja Saini (a Professor of Suicide and Self-Harm Prevention)

Patients and staff were viewed as partners of the service and their feedback informed how leaders shaped and improved the service. Patient feedback was requested routinely after every appointment with the clinic. Feedback from patients was collated and discussed in weekly meetings and via the 'Newson Herald' which was a weekly email to all staff. Leaders told us they looked for trends and themes in patient feedback to identify areas of the service which could be improved.

Staff were encouraged to give feedback both informally and formally. We saw evidence of staff surveys and the service had recently introduced a 'Staff Engagement Group' which was made up of representatives from all staff areas to regularly gather patient feedback.

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Well-led

Learning, improvement and innovation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Outstanding – This service is exceptional at maximising the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Processes

Score: 1 2 3 4

Leaders were committed to critical research, education and innovative ways of working. Staff explained 'Our work doesn't stop at the clinic.' As such, leaders told us that, Newson Clinic profits were re-invested not only back into the clinic, but into the 'Dr Louise Newson Podcast,' the 'Balance' app, 'Newson Education,' and 'Newson Research.'

The Balance app provides free, medically approved resources and leaders told us this inclusive and innovative approach, enabled women experiencing hormonal changes to be supported, informed, and able to improve their wellbeing. The app was used by both patients and women across the globe and was the world's largest online hormone health library. The service had worked and was continuing to work with the United Nations Population Fund to produce 10 co-branded articles to feature in the Balance app.

The service engaged in numerous outreach and charity work endeavours including providing presentations, developing educational materials, and undertaking podcasts and webinars. Within the service, leaders ensured staff

education was a priority and external speakers with specialisms were regularly invited to staff meetings.

The service supported continued professional development for clinicians and had created the Newson Clinic's CPD accredited 'Confidence in Menopause' for their doctors. The service had also designed a course for the Royal College of Psychiatry to use entitled 'Mental Health and Hormones.' The service was awarded a prize for this course for being the most downloaded course in the year.

The service collated data internally from Newson Clinic patients for research such as side effects from testosterone. The service also worked with external organisations for research such as the Gordon Moody charity which supports people with gambling addictions, to research links between addictions and hormones.

Leaders continuously reflected on their work, patient outcomes, and global research. They prioritised time to develop innovative ways of working and make changes to the service. For example, the service had purchased Dual-Energy X-ray Absorptiometry (DEXA) scan equipment for measuring bone mineral density and body composition as part of treating patients holistically and protecting their future health.