

Number: WG41264



Llywodraeth Cymru
Welsh Government

Welsh Government
Consultation Document

Termination of Pregnancy arrangements in Wales

Making permanent the temporary approval allowing home use of both pills for Early Medical Abortion up to 9 weeks and 6 days gestation.

Date of issue: 01 December 2020

Action required: Responses by 23 February 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Overview This consultation is solely seeking views on whether to make permanent the current temporary approval allowing for home use of both pills for Early Medical Abortion up to 9 weeks and 6 days gestation for all eligible women in Wales. The scope does not extend to other abortion-related matters, including the wider legal framework.

How to respond This consultation will close on 22 February 2021. You may respond online, by email or by post.

Online

Please complete the online questionnaire on the consultation pages of the Welsh Government website: <https://gov.wales/termination-pregnancy-arrangements-wales>

Email

Please complete the consultation response form and send it to: WomensHealth@gov.wales

Post

Please complete the consultation response form and send it to:

Women and Children's Health Branch
Welsh Government
Cathays Park
CF10 3NQ

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

Contact details

For further information:

Women and Children's Health Branch
Welsh Government
Cathays Park
CF10 3NQ

email: WomensHealth@gov.wales

telephone: 03000 251534

General Data Protection Regulation (GDPR)

The Welsh Government will be data controller for any personal data you provide as part of your response to the consultation. Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about or planning future consultations. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data.

In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation

If your details are published as part of the consultation response then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

Your rights

Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the GDPR, please see contact details below:

Data Protection Officer:
Welsh Government
Cathays Park
CARDIFF
CF10 3NQ

The contact details for the Information Commissioner's Office are:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 01625 545 745 or
0303 123 1113

Website: <https://ico.org.uk/>

e-mail:

Data.ProtectionOfficer@gov.wales

Introduction

This consultation seeks your views on whether to make permanent the current temporary approval allowing for home use of both pills, mifepristone and misoprostol, for Early Medical Abortion at Home (EMAH) for all eligible women in Wales. The scope of this consultation does not extend to other abortion-related matters, including the wider legal framework.

Background

During the Covid-19 pandemic, the Welsh Government introduced a temporary approval in Wales, enabling women and girls to take both pills for Early Medical Abortion (EMA) up to 9 weeks and 6 days gestation in their own homes, following a telephone or e-consultation with a clinician, without the need to first attend a hospital or clinic. This arrangement was put in place during the pandemic to reduce the risk of transmission of Covid-19 and ensure continued access to abortion services. It is currently time limited for two years, or until the pandemic is over, whichever is earliest.

The Welsh Government recognises the sensitivities around the issue of abortion, and the strongly held views on all sides of the debate. This is why we recognise the need to fully consult on this issue to allow health professionals, providers, women who have accessed abortion services and the general public the opportunity to comment and submit evidence through this consultation.

The policy objectives of this consultation are to understand the:

- impact and experience of the temporary approval;
- benefits of making the temporary approval permanent;
- risks of making the temporary approval permanent; and
- evidence base for making the temporary approval permanent.

Early Medical Abortion (EMA)

EMAs are defined as a termination of pregnancy that takes place within the first 10 weeks of the pregnancy using medical methods. EMA involves administering two different tablets: mifepristone and misoprostol.

The Department of Health and Social Care (DHSC) publishes abortion statistics on an annual basis for England and Wales. Since 2009, there has been an increase in the proportion of abortions that are performed under 10 weeks. In England and Wales in 2019, 82% of abortions were performed under 10 weeks, increasing from 75% in 2009. Accessing EMA services rather than abortion later in pregnancy helps to reduce the risk of complications, which increases the later the gestation.

Access to EMA prior to Covid-19

In 2018, the Minister for Health and Social Services used powers in Section 1(3A) of the Abortion Act 1967 to approve Welsh homes as a class of place where the second stage of treatment (misoprostol) for EMA up to 10 weeks gestation can be carried out ("the 2018 approval").

Under this approval, women eligible for an abortion attended the clinic to take the first pill (mifepristone) and were then offered the choice of administering the misoprostol in their own home, or returning to the clinic to take the misoprostol. Women choosing to administer the misoprostol at home were given clear instructions about its use and where to seek help if required. In England and Wales in 2019, 36% of all EMAs carried out were where the second treatment stage was administered at home.

Access to EMA services during the Covid-19 pandemic

The temporary approval that was put in place in response to the Covid-19 pandemic enables women and girls to take both pills (mifepristone and misoprostol) for EMA up to 10 weeks gestation in their own homes, following a telephone or e-consultation with a clinician, without the need to first attend a hospital or clinic. This temporary approval superseded the 2018 approval described above.

Termination of pregnancy remains an essential service. We have listened to women's groups and clinicians and introduced these temporary measures that enable women in Wales to have access to termination of pregnancy services at home.

Public safety is our number one priority as we tackle the COVID-19 pandemic. The protocol used to deliver EMA services via teleconference during COVID-19 was developed by clinicians and supported by guidelines issued by NICE and The Royal College of Obstetricians and Gynaecologists (RCOG). We are confident that all clinical and safeguarding risks are being considered and managed appropriately including the assessment of gestation.

In light of a small number of cases in England where a termination of pregnancy at home has occurred after the 9 weeks 6 days gestation limit, we have ensured the guidance provided to clinicians undertaking EMAs at home clearly states they must arrange for the woman to attend a clinic if there is any concern about the accuracy of the gestation stage.

The change in practice has been welcomed by clinicians and women's groups. Officials wrote to Chief Executives of health boards at the beginning of September to ask for feedback on how the change in practice had worked in their health board. All have reported improved outcomes in a number of areas including shorter waiting times,

increased numbers of abortions taking place at a lower gestation and, significantly, very positive feedback from patients using this model of care. There have also been positive outcomes in terms of better use of resources and cost effectiveness.

**Consultation
Response Form**

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

Consultation questions

Q1.	Do you consider that the temporary approval has had a positive impact on the provision of abortion services for women accessing these services with particular regard to safety, accessibility and convenience of services? Please provide your reasons.
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Q2.	Do you consider that the temporary measure has had a positive impact on the provision of abortion services for those involved with service delivery? This might include greater workforce flexibility, efficiency of service delivery, value for money etc. Please provide your reasons.
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Q3.	What risks do you consider are associated with the temporary measure? If you consider that there are risks, can these risks be mitigated?
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Q4.	In your experience, have other NHS Wales services been affected by the temporary approval? If so, which?
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Q5.	Outside of the Covid-19 pandemic, do you consider there are benefits in relation to safeguarding and women's safety in requiring them to make at least one visit to a service to be assessed by a clinician? Please outline those benefits.
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Q6.	To what extent do you consider making permanent home use of both pills could have a differential impact on groups of people or communities? For example, what is the impact on people with a disability or on people from different ethnic or religious backgrounds?
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Q7.	To what extent do you consider that making permanent home use of both pills for EMA would increase or reduce the difference in access to abortion for people from more economically disadvantaged areas or between geographical areas with different levels of disadvantage?
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Q8.	Should the temporary measure enabling home use of both pills for EMA: 1. Become a permanent measure? 2. Remain unaffected (i.e. be time limited for two years and end two years after the Coronavirus Act came into force (25 March 2022), or end on the day on which the temporary provision of the Coronavirus Act 2020 expire, whichever is earlier). 3. Other [please provide details]?
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Q9.	We would like to know your views on the effects that the Termination of pregnancy arrangements in Wales would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?
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Q10.	Please also explain how you believe the proposed arrangements could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.
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Q11.	We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:
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Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: