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Len Richards
Chief Executive

9 September 2020

Professor Chris Jones
Deputy Chief Medical Officer
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Dear Chris

Abortion – Covid 19 – Approval for Mifepristone to be Taken at Home

I refer to your letter dated 2 September 2020.

Telemedicine was introduced in Cardiff Pregnancy Advisory Services (PAS) in April 2020. The overall experience has been extremely positive and we trust that the safe delivery of abortion care in the past six months will encourage the minister to allow continuation of this practice.

The biggest change apart from being allowed to send mifepristone to patients' homes was the management of abortion requests without routine Ultrasound. This was a positive change as the previous practice had likely led to over-using this technique without clinical benefit.

Replies to each question are as follows:

Have waiting times reduced as a consequence of these arrangements?

Yes, even though the number of referrals has not changed since March 2020. This is multi-factorial. The pandemic management led to service changes including a clinic move. The loss of operating lists and beds enabled increased staff in clinics to reduce the wait and treat at lower gestational age with less need for admission. The short waiting times were reached in April 2020 and have been sustained since. Previous attempts at reducing wait to be within RCOG guidance of one week had been short-lived. We are delighted about this positive change.

Has there been a reduction in gestational age when services are accessed as a consequence of these arrangements?

Yes, as direct consequence of shorter waiting times. Now sustained reduced bed occupancy and need for GA surgical treatment.

Are you aware of any negative outcomes as a consequence of these arrangements?

Not in this Health Board area.

Is there any feedback on these arrangements from clinicians involved in offering termination of pregnancy services?

The arrangements have been welcomed for several reasons:

- 1 Allows remote working for shielding medical staff.
- 2 Patients are grateful about quick response and not needing to attend clinic.
- 3 Telemedicine allows more discreet management of abortion and women appear much more comfortable talking openly when in their own space.
- 4 Improved dynamics of consultation with women's wishes and needs at the centre
- 5 Focus on clinical assessment,
- 6 USS examination no longer used routinely but in cases where it is clinically indicated
- 7 PAS services are now co-located with DOSH at CRI and this is a far better arrangement than clinic located at UHW site. This however may be reversed by DOSH due to floor-space restrictions in the New Year

New challenges encountered through the telemedicine care model have largely been resolved:

- Managing service stats and record keeping
- The main step of using an electronic patient record is not achieved yet but being negotiated. Ongoing use of a paper-based record is not compatible with telemedicine in the long term.
- Communication with individual patients can be repetitive as different clinicians are unaware of each other's actions.
- This is being addressed by looking at introducing an electronic patient record in abortion care.
- Inability to transfer telephone booking system from UHW to CRI with ease
- Staff training to use new consultation techniques and new platforms.
- Clinic staff have had problems with access to suitable IT equipment and most remote consultations have been via telephone. These issues have now been resolved.

Overall the whole team is pleased to continue working to much shorter waiting times and to provide more flexible treatment.

Yours sincerely



Martin Driscoll
Deputy Chief Executive, on behalf of
Len Richards
Chief Executive