

WOMEN'S HEALTH CROSS-PARTY  
GROUP 2019 REPORT:

# NATIONAL REVIEW OF ABORTION SERVICES

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WRITTEN IN COLLABORATION WITH

**bpas**   
British Pregnancy Advisory Service



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# WOMEN'S HEALTH CROSS-PARTY GROUP

## 2019 REPORT: NATIONAL REVIEW OF ABORTION SERVICES

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### INTRODUCTION

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Wales is home to 577,298 women of reproductive age, 8599 of whom accessed abortion services in 2017. Abortion services are provided or commissioned by 7 Local Health Boards across Wales, all of whom have developed their own methods for access, provision, and classification of the service.

Following the first meeting of the Women's Health Cross-Party Group (WH CPG) in November 2018, it had been agreed going forward that topics for work were to be divided into two groups: mapping of existing services/identification of issues, and proposals for future best practice. These plans for action directly feed in to the established goals of the WH CPG of recognising how women's experiences of services can be improved, and ensuring ongoing, comprehensive provision within Wales.

To this end, a survey was circulated to the abortion leads of each Local Health Board (LHB) in late 2018. This report details their responses.

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### SUMMARY OF KEY FINDINGS

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- 14 sites across 7 Health Boards (LHB), serving 577,298 women of reproductive age.
- There is variation across the LHB with regards to how women access termination of pregnancy (TOP) services.
- There is a difference in approach for meeting the two doctor signature requirement of Abortion Act 1967, though this poses more of an issue in some LHBs than others.
- The availability of home use of misoprostol for EMA is widespread, and those LHB which do not currently offer or provide regularly plan to implement soon.
- All HB have referral protocols for women beyond their local gestation limit.
- Both lengthy travel time and costs for clients present an important consideration for LHBs, especially for women at later gestations.
- Waiting times remain above national guidelines across Wales, with some women having to wait up to three weeks for treatment.

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### QUESTIONS FOR NATIONAL SERVICE REVIEW

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Abortion leads were specifically asked questions corresponding to three aspects of their service:

- Service Provision: How many sites their service operate from; how service is staffed and managed; the gestational limits of each site; details regarding the types of treatment available (including home use of misoprostol), and the frequency of which they are offered; how each site manages the signature requirement of HSA1 forms; and details of their referral protocols.
- User Experience: How women reach services within their LHB; the proportion of women proceeding to treatment; estimated waited times for consultation and subsequent treatment; whether women are scanned as part of the assessment appointment, or whether this requires a

further appointment; and whether there are any feedback provisions in place.

- Operational Aspects: How their service is classified and where it sits within their LHB; what their funding tariff is for provision; and how their service is commissioned.

Abortion leads were further asked if they could identify both an area of service they would most like to improve, and what is preventing them from doing so.

Further contact was made after initial responses were submitted in order to clarify answers, in addition to requesting further information regarding the services provided by their respective sites.

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## MYSTERY SHOPPER STUDY

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In order to assist the findings of this report, a small-scale mystery shopping study was conducted. This enabled a more comprehensive knowledge base from the service user end of LHB provisions. To conduct the study, a range of postcodes were selected at random, corresponding to each respective LHB. Following advice regarding accessing services, published by NHS Direct Wales<sup>1</sup> initial phone calls were made to the contact telephone numbers provided. The aims of the study were to:

- Test the accuracy of the information, which is publicly provided;
- Test the accessibility of services;
- To make enquiries as to the expected wait times and time frames;
- To gain information as to what services are available.

The limitations of the study, primarily its small size, and that all calls were made solely in January, must be borne in mind. It is recognised that waiting times may continue to improve once increases in caseload from seasonal closures are cleared.

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## SEXUAL HEALTH REVIEW 2017/2018

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In 2018, following a comprehensive review of sexual health services in Wales, Public Health Wales published their final report,<sup>2</sup> which included an overview of current service provisions and select recommendations. Due to the classification of termination of pregnancy services as belonging to, or managed by, Sexual Health across a number of LHBs, a brief overview of NHS-provided services were included both in their report and supporting documents produced to meet the requirements of the review.

As part of this review, a “Current Service Provision (2017)”<sup>3</sup> was produced in order to outline the services which contribute to the sexual health of the population of Wales. The document includes details surrounding TOP services in each LHB. Also published was the “Interim Sexual Health Service Specification

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<sup>1</sup> <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/abortion>

<sup>2</sup> <http://www.wales.nhs.uk/sitesplus/documents/888/A%20Review%20of%20Sexual%20Health%20in%20Wales%20-%20Final%20Report.pdf>

<sup>3</sup> <http://www.wales.nhs.uk/sitesplus/documents/888/A%20Review%20of%20Sexual%20Health%20Service%20Provision%28final%29.pdf>

(September 2017)”<sup>4</sup>, which provides a working model of integrated service delivery based on national policy, best practice, local health needs, and evidence based practice, contains relevant key service requirements, expected outcomes and delivery measures.

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## SURVEY RESPONSES: SERVICE PROVISION

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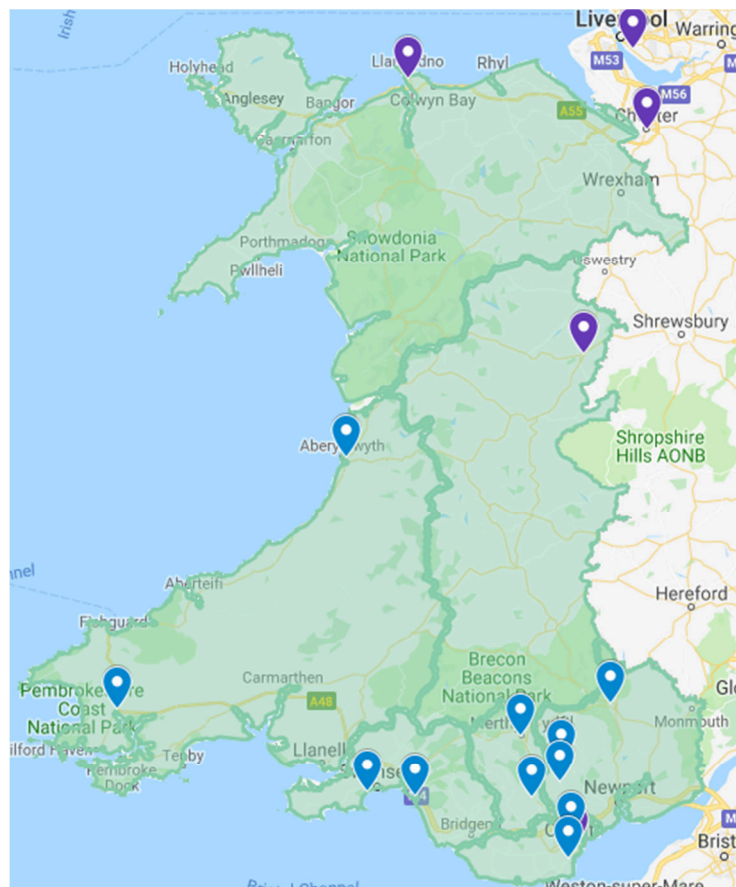
The section includes mapping of sites and services, gestational limits and frequency of treatment per site, referral protocols, and signature requirements.

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### MAPPING OF SITES AND SERVICES

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There are currently 14 sites providing termination of pregnancy services across Wales. Sites may offer both medical and surgical options, as shown below. As will be discussed, there are currently no specialist placement hospitals in Wales for women with complex medical needs, meaning women in need of such service must travel to England.



*Map showing TOP sites providing services for Wales. NHS sites are shown in blue, BPAS sites are shown in purple.*

In mapping the sites, each LHB is clearly-defined and both NHS and BPAS sites have been included. BPAS sites in both Merseyside and Chester have further been included as residents of northern Wales, and in particular those living within Betsi Cadwaladr LHB, are often referred to these sites.

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<sup>4</sup><http://www.wales.nhs.uk/sitesplus/documents/888/Interim%20Sexual%20Health%20Service%20Specification%20%28September%202017%29.pdf>

BPAS are able to refer women to sites based on proximity, service required (e.g. BPAS Merseyside provides surgical terminations up to 24 weeks), and next available appointments. Through the self-referral telephone number, women are informed of their 5 closest appointments and are provided with a choice of appointment date and location.

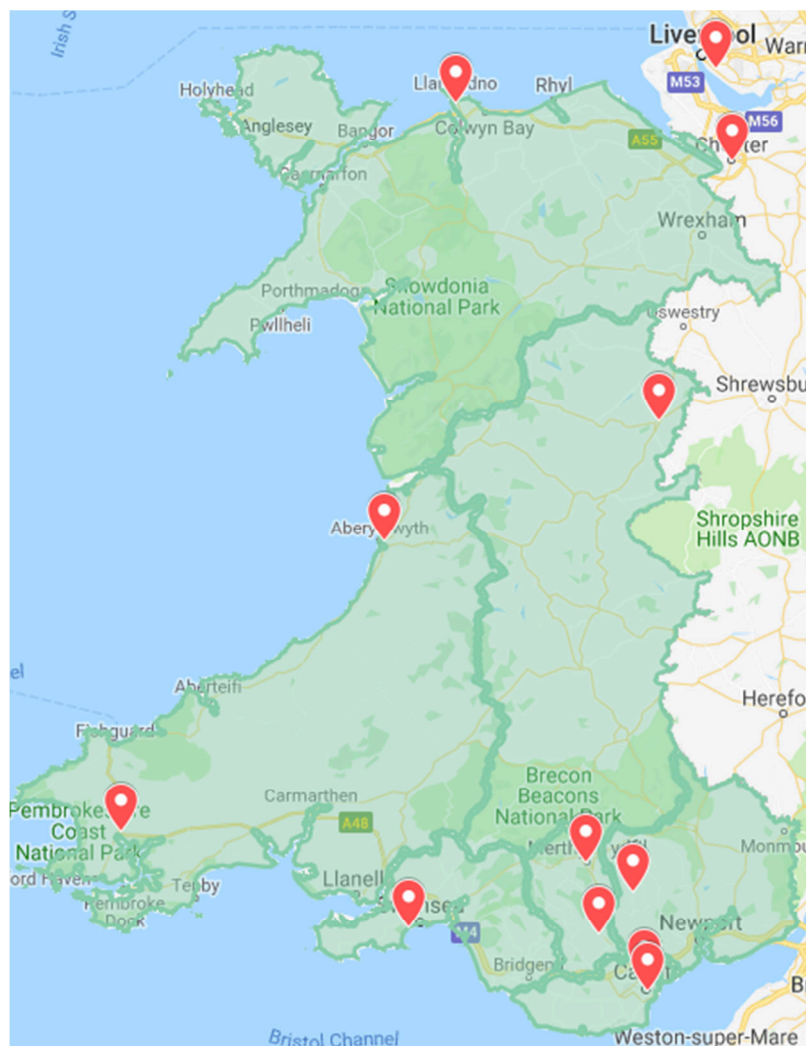
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## SITES PROVIDING MEDICAL TERMINATIONS

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There are 10 sites in Wales which provide medical terminations of pregnancy (mTOP). There is a varying population density across Wales, which is reflected in the location of clinics. This means that women in the North and East of Wales are likely to face an increased distance in reaching sites.

In 2017, 80% of abortions in Wales were medical rather than surgical, and there is variation as to the gestational limits and internal capacity of each site for treatment.



*Map showing sites across Local Health Boards for EMA and Medical Terminations of Pregnancy.*

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## SITES PROVIDING SURGICAL TERMINATIONS

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There are 10 sites which have provisions for providing surgical terminations of pregnancy (sTOP) – which are not the same as the 10 providing mTOP. All sites are located in the South of Wales; meaning women who live in the North will need to travel to either the South of Wales or clinics close to the border in

England (BPAS Chester, BPAS Merseyside) to access surgical options.

There is variation as to the gestational limits, internal capacity and treatment options available at each site. There are no surgical options provided in Wales beyond 16 weeks – and women across much of Wales have no surgical option beyond 12 weeks (prior to gestational indication for referral to BPAS).



Map showing sites across Local Health Boards for Surgical Terminations of Pregnancy

## GESTATIONAL LIMITS

The local gestational limits vary between sites and LHBs, meaning women later in their pregnancies (10+ weeks) may have to travel sizeable distances across Wales. In 2017, 22.2% of Welsh women accessing services were beyond 10 weeks' gestation.

This point was highlighted in the Sexual Health Review, noting that:

*"Abortion under C and D of the 1967 Abortion Act can be carried out until 24 weeks of gestation. However, Obstetrics & Gynaecology departments in Wales will only manage abortions under clause A, B and E in the late mid-trimester, meaning that women not meeting clauses A, B and E have to travel to England for their treatment. These are often the most vulnerable of all patients."*<sup>5</sup>

<sup>5</sup> A Review of Sexual Health in Wales, Final Report, February 2018 (*Sexual Health Review 2017/2018*, Public Health Wales), 9



The highest gestational limit for ground C and D abortion provision within Wales is 18 weeks<sup>6</sup>. Given that 98% of abortions are accessing under Ground C, this is an effective limit on when women can be treated within Wales. Beyond this point, women are referred to BPAS to be seen at sites in England. This appears to be standard practice across the LHBs, and is similar to provision in Scotland.

Health Board	mTOP Limit	sTOP Limit (LA)	sTOP Limit (GA)
ABMU	18	10-12	12
ABUHB	9+6	12	12
Betsi Cadwaladr	9+6	13+6 (also CS) (via Chester or Merseyside)	23+6 (via Merseyside)
Cardiff and the Vale <sup>°</sup>	16	13+6	16
Cwm Taf	16	[N/A]	13
Hywel Dda	15+6	7-9	[N/A]
Powys	9+6	13+6 (also CS) (via Chester or Cardiff)	23+6 (via Merseyside)

<sup>°</sup> - Gestational limit for BPAS Cardiff is 9+6 (mTOP) and 13+6 (sTOP)

## REFERRAL PROTOCOLS RELATING TO GESTATIONAL LIMIT

All LHBs report having protocols for referring women if presenting later than their local gestational limit.

Submitted responses show referral arrangements between LHBs for women who present later than their local gestational limit. Hywel Dda report that women who present at 12-18 weeks will be referred to ABMU for treatment, and ABUHB state that if they are unable to see the patient by 9 weeks for mTOP, patients are seen at BPAS Cardiff. ABUHB further notes: *"This process is coordinated by our administrator so the patient does not need to call BPAS"*.

Cwm Taf also provided further information regarding the details of their referral protocol. They note that if gestation is known to be over 15 weeks at time of initial contact, GPs will directly refer to BPAS. If gestation is 15+6 at time of procedure, the site will directly refer to BPAS.

All LHBs report referral to BPAS for later gestations/mid-trimester surgical.

## REFERRAL PROTOCOLS RELATING TO INTERNAL CAPACITY

As previously mentioned, there are two referral arrangements across LHB, whereby patients are referred to sites outside their LHB when their local site has reached its capacity.

- ABUHB and BPAS Cardiff: Women from ABUHB can be referred to BPAS services in Cardiff when internal capacity has been reached. The commissioning of services is not solely dependent on gestational limits, and BPAS Cardiff will see women of any gestation and if they present with specific medical needs. Currently BPAS Cardiff provides ABUHB with 20 appointments per week, but this is subject to change depending on demand.
- Hywel Dda and ABMU: The referral arrangement between Hywel Dda and ABMU is not solely dependent on gestational limits. Through further research, a mystery shopper caller, when calling

<sup>6</sup> N.B. There is no formal gest limit for ground E abortions in Cardiff



from a postcode situated within Hywel Dda, was advised to seek services through ABMU as sites in Hywel Dda were facing long waiting times.

Such arrangements could potentially reduce both waiting times and travel distances for women living in Wales.

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## HOME USE MISOPROSTOL FOR EARLY MEDICAL ABORTIONS (EMA)

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Under the Abortion Act 1967, women may only have treatment for an abortion at an approved premises. This includes the administration of both parts of an EMA – mifepristone and misoprostol.

Under the Act, the Secretary of State for Health has the power to classify a class of place as acceptable for treatment for abortion to take place. In June 2018, the Welsh Secretary of State approved a woman's usual place of residence in Wales as a suitable place to take the second part of the EMA (misoprostol).

The Welsh *Guideline for early medical abortion with self-administration of misoprostol in the home setting* allows women up to 9 weeks and 6 days gestation without any complicating factors to take misoprostol home with them. This is also in place in Scotland and in the process of being rolled out across England.

The majority of LHBs have implemented home use of misoprostol for EMA following its approval in June 2018. At the time of submission, ABUHB reported that it is operating on an ad hoc basis, but will become standard practice from January 2019. Cwm Taf, at the time of submission (November 2018), had not implemented home use but planned to introduce measures soon.

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## LISTS PER WEEK: MEDICAL TERMINATION OF PREGNANCY

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Larger sites, such as Singleton Hospital (ABMU) and University Hospital Wales (Cardiff) report daily EMA provision, whereas smaller sites are limited to two or three lists per week. Those sites offering in patient MTOP report two to three slots per day, but this figure can vary.

Since the publication of "A Review of Sexual Health: Current Service Provision"<sup>7</sup> in 2017, the abortion lead for Betsi Cadwaladr has reported that there will be an increase from two lists per week to three at the Llandudno site in January 2019.

Health Board	Site	Treatment	Frequency per week
ABMU	Singleton Hospital	EMA, inpatient mTOP	2 (MTOP)*
ABUHB	Bargoed	EMA	2
Betsi Cadwaladr	BPAS Llandudno	EMA/H	2
Cardiff and the Vale	University Hospital Wales	EMA, inpatient mTOP	2/3 slots per day (MTOP)*
	BPAS Cardiff	EMA/H	3
Cwm Taf	Dewi Sant	EMA/H	2
	Keir Hardie	EMA/H	1
Hywel Dda	Withybush	EMA/H, inpatient mTOP	2 lists per week (cons)**
	Bronglais	EMA, inpatient mTOP	2 lists per week (cons)**
Powys	BPAS Powys	EMA/H	1

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<sup>7</sup><http://www.wales.nhs.uk/sitesplus/documents/888/Interim%20Sexual%20Health%20Service%20Specification%20%28September%202017%29.pdf>

	BPAS Cardiff	EMA/H	3
	BPAS Chester	EMA/H	5 (daily)
	BPAS Merseyside	EMA/H	5 (daily)

\*- EMA lists run daily

\*\* - Number of EMA, EMAH, mTOP varies as per nurse and bed availability.

## LISTS PER WEEK: SURGICAL TERMINATION OF PREGNANCY

There are currently two health boards who do not offer sTOPs locally: Betsi Cadwaladr and Powys, meaning women requesting surgical treatment will have to travel outside their LHB.

As shown in the table below, the available options for anaesthesia used during surgical treatment varies among LHBs. Currently BPAS Cardiff is the only site in Wales to offer the option of conscious sedation (CS) for MVA. There are certain LHBs which only offer local anaesthetic for MVA, such as Cardiff and ABMU. Cardiff is the only LHB to have both the provisions and gestational limits to provide D&E.

<i>LHB</i>	<i>Site</i>	<i>Treatment</i>	<i>Frequency per week</i>
<b>ABMU</b>	Singleton Hospital	LA MVA	1
	Neath Port Talbot Hospital	GA sTOP	1 per 2 weeks
<b>ABUHB</b>	Bargoed Clinic	GA/LA MVA	1
	Nevill Hall Hospital	GA/LA MVA (alternates with YF)	1 per 2 weeks
	Ysbyty Ystrad Fawr	GA/LA MVA (alternates with NHH)	1 per 2 weeks
<b>Cardiff and the Vale</b>	University Hospital Wales	LA (only) MVA	1
		GA (alternates with UHL)	1 per 2 weeks
	University Hospital Llandough	GA (alternates with UHW)	1 per 2 weeks
<b>Cwm Taf</b>	Dewi Sant	GA MVA	1
<b>Hywel Dda</b>	Withybush	LA MVA	3 slots per week
	BPAS Cardiff	CS/LA MVA	3
	BPAS Chester	CS/LA MVA	1
	BPAS Merseyside	CS/LA MVA, GA D&E	3

## SIGNATURES

In response to how each LHB ensures the two signature requirement for treatment is met at their sites, submissions indicate a lack of consistency or firm policy throughout NHS service provisions in Wales. The majority of smaller sites indicate that finding a second signature is often difficult due to the low number of doctors present in clinics. For example ABMU note that while staffing varies, there is often only one doctor present in clinic. The same is reported in Cwm Taf and Hywel Dda. The signature requirement poses less of an issue for those LHBs with larger sites, mainly due to higher staffing. Cardiff note: “Many clinics have two doctors for this purpose”.

Responses indicate that the solution for LHBs where services are provided exclusively by the NHS is to find another doctor on site:

- ABMU: “Some come with 1 signature. Others don’t. 1 doctor in clinic. 2<sup>nd</sup> signature found from somewhere, either Dr on admin or Dr in sexual health clinic or gynaecology. Very Tricky.”
- ABUHB: “When women ring to book for an appointment, they are advised to either see their GP for the initial signature or attend a sexual health clinic. The second signature is provided by the doctor running the clinic. If they come without a first signature, it depends if we can source a sexual health doctor to provide the second via scan. Only rarely are we not able to continue with the process on the day.”
- Cwm Taf: “Signatures from our Doctors in service, if second signature is required we have doctors within obs/gynae who will provide a second signature on reviewing notes if necessary.”

Within their submitted response, Cwm Taf notes that not all GPs will sign on referral indicating that this is a known problem within the LHB.

Where TOP services are provided by BPAS (Betsi Cadwaladr, Cardiff and Powys), each site uses the Clinical Administration System (CAS), which allows for signing of HSA1 remotely.

This noted issue of obtaining a second signature means that women are often advised to see a GP to ensure a first signature obtained, and thereby nullifying the option of self-referral. This presents an additional hurdle of accessibility into TOP services.

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## SURVEY RESPONSES: USER EXPERIENCE

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The following section includes information on accessing services, estimated waiting times, and travel times to clinics.

### ACCESSING SERVICES

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The majority of LHBs report a wide range in ways women can reach TOP services. Their responses mostly correspond to both the information that is publicly available to women, such as that published by NHS Direct Wales,<sup>8</sup> and the findings of the mystery shopper study

- ABMU: Women can be referred to TOP services by any means (i.e. through self-referral, or through GPs, Gynaecology or Sexual Health Clinics). Self-referral is the most common route.
- ABUHB: Women reach services exclusively through self-referral; this is achieved through their unplanned pregnancy service. The ‘Beth Clinic’ has a prominent web presence, and their contact telephone number is widely published.
- Betsi Cadwaladr: The majority of women self-refer to services (78%), with the remaining women being referred through GP practices. This conflicts with the published information regarding TOP in Betsi Cadwaladr. NHS Direct Wales advises contacting the Sexual Health Helpline or attend a sexual health clinic for referral into services. During the mystery shopping study, the caller was advised by the Sexual Health Team that self-referral to BPAS is the only option in Betsi Cadwaladr, and given their telephone number.
- Cardiff and the Vale: In their submitted response, Cardiff reported that women access TOP

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<sup>8</sup> <https://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/abortion>

services by any referral route, noting that the great majority of appointments are made through self-referral (phone call). Their abortion lead additionally noted that direct referrals are also made from GPs, in addition to colleagues from elsewhere in the LHB and Wales, noting that this is common practice for women with complex medical needs. This information is at odds with the information provided by NHS Direct Wales, who list that women must be referred into services via a Sexual Health Clinic. When calling the Sexual Health general enquiries telephone line, there is no mention of TOP services within the pre-recorded message or call options. After obtaining the number for self-referral, which is given to women by their GPs, we have failed to find this number published online.

- Cwm Taf: Cwm Taf is the only LHB not to allow women to self-refer. Within their written response, they estimate 60% of women are referred through their GP, and that the remaining 40% are referred through a local sexual health clinic. During the course of the mystery shopping study, two postcodes were selected within Cwm Taf (Pontypridd and Aberdare) and the caller received different information when calling the main triage telephone number for integrated sexual and reproductive health services. The caller in Pontypridd was advised to see their GP in order to be referred into services, whereas the caller in Aberdare was told to attend a walk-in sexual health clinic.
- Hywel Dda: It was reported that women can be referred to TOP services by any means (i.e. through self-referral, or through GPs or Sexual Health Clinics). An appointment telephone line for women to self-refer into TOP services is published widely online.
- Powys: BPAS submitted that a large majority of women (79%) self-refer in Powys, with the remaining 21% accessing services through GP practices. The information provided by NHS Direct Wales states that sexual health services are available through GP practices, with no mention of how to self-refer.

Overall, Cwm Taf is the only LHB which does not allow for self-referral in to TOP services. However, further research has shown that self-referral may prove complicated in some areas, in particular where self-referral numbers are not widely available, or where women are advised to see a GP to ensure a first signature is obtained. This can consume unnecessary appointment and administrative time as women try to access services.

This difference in approach was noted in the Interim Sexual Health Service Specification which suggested “a single phone number or access point for referral into the service”.<sup>9</sup>

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## WAITING TIMES

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The Interim Sexual Health Service Specification says that “All terminations should take place within 3 weeks from initial referral to the service unless it is patient choice to undergo the procedure later.”<sup>10</sup> Within ‘Expected Outcomes’ of abortion services, the service specification expects that “women are offered an initial appointment within 7 calendar days of contacting the service.”<sup>11</sup>

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<sup>9</sup><http://www.wales.nhs.uk/sitesplus/documents/888/Interim%20Sexual%20Health%20Service%20Specification%2028September%202017%29.pdf>

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

These expectations are comparable with the Royal College of Obstetricians and Gynaecologists' guidelines which include a five working days to consultation and five working days to treatment guideline (i.e. no more than two weeks from presentation to completion of treatment).

A wide range of waiting times were reported across all LHBs, regarding both the wait for consultation after initial referral, and the wait between consultation and procedure. When examining estimated waiting times, referral route must also be considered. If a woman is in need of referral through either a sexual health clinic or GP practices, this can add to the estimated wait time.

Within their submitted response, Cardiff and the Vale, while noting that historically waiting times have been up to four weeks, report that since 2017 most consultations are scheduled within one week of first contact. In the course of the mystery shopping study, the earliest available appointment offered was 17 days from first contact. The appointment would initially be consultation, but with the potential of starting treatment dependent on the patient's choice.

Hywel Dda reported a recent increase in wait times due to an acute shortage of beds for the second stage of EMA – further explaining:

*"If [women] are choosing to have the second stage in hospital they will be given the misoprostol doses, stay until the doses are complete and until a certain period of observation, by which one will normally pass products. If that period is over they may be discharged to go home but advised to come to the PAS clinic for follow up."*

Provided below are the written responses from each abortion lead with the results of the mystery shopping study with regards to waiting times from first contact to consultation. The type of appointment offered was not made clear in every phone call, which makes it difficult to determine whether services fall inside the waiting time guidance. Only BPAS provide the option of telephone consultation, which enables a shorter overall wait time.

As Cwm Taf do not have provisions for self-referral, the figure provided below as part of the Mystery Shop Study is the estimated total time for treatment provided by the Sexual Health Team when a call was made to the main triage for integrated sexual and reproductive health services.

<b>Local Health Board</b>	<b>Written Response</b>	<b>Mystery Shop (January 2019)</b>
<b>ABMU</b>	5 days – 21 days	17 days
<b>ABUHB</b>	Dependent on gestation	18 days
<b>Betsi Cadwaladr</b>	10-11 days*	16 days
<b>Cardiff and the Vale</b>	<7 days	17 days
<b>Cwm Taf</b>	7 – 21 days	14 - 21 days
<b>Hywel Dda</b>	< 5 days	21 days (advised to contact ABMU)
<b>Powys</b>	7-10 days*	9-10 days

*\*- based on median figures from first and second quarter April- September 2018*

It is recognised that waiting times across all service providers are often high in January due to seasonal closures, and that figures are likely to improve in due course. However, waiting time is essential to ensure procedures can be carried out locally and with the fewest complications, and currently only one or two health boards are meeting long-standing national treatment targets.

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## ESTIMATED TRAVEL TIMES

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The Interim Service Specifications published by Public Health Wales, expect that women will be treated locally if feasible, anticipating that 80% of women will be treated within their LHB. It is, however, recognised that women may need to travel for later gestations, or for a choice of treatment options.

Nonetheless many women incur extended travel times and costs to reach their local services. This issue acutely impacts women who live in rural areas, particularly in the North of Wales, where women often have to travel further.

Listed below are examples of potential travel times and prices which women face in accessing services within their LHB. In selecting estimated routes, both highly-populated cities and rural areas were chosen; in addition to alternative sites, which are of a closer proximity and therefore potentially more accessible.

### WREXHAM

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Wrexham is the largest town in northern Wales, situated within Betsi Cadwaladr LHB, meaning that TOP services are provided by BPAS. The BPAS clinic in Betsi Cadwaladr is located in Llandudno, but BPAS Chester is closer to Wrexham.

Using Brynffynnon, Wrexham, as a starting location, details of the route to both BPAS Llandudno and BPAS Chester are as follows:

- BPAS Llandudno: If using public transport, a resident of Brynffynnon faces a route of a train and a bus, with an estimated journey time of 1 hour 48 minutes each way. The cost of the train journey from Wrexham General to Llandudno Junction is £22.00 each way.<sup>12</sup> If driving, a resident faces an estimated journey time of 1 hour 5 minutes each way (48.47 miles).
- BPAS Chester: If using public transport, a resident of Brynffynnon faces a route of a train and a bus, an estimated journey time of 40 minutes. The cost of the train journey from Wrexham General to Chester is £6.10 each way.<sup>13</sup> If driving, a resident faces an estimated journey time of 25 minutes each way (13.0 miles).

### BRIDGEND

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As the eighth largest conurbation in Wales, there is an estimate of 5,778 residents of a reproductive age residing in the centre of Bridgend. Being situated within ABMU LHB, the central site for TOP services is Singleton Hospital, Swansea.

- Singleton. A resident of Brackla faces a route of a train and 2 buses, with an estimated journey time of 1 hour 43 minutes each way. First Bus & Rail Card tickets can be purchased to cover both parts of the journey for £10 per day.<sup>14</sup> If driving, a resident faces an estimated journey time of 45 minutes (27.3 miles).

There are TOP sites closer to residents of Bridgend, for example those located in Cardiff. However these sites are not available to residents of Bridgend as they reside outside ABMU LHB. From Brackla:

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<sup>12</sup> <https://tfwrail.wales/>

<sup>13</sup> <https://tfwrail.wales/>

<sup>14</sup> <https://www.firstgroup.com/south-west-wales/tickets/combined-bus-and-rail-travel/first-bus-rail-card>

- BPAS Cardiff. A resident of Brackla faces a route of a train and a bus, with an estimated journey time of 51 minutes. First Bus & Rail Card tickets can be purchased to cover both parts of the journey for £10 per day.<sup>15</sup> If driving, a resident faces an estimated journey time of 33 minutes (20.2 miles).

## NEWPORT

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Currently there are no TOP sites in Newport, the third largest city in Wales. According to Welsh population data there is an estimate of 15,764 residents of the city centre of a reproductive age. Newport is situated within ABUHB, meaning that the closest site is in Bargoed.

Using Pillgwenlly, Newport, as a starting location, the route to the nearest clinic within the LHB is:

- Bargoed. If using public transport, a resident of Pillgwenlly faces a route of 2 buses, with an estimated journey time of around 2 hours 10 minutes, depending on proximity to the correct route. A day ticket for Stagecoach buses, which would cover the return journey, costs £8.30.<sup>16</sup> If driving, a resident faces an estimated journey time of 35 minutes each way (18.04 miles).

There are TOP sites closer to residents of Newport, for example those located in Cardiff. BPAS is commissioned by ABUHB, meaning some residents may be able to access services in Cardiff. The estimated journey times from Pillgwenlly to BPAS Cardiff are as follows:

- BPAS Cardiff. If using public transport, a resident of Pillgwenlly could take a direct bus route to Cardiff, with an estimated journey time of 1 hour 5 minutes. A day ticket for this bus route would cost £3.80.<sup>17</sup> Alternatively, the resident could choose a shorter route of a bus and train, taking 45 minutes for a total cost of £6.10 per single journey. If driving, a resident faces an estimated journey time of 30 minutes each way (14.44 miles).

## SURVEY RESPONSES: OPERATIONAL ASPECTS OF SERVICE PROVISION

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The following section includes funding tariffs for provision, classification of services, and information on commissioning of services.

### HOW SERVICES ARE COMMISSIONED

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As with responses regarding funding tariffs, there are clear uncertainties surrounding how TOP services are commissioned within each LHB. For example, ABUHB note that their services are commissioned by the Health Board, whereas Cardiff gave further information insofar as service is provided via the Service Level Agreement with Obstetrics and Gynaecology. Neither Hywel Dda nor Cwm Taf included a written response to this answer.

The response submitted by BPAS, which provide services in Betsi Cadwaladr and Powys, note that services are commissioned by the LHB.

As a point of interest, ABMU noted the commissioning agreement with Hywel Dda, which has a lower

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<sup>15</sup> <https://www.firstgroup.com/south-west-wales/tickets/combined-bus-and-rail-travel/first-bus-rail-card>

<sup>16</sup> <https://www.stagecoachbus.com/tickets#>

<sup>17</sup> <https://www.cardiffbus.com/service-30-fares>



gestational limit. They noted: “We provide TOP services for ABMU patients and many from Hywel Dda. Some money is paid to our HB for Hywel Dda patients but not to us.” It has also been noted that ABMU see patients from Hywel Dda when their internal capacity has been reached, thereby reducing waiting times for their patients.

## CLASSIFICATION OF SERVICES

In determining whether there are consistencies with how TOP services are classified across LHBs, varying degrees of detail were included in the submitted responses. For LHBs where services are either exclusively provided or supplemented by BPAS (Betsi Cadwaladr, ABUHB and Powys), services are classified as “Community Health Services” on NHS commissioning contracts.

Within the remaining LHBs where service is provided by the NHS, there is considerable variation in classification of services and where they sit within their LHB. Services are generally split between Sexual Health and Obstetrics and Gynaecology.

<i>Local Health Board</i>	<i>Classification</i>
ABMU	Outpatient referral in Sexual Health.
ABUHB	Sexual and Reproductive Health within the Family and Therapies Directorate.
Cardiff and the Vale	Outpatient referral in Gynaecology.
Cwm Taf	Outpatient in Integrated Sexual Health/ Community Gynaecology, Obstetrics and Gynaecology within the Surgical Directorate.
Hywel Dda	Outpatient Referral in Gynaecology, but led by Sexual Health.

## FUNDING TARIFF FOR PROVISION

In light of the submitted responses, there are clear uncertainties and gaps in knowledge regarding the details of funding tariffs across LHBs:

<i>Local Health Board</i>	<i>Written Response</i>
ABMU	<i>[not known]</i>
ABUHB	<i>“Funded under block contract from health board”</i>
Betsi Cadwaladr	<i>“Varies and is not related to National Tariff”</i>
Cardiff and the Vale	<i>“Funding is part of a Service Level Agreement, details of which are not available”</i>
Hywel Dda	<i>[not answered]</i>
Cwm Taf	<i>[not answered]</i>
Powys	<i>“Varies and is not related to National Tariff”</i>

## SPECIALIST SERVICES COMMISSIONING

Women with complex medical needs, including uncontrolled epilepsy, diabetes, high BMIs and other comorbidities, must be cared for within a specialised hospital setting with swift access to specialist care. A 2018 BPAS study notes an increase in such conditions within the wider population, an inequity of service due to the limited number of sites where women can be cared for, and the consequential increase in

waiting times or lack of availability of abortion care.<sup>18</sup>

In England, this has been highlighted by the Prescribed Specialised Services Advisory Group (PSSAG), Department of Health & Social Care.<sup>19</sup> In recognising that there is currently only one provider able to offer late surgical termination in women who may also require critical care support and/or input from medical specialities (up to 24 weeks), PSSAG recommended that NHS England take on commissioning responsibilities for specialist services in order to reduce this inequity.

A specialised services service specification for termination services for women with significant comorbidities is currently in development by NHS England, with an expected delivery date of 2018/19.<sup>20</sup>

To date, NHS Wales/GIG Cymru is not involved in plans for specialist services, and there are no specialist placement hospitals in Wales for women presenting with complex medical needs. Currently if a woman residing in Wales was in need of specialised service, BPAS would endeavour to place her within England.

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## LOCATING AREAS FOR IMPROVEMENT

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A range of responses were submitted to the bonus question of: “What is the one part of your service you would most like to improve and what is stopping you from being able to do that?”. In addition to the submitted responses, it has been reported that all LHB have provisions in place to enable women to leave feedback of their experiences. Such feedback can aid in locating areas for improvement.

The submitted responses are as follows:

ABMU: *“I would like to have more funding so that we can put on more clinics. This would mean that we could see women sooner and treat them at an earlier gestation. I would like not to have to squeeze so many women in to a clinic so that we have more time to ensure that they are managed appropriately. I would like to have sufficient staff / funding to have enough time to manage patients experiencing complications and patients with complicated medical conditions and not have to squeeze them in to our normal clinics.”*

ABUHB: *“Ensure a second signature is always available – ideally this would be through decriminalisation so a second signature is not needed! The fact that the clinic is at a remote site often makes it difficult to get a signature if the patient does not present with their form.”*

Cwm Taf: *“Would like to implement MVA. Need Directorate support to implement, which has not been agreed to date. There is often a need to add extra clinics to meet service demand in order to achieve targets. This is provided as additional sessions for all staff. We can provide a counselling service if women need. We have discussed the possibility of centralising TOP services across Cwm Taf in order to increase the number of women we see, thus reducing waiting times. Specialised staff will then be centralised in one area in order to progress with service developments, and continually improve the service offered to women in Cwm Taf LHB.”*

Hywel Dda: *“sTop under GA for over 9 weeks gestation, due to lack of funding and non-availability of theatres.”*

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<sup>18</sup> <https://www.bpas.org/media/2074/briefing-medically-complex-women-and-abortion-care.pdf>

<sup>19</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/685466/PSSAG\\_report\\_April\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685466/PSSAG_report_April_2018.pdf)

<sup>20</sup> <https://www.england.nhs.uk/publication/clinical-commissioning-policy-work-programme/>

## SUMMARY

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### SERVICE PROVISION

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- There are 14 sites providing termination of pregnancy services across Wales.
- There is variation across LHBs in terms of accessibility of services, gestational limits and types of treatment available.
- There is a difference in approach across LHBs with regards to how sites meet the signature requirement of the Abortion Act 1967.
- All LHB have referral protocols to BPAS for later gestations.

### USER EXPERIENCE

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- There is a difference in approach with regards to how women reach TOP services within their LHB. This contravenes the expected outcome of the Interim Service Specification of “a single phone number or access point for referral into the service”.
- There is variation of waiting times across LHBs, both between first contact and consultation, and between consultation and treatment, with all LHBs exceeding the 5/7 day initial appointment target and almost all also exceeding the 10/14 day treatment target
- The constraints of LHB specific appointments often increase the severity of travel times and distances for women, with many facing lengthy and expensive routes to accessing services.

### OPERATIONAL ASPECTS

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- Across all LHB, TOP services are classified within Sexual Health, Gynaecology, or Community Health Services.
- There are inter-LHB commissioning agreements in some areas to enable women to access care either closer to home or in a more timely fashion.
- There are no current plans regarding the commissioning of specialist termination of pregnancy services for women with complex medical needs in Wales.

## QUESTIONS FOR CONSIDERATION

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1. How do we ensure all women can access accurate and up to date information on accessing care?
2. Is self-referral desirable and what would a self-referral service look like?
3. How can we reduce waiting times to ensure that women are able to access care in a timely manner?
4. How can we make abortion services (geographically) accessible for women, especially those who don't have access to private transport?
5. Can we develop a national approach for getting signatures for HSA1 forms, reducing the impact on healthcare professionals and on women who may have to attend another appointment?
6. What are the benefits of working with other LHBs and can this type of working be developed?
7. How can we best provide services for Welsh women with complex needs?

## CONTRIBUTIONS

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Written responses were submitted for this report by the following Healthcare Professionals:

Rosemary Cutmore (British Pregnancy Advisory Service)

Dr Amanda Davies (Abortion lead for Abertawe Bro Morgannwg Health Board)

Dr Jane Dickson (Abortion lead for Aneurin Bevan University Health Board)

Dr Madhusree Ghosh (Sexual Health Consultant at Hywel Dda)

Laura McAllister (British Pregnancy Advisory Service)

Dr Caroline Scherf (Abortion lead in Cardiff and the Vale)

Sharon Vine (Nurse lead, Cwm Taf)

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