

Pills by Post

Welsh Government's public consultation on continuing the home use of both pills for Early Medical Abortion – response guide

Background to the consultation

In March 2020, as a result of the impact of Covid-19, the English, Scottish, and Welsh governments changed abortion regulations to enable women in the first ten weeks of pregnancy to administer the medications for an Early Medical Abortion at home. The original approval to legalise telemedicine was limited to the time period of the coronavirus pandemic.

This is a safe, effective, and accessible method of providing early abortion services, supported by Medical Royal Colleges, abortion providers across Wales and the rest of Great Britain, and the Welsh Senedd's Cross-Party Group on Women's Health.

This consultation will determine whether abortion can be provided in a safe, effective, accessible way in future. It will decide whether this revolutionary change will remain part of evidence-based women's healthcare, or if women's care options are constrained.

What telemedicine means to us

In Wales, BPAS provides abortion care to all women in Betsi Cadwaladr and Powys Health Boards – and have been providing telemedical Early Medical Abortion Care to women in these areas since early April 2020.

BPAS is fully committed to the continuation of telemedical abortion care, and we need your support to ensure that it remains in place.

The change in regulation allowing provision of telemedical abortion services to clients in the early stages of their pregnancy was essential during lockdown and is necessary to provide the best possible care in future.

It is supported by clinicians, regulators, providers, and women. Of clients who received Pills by Post who expressed a preference in a follow-up survey, more than 80% would choose the same method again.

Responding to the consultation

Responses to the consultation must be submitted via the government's online consultation tool.

[You can access the consultation here.](#)

The deadline for submissions is 23:59 on 23rd February 2021.

The consultation has 8 questions. You do not need to respond to every question – but we have provided information for each in this document.

Contacting us

If you have any further questions about this guide, or the consultation, you can get in touch with our policy team at rachael.clarke@bpas.org or on 07985 351751.

Guide to responding

Question 1 - 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.

- Yes, it has had a positive impact on provision with regard to safety, accessibility, and convenience
- Abortion is a very safe procedure at all gestations, and in all instances safer than continuing a pregnancy to term. Telemedical care has enabled providers to deliver a safe, effective, and accessible abortion service.
- Abortion is safer and better for women the earlier it is performed – and telemedicine has resulted in a drop in average gestation and abortions being performed earlier than ever before. According to recent DHSC data, since the introduction of telemedicine 30% of abortions are now performed before 6 weeks' gestation, compared to only 13.5% in the same period in 2019
- BPAS data from April – July 2020 shows that complications for Early Medical Abortions declined compared to the same period in 2019. The risk of continuing pregnancy after treatment fell by three-quarters to 0.28%, down from 1.12% - potentially as the result of women being able to choose the best time for them to start the procedure, rather than having to fit it around their commitments in addition to the in-clinic appointment for the first medication
- The same data shows that the risk of major complication fell by 2/3rds from 0.09% to 0.03%
- Before this change, women had to attend a licensed clinic or hospital which may be a long distance from their home (particularly in more rural areas of Wales such as the north or south west), requiring public transport to access, needing women to take time off work, pay for childcare, and often bring a partner or friend with them. This meant that abortion care often had quite a high cost to women. Telemedicine has removed these barriers.
- Women who lived in more rural or remote areas may previously have struggled to access care because of insufficient public transport or lack of access to private transport. This is no longer an issue.
- Abortion providers across Wales report that this change has been 'revolutionary' to their services – enabling them to drastically reduce waiting times, minimise the need for repeat visits or referrals via other care, and reduce the gestational age at which abortions are provided

Question 2 - 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.

- Welsh abortion providers report that the change in regulation enables them to provide high quality care that is appropriate to the woman they are treating – rather than requiring everyone to attend a clinic either repeatedly or for prolonged periods while the requirements of the Abortion Act are met
- According to detailed large-scale analysis, the change in regulation has led to a reduction in gestation at time of treatment, coupled with no changes to complication rates. Analysis indicates that this will, in the medium to long term, reduce the costs of providing an early medical abortion service – enabling Health Boards to focus on using money to improve service provision eg for later or more complex care, contraception, or STI testing
- Some NHS providers have previously required women to attend multi-day appointments, or receive a referral which is contrary to NICE guidance so that their

HSA1 abortion form can receive one signature – as the abortion service is run by a single doctor. They report that the change in regulation has allowed them to do this work behind the scenes – so women are not delayed or forced to attend unnecessary appointments in order to access care.

- The current approval in Wales has enabled different services to provide abortion care in different ways – including telephone appointments and a collection service, delivery of care via remote clinics, and postage to women’s houses. This has enabled them to determine the most effective use of workforce and accessibility needs locally.
- Although guidance was updated at the same time to recommend a ‘scan as indicated’ model for women early in pregnancy, this is not something governed by this consultation. Government should not play a role in clinical best practice, and specifically not implement rules which result in requiring women early in pregnancy to undergo transvaginal scanning.

Question 3 - What risks do you consider are associated with the temporary measure? If you consider that there are risks, can these risks be mitigated?

- Although no healthcare is risk-free, abortion is a low risk procedure which in all instances is safer than continuing a pregnancy to term
- Abortion providers across Wales and Great Britain have worked hard to establish a safe, effective, and accessible telemedical abortion model at a time when all other healthcare has been under substantial pressure. This has meant thousands of women in Wales have been able to access care that otherwise they may have struggled to obtain.
- This consultation is rightly only concerned with where the first part of an Early Medical Abortion is taken. Decisions to scan women only where indicated, and how doctors and nurses undertake clinical consultations are based on best medical practice and clinical guidelines – not on government approval. Guidance that routine scanning is not necessary to provide a safe and effective abortion service has been in place since 2011 in RCOG’s Guidance for the Care of Women Requesting Induced Abortion.
- Around 60,000 women have received telemedical abortion care across Great Britain since the original approval, with no notable difference to the already low risk profile of abortion care.

Question 4 - In your experience, have other NHS Wales services been affected by the temporary approval? If so, which?

- BPAS data from April – July 2020 shows that complications for Early Medical Abortions declined compared to the same period in 2019. The risk of continuing pregnancy after treatment fell by three-quarters to 0.28%, down from 1.12% - potentially as the result of women being able to choose the best time for them to start the procedure, rather than having to fit it around their commitments in addition to the in-clinic appointment for the first medication
- The same data shows that the risk of major complication (usually the only kind of complication that need hospital care) fell by 2/3rds from 0.09% to 0.03%
- The reduction in gestation means more women are able to access early medical abortion, reducing the need for surgical services and releasing capacity for other medical procedures
- In Wales, some services operate with only one doctor – meaning that women had previously needed either to attend the clinic repeatedly, or attend another service such as GP to obtain the first signature necessary for legal abortion care.

Telemedicine has enabled services to undertake this activity behind the scenes, reducing pressure on other services both inside and outside hospitals

Question 5 - 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.

- Every woman is asked by abortion providers whether they are safe at home. This is a routine part of abortion care, no matter how or where care is provided. For instance, one NHS service in Wales gives women a safe word in their first interaction so they can raise concerns in the event they are not able to find somewhere private to speak.
- Some women seeking access to services are in relationships or home environments where their behaviour and travel are monitored – meaning travelling to an abortion clinic is difficult or dangerous. Telemedicine enables these women to access abortion care without risking their personal safety.
- Women in difficult circumstances are now more likely to seek regulated care and support in the knowledge that they will not be forced to travel to a clinic to access that help – the online pill provider Women on Web, which frequently received requests from women in coercive or controlling relationships, reports these women are now able to access legal care.
- Abortion services continue to provide in-person care where telephone consultations raise safeguarding concerns such as safety or privacy at home, ability to consent, or wider safety concerns surrounding existing children or statutory concerns such as Female Genital Mutilation
- Abortion providers report that providing care remotely led to increases in the number of women disclosing problems at home. BPAS reported that in the first three months of their Pills by Post service, 10% of clients underwent an enhanced safeguarding risk assessment – a 12% increase compared to March 2020.
- Clinicians providing abortion services report that telemedicine has made women more willing to disclose concerns about safety when in the privacy and familiarity of their own surroundings, as opposed to a clinical environment

Question 6 - 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?

- **Age** – younger women and girls under 18 are disproportionately likely to lack the ability to travel for care as a result of lack of access to private transport, or the money to travel on public transport. During the pandemic there were also sizeable numbers of student-age women living at home with their parents and seeking to conceal their pregnancy and abortion. Telemedical abortion services increase accessibility for this group, and enable them to better preserve their privacy.
- **Pregnancy or on maternity leave** – This consultation should focus on the needs of pregnant women – and their ability to access care without unwarranted and non-evidence based intervention or regulation by the government.
- **Disability** – Women with both physical disabilities and certain mental health issues may struggle to access in-person medical care, particularly where they don't have their own means of transport or require an escort to attend a clinic. Some women may be unable to travel at all. Without telemedicine, there is a real risk that these women are forced to turn to illegal online options because they cannot access care within the formal healthcare system.

- **Race and Religion/Belief** - Members of all communities in the UK access abortion services, even where their cultural or religious background disagrees with abortion access. These women are disproportionately likely to need to access care privately and without the need to travel – which is only ultimately available via telemedicine.
- **Sex** – 1 in 3 women will access abortion care during their life. The legal provisions surrounding the accessibility of care are a fundamental part of women’s healthcare and the exercise of women’s rights in this country. Abortion should not be subject to unnecessary, politically-driven restrictions which are not in place for other forms of gender-neutral healthcare. Women have the right to access abortion, and should have the right to access high-quality, evidence-based care.

Question 7 - 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?

- National abortion statistics show that women in more deprived circumstances are more likely to need to access abortion services. We also know from national statistics that they are more likely to rely on benefits, less likely to have access to private transport, more likely to work in jobs with poor benefits or zero-hour contracts where sick pay is minimal or non-existent, and less likely to be able to afford childcare. If women are required to attend clinics, more deprived women will be put in the most difficult position.
- Abortion providers report that women on lower incomes may often struggle to access clinics – asking providers to delay appointments until they are next paid so that they can afford to travel. This delays their appointments and increases average gestation – increasing their risk of complications. This is supported by Scottish abortion figures which show that women in more deprived circumstances are disproportionately likely to have later abortions.

| Question 8 - Should the temporary measure enabling home use of both pills for EMA [select one of the below] | Selection |
|---|------------------|
| Become a permanent measure? | X |
| 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). | |
| Other | |