

Maggie Throup MP
Parliamentary Under-Secretary of State for Vaccines and Public Health
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

26th January 2022

Dear Minister,

We are the leading reproductive healthcare providers in England and Wales, who together deliver more than 75% of abortion care. We are contacting you to share our serious concerns about the potential impact of revoking access to telemedical abortion care, including risks to women's health and wellbeing, the safety of vulnerable women, and the sustainability of the reproductive healthcare sector itself.

As the government is aware, allowing Early Medical Abortion to take place at home, where it is safe and appropriate to do so, has ensured that abortion services have continued safely during the pandemic. The telemedicine service reduced unnecessary contact while preserving precious in-clinic and surgical resources for those with clinic or complex needs.

Indeed, over the past 20 months, not only has abortion access been protected but it has improved – with waiting times and complication rates both falling. The approval has also provided the choice for women, where they wish, to access this essential care without being forced to attend a clinic – while enabling the roughly 50% of our clients who need or wish to be seen face-to-face to continue attending our clinics.

Women experiencing domestic violence, and who therefore are unable to attend treatment without alerting their abuser to their pregnancy, and those in deprived communities have particularly benefitted from being able to access care at home. The requirement to attend an in-clinic appointment can represent serious challenges for women who rely on public transport, and women who are in unstable employment or on a zero-hours contract. Unnecessary access barriers caused by forcing these women to attend a clinic in person can lead this group of women to present for abortion at later gestations. Every abortion we provide is safe, but the earlier the gestation, the safer it is.

We are acutely aware that the regulations which provide permission for the use of medication needed for Early Medical Abortion at home are set to expire on 31st March. We write to you today to warn that abortion services will not cope if telemedical provision is withdrawn and all women are forced to return to clinics or hospitals regardless of clinical necessity.

Abortion services across the sector are already under a significant strain as a result of the most recent wave pandemic. We are facing unprecedented numbers of staff self-isolation or illness. At BPAS, there were 11% fewer in-clinic staffed shifts in the first week of January 2022 compared with the first week of December 2021. At NUPAS, there are 13% fewer staff working in clinic or working remotely as a result of COVID-related absences, and waiting times are higher than the average figure for 2021.

Meanwhile, MSI Reproductive Choices (MSI UK) is also experiencing the same staffing pressures as the whole of the health and care sector, with absences spiking in January. In the first week of 2022 alone, MSI UK saw a 700% increase in COVID-19-related absences compared to the first week of December. Thanks to telemedicine, many of its clinical and call centre staff who have needed to self-isolate have been able to continue working from home. If this had not been possible the impact on waiting times would have been disastrous, particularly given the time sensitive nature of abortion.

As a result of these pressures across the sector, without the option of telemedicine for those who need or prefer it we would see a very serious escalation in waiting times and staffing pressures. To deliberately force services to run in a manner which is less efficient, when there is no clinical or ethical reason to do so, seems to us to be both indefensible and inexplicable.

Furthermore, were permission for telemedicine to be revoked, we anticipate that there would be a significant increase in the numbers of women needing surgical procedures at later gestations. This would put severe strain on NHS theatre capacity, where abortion teams are already struggling to find theatre space for their existing lists. BPAS data indicates that the numbers of their clients needing abortion care post-20 weeks would increase by 43% if telemedicine were removed at their service alone. Abortion is a safe procedure (indeed, abortion is considerably safer than continuing a pregnancy) but the earlier it can be performed the better for women's physical and mental health and wellbeing.

As you will be aware, there is an overwhelming body of evidence which demonstrates the safety and efficacy of the current service. The continuation of the option to access at-home Early Medical Abortion is supported by the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the BMA, the Faculty of Sexual and Reproductive Healthcare, organisations across the women's sector, and the majority of the general public. Time is now running out to protect a healthcare service that protects the health and wellbeing of women.

The revocation of telemedicine would cause a significant strain to healthcare providers and the NHS, increase waiting times, and increase the numbers of women having to undergo surgical procedures at later gestations. We urge the government to grant permission for the service to continue beyond 31st March 2022 as a matter of urgency.

Yours sincerely,



Clare Murphy
Chief Executive
BPAS



Richard Bentley
UK Managing Director
MSI Reproductive Choices



Aaron Flaherty
Chief Executive
NUPAS