Abortion Care Research Priority Setting Partnership

1. Purpose of the PSP and Overview of the Research

This protocol sets out the aims, objectives and commitments of the Abortion Care Research Priority Setting Partnership (PSP) in line with James Lind Alliance (JLA) principles. The Protocol will be published on the PSP's page on the JLA website. The Steering Group will review the Protocol as needed and any updated version will be sent to the JLA.

The JLA is a non-profit-making initiative, established in 2004. It brings patients, carers and clinicians together in PSPs. These PSPs identify and prioritise the evidence uncertainties, or 'unanswered questions', that they agree are the most important for research in their topic area. Traditionally PSPs have focused on uncertainties about the effects of treatments, but some PSPs have chosen to broaden their scope beyond that. The aim of a PSP is to help ensure that those who fund health research are aware of what really matters to patients, carers and clinicians. The National Institute for Health and Care Research (NIHR) coordinates the infrastructure of the JLA to oversee the processes for PSPs, based at the NIHR Coordinating Centre (NIHRCC), University of Southampton.

The purpose of this PSP is to identify the most important unanswered questions about abortion care in the United Kingdom (UK) from the perspectives of those with lived experience, healthcare professionals, and relevant support organisations, so that future research better reflects shared priorities.

Abortion is a routine and essential component of reproductive healthcare. Estimates suggest that up to one in three women in the UK will require an abortion during their lifetime. People seek abortion for a range of reasons, including unplanned or mistimed pregnancy, contraceptive failure, sexual assault, relationship breakdown, and socio-economic factors. Abortion may also be necessary due to fetal anomaly, maternal health conditions, or serious complications that make continuing a pregnancy unsafe.

Despite its significance to public health, abortion remains an under-researched area in the UK and no national PSP has previously been undertaken in this field. Existing clinical guidance, including that from the National Institute for Health and Care Excellence (NICE),[1] has identified important evidence gaps in abortion care. More recent work, such as the NIHR-funded Shaping Abortion for Change (SACHA) study[2] identified additional uncertainties relating to access, equity, and service delivery. National policy documents, including NHS England's *Vision for Abortion Care,*[3] have

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[1] https://www.nice.org.uk/guidance/ng140

[2] https://www.lshtm.ac.uk/research/centres-projects-groups/sacha

[3] https://www.england.nhs.uk/long-read/objective-and-vision-for-the-abortion-sector/

highlighted significant pressures on services and the need for improvements in access, capacity, and system resilience, underscoring the importance of a stronger evidence base to inform service development.

At the same time, abortion care in the UK is changing. In recent years, legal, policy, and service developments have altered how care is accessed and delivered, including the decriminalisation of abortion in Northern Ireland in 2019 and the expansion of telemedicine and medical abortion following the COVID-19 pandemic. In 2022, just over 270,000 abortions were performed across England, Wales, Scotland, and Northern Ireland, representing a historic high. Together, these changes have increased demand on services and highlight the need for a robust and responsive evidence base to inform future care.

This PSP will bring together patients with lived experience of abortion, healthcare professionals, support providers and patient support groups to identify and prioritise unanswered questions for research to address. The goal is to establish a shared national agenda that will inform future research investment and improve abortion care across the UK.

Despite differences in legal and regulatory frameworks across the UK, a coordinated approach to abortion research is essential. While each nation has distinct service models and policy contexts, many challenges including stigma, access, and equity, are shared. A UK-wide research agenda can support cross-national learning and collaboration, while also identifying priorities specific to each nation where appropriate. This approach will help ensure that evidence generated is relevant to both shared and nation-specific needs, supporting improvements in practice and policy across the UK.

The Abortion Care Research Priority Setting Partnership is led by the British Pregnancy Advisory Service (BPAS), funded by BPAS, MSI Reproductive Choices, the National Unplanned Pregnancy Advisory Service (NUPAS), and the British Society of Abortion Care Providers (BSACP), and supported a range of partners. Further detail on partners is included in Section 4.

2. Aims and Scope of the PSP

The aim of the PSP is to identify key priorities in abortion care across the UK for research to address. By abortion care, we mean the full range of clinical, practical, informational, emotional, and system-level support needed for a patient to safely end a pregnancy and receive appropriate aftercare. For the purposes of this PSP, we aim to define abortion care holistically, with reference to the NICE definition,[1] to include:

- **Before, during, and after an abortion**: This covers everything a person experiences around their abortion. It includes the initial assessment, the information they receive, and the support provided to help them make informed decisions (such as confirming how far along the pregnancy is, discussing available abortion options, deciding where the procedure will take place, and determining whether it is medically appropriate), the abortion itself (such as method, anaesthesia/ pain management, cervical preparation), and the support they receive afterwards. Aftercare includes pain relief, emotional support, follow-up care, and treatment of any problems if they arise.
- **How services are organised and delivered**: This looks at how abortion services are set up and how this affects people's experiences. It includes the routes patients take through services, different ways care is provided (for example, in person or through telemedicine),

how referrals work between independent providers and the NHS, how services are funded and commissioned (including differences across the UK), and how staff are trained.
- **Wider factors that influence abortion care**: This includes social and cultural issues that shape people's experiences, such as stigma, healthcare staff refusing care on moral grounds, how clearly information is communicated, privacy and safety, fairness of access to services, and whether people's choices and preferences are respected. It also considers the extra barriers and discrimination faced by people from underserved or marginalised groups.

This definition recognises that abortion care is accessed by cisgender women, transgender men, non-binary people, and others with the capacity for pregnancy, and is delivered across diverse legal, regulatory, and service frameworks within the UK. It focuses on care delivered within UK legal and clinical contexts and encompasses the full range of indications for abortion currently permitted by law.

We anticipate the process will generate a set of overarching priorities that apply nationally, while also recognising the distinct legal, policy, and service delivery differences between the UK nations. The scope will focus on abortion care as it is delivered within the legal and clinical frameworks of the UK and will be limited to research questions relevant to UK residents and services. This includes the full range of indications for abortion that are currently permissible under UK law.

To ensure that the scope is inclusive and reflects the experiences and concerns of all underserved populations, we will adopt the following approach:

1. **Steering group representation from lived experience**: Individuals with lived experience of abortion care will be recruited to join the Steering Group. Their participation will ensure that patient voices are central to shaping the final PSP scope and priorities. In line with NIHR guidance, these members will be reimbursed at £50 per three hours of engagement, with additional coverage of travel and carer costs where applicable. This approach is designed to remove financial and practical barriers to participation.

2. **Diverse and inclusive steering group composition:** The Steering Group will also include healthcare professionals and representatives from support organisations. We will ensure representation from all four UK nations as well as a balance of perspectives from clinical and community sectors. The Group will play a critical role in refining the scope, shaping survey questions, and ensuring inclusivity throughout the process.

3. **Targeted outreach to underserved and underrepresented groups:** The consultation survey will be designed to reach a broad and diverse range of audiences. This will include national and local abortion providers, professional bodies (e.g., Royal Colleges), and patient organisations. Special attention will be paid to ensuring participation in the consultation from groups often underrepresented in research, such as young people, migrants, LGBTQ+ communities, those with disabilities, and people facing social or economic disadvantage.

We also recognise that abortion care is accessed not only by cisgender women, but also by transgender men, non-binary people, and others with the capacity for pregnancy. We are committed to ensuring that our language, engagement, and materials are inclusive of all gender identities, and that the scope of the PSP reflects the full diversity of people accessing abortion care in the UK.

By grounding our approach in lived experience, legal context, and inclusive engagement, we are committed to generate meaningful, relevant, and actionable priorities to guide future research funding and service development.

The PSP will exclude from its scope questions about:

- access to services in specific geographical locations within the UK which are not generalisable
- arrangements for consent and safeguarding needs
- 0ther countries outside the UK

The Steering Group is responsible for discussing what implications the scope of the PSP will have for the evidence-checking stage of the process. Resources and expertise will be put in place to do this evidence checking.

3. The Steering Group

The Steering Group includes membership of patients and carers and clinicians,[4] as individuals or representatives from a relevant group.

The Abortion Care Research PSP will be led and managed by a Steering Group involving the following:

Patient and carer representative/s:
- Ammaarah Felix, Ad'iyah Collective
- Jane Calvert, Abortion Talk
- Lauren Emmanuel, Patient Safety Partner at BPAS
- Sara Bakr, Ancestral Birth
- Sophie Wilkinson, Brook

Healthcare and support provider representative/s:
- Dr Jane Dickson, NHS Wales Women's Health Network
- Dr Sharon Porter, Doctors for Choice Northern Ireland
- Dr Yvonne Neubauer and Dr Sarah Salkeld (shared role), MSI Reproductive Choices
- Dr Judith Field, Royal College of Midwives
- Professor Sharon Cameron, Scottish Abortion Care Providers
- Michael Nevill, Royal College of Nursing and National Unplanned Pregnancy Advisory Service
- Dr Helgi Johannsson, Royal College of Anaesthetists
- Dr. John Reynolds Wright / Dr Kate Whitehouse (shared role), British Society of Abortion Care Providers
- Dr Sonia Adesara, General Practitioner

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[4] In some cases, it has been suggested that researchers are represented on the Steering Group, to advise on the shaping of research questions. However, researchers cannot participate in the prioritisation exercise. This is to ensure that the final prioritised research questions are those agreed by patients, carers and clinicians only, in line with the JLA's mission .

Project Team:

- Dr Patricia A. Lohr, Director of Research and Innovation at BPAS and PSP Lead
- Lucy Hocking, Research and Engagement Lead at BPAS and PSP Coordinator
- Dr Angharad Dixon, College of Sexual and Reproductive Health (CoSRH) Clinical Fellow and Information Specialist
- Dr Grace Swann, CoSRH Clinical Fellow and Information Specialist
- Maryrose Tarpey, James Lind Alliance Adviser and Chair of the Steering Group
- Nicole Gray, Research Administrator at BPAS and PSP Administrator

The Steering Group will agree the resources, including time and expertise that they will be able to contribute to each stage of the process, with input and advice from the JLA.

4. Partners

Organisations and individuals have been invited to be involved with the PSP as partners. Partners are organisations or groups who will commit to supporting the PSP, promoting the process and encouraging their represented groups or members to participate. Organisations which can reach and advocate for these groups have been invited to become involved in the PSP. Partners represent the following groups:

- People with lived experience or providers of abortion care in England, Northern Ireland, Wales and Scotland.
- Health and other providers of abortion care, including nurses, midwives, doctors, surgeons, General Practitioners (GP), counsellors, pharmacists, anaesthetists.

The full list of confirmed partners is:

1. Abortion Support Network
2. Abortion Talk
3. Ad’iyah Collective
4. Ancestral Birth
5. Antenatal Results and Choices
6. Back Off Scotland
7. British Society of Abortion Care Providers
8. Brook
9. College of Sexual and Reproductive Healthcare
10. Doctors for Choice Northern Ireland
11. Karma Nirvana
12. MSI Reproductive Choices
13. National Unplanned Pregnancy Advisory Service
14. NHS Wales Women’s Health Network
15. Royal College of Anaesthetists
16. Royal College of Midwives
17. Royal College of Nursing
18. Royal College of Obstetricians and Gynaecologists
19. Scottish Abortion Care Providers
20. The University of Edinburgh

5. The Methods the PSP Will Use

This section describes a schedule of proposed steps through which the PSP aims to meet its objectives. The process is iterative and dependent on the active participation and contribution of different groups. The methods used in any step will be agreed through consultation between the Steering Group members, guided by the PSP's aims and objectives. More details of the method are in the Guidebook section of the JLA website at www.jla.nihr.ac.uk where examples of the work of other JLA PSPs can be seen.

Step 1: Identification and invitation of potential partners

Potential partner organisations will be identified through a process of peer knowledge and consultation, through the Steering Group members' networks. Potential partners will be contacted and informed of the establishment and aims of the Abortion Care Research PSP.

Step 2: Awareness raising

PSPs will need to raise awareness of their proposed activity among their patient, healthcare professionals, and wider communities, in order to secure support and participation. The Steering Group will be asked to advise on when to do this. Awareness raising has several key objectives:

- to present the proposed plan for the PSP
- to generate support for the process
- to encourage participation in the process
- to initiate discussion, answer questions and address concerns.

Step 3: Identifying evidence uncertainties

The PSP will carry out a consultation to gather uncertainties from patients, healthcare professionals, and community organisations. A period of 2-3 months will be given to complete this exercise which may be revised by the Steering Group if required. The Steering Group will also advise the PSP Team on the best method of consultation for reaching its groups and networks. Existing sources of evidence uncertainties will also be searched, for example question-answering services for patients and for clinicians; research recommendations in systematic reviews and clinical guidelines; protocols for systematic reviews being prepared and registers of ongoing research.

Step 4: Refining questions and uncertainties

The consultation process will produce 'raw' questions and comments indicating patients', healthcare professionals' and support/ advocacy providers' areas of uncertainty. These raw questions will be categorised and refined by the PSP Coordinator and Information Specialists into summary questions which are clear, addressable by research, and understandable to all. Similar or duplicate questions will be combined where appropriate. Out-of-scope and 'answered' submissions will be compiled separately. The Steering Group will have oversight of this process to ensure that the raw data is being interpreted appropriately and that the summary questions are worded in a way that is understandable to all audiences. The JLA Adviser will observe to ensure accountability and transparency.

This will result in a long list of in-scope summary questions. These are not research questions and to try and word them as such may make them too technical for a non-research audience. They will be framed as researchable questions that capture the themes and topics that people have suggested.

The summary questions will then be checked against evidence to determine whether they have already been answered by research. This will be done by the PSP Coordinator and Information Specialists with support from the steering group. The PSP will complete the JLA Question Verification Form, which clearly describes the process used to verify the uncertainty of the questions, before starting prioritisation. The Question Verification Form includes details of the types and sources of evidence used to check uncertainty. The Question Verification Form should be published on the JLA website as soon as it has been agreed to enable researchers and other stakeholders to understand how the PSP has decided that its questions are unanswered, and any limitations of this.

Questions that are not adequately addressed by previous research will be collated and recorded on a standard JLA template. This will show the checking undertaken to make sure that the uncertainties have not already been answered. The data should be submitted to the JLA for publication on its website on completion of the priority setting exercise, taking into account any changes made at the final workshop, in order to ensure that PSP results are publicly available.

The Steering Group will also consider how it will deal with submitted questions that have been answered, and questions that are out of scope.

Step 5: Prioritisation – shortlisting and final stages

The aim of the final stage of the priority setting process is to prioritise through consensus the identified uncertainties about abortion care. The JLA encourages PSPs to involve as wide a range of people as possible, including those who did and did not contribute to the first consultation. There are usually two stages of prioritisation.

1. Shortlisting is the stage where the long list of questions is reduced to a shorter list that can be taken to the final priority setting workshop. This is aimed at a wide audience and is done using similar survey methods to the first consultation. The most highly ranked questions (around 20/25) by patients and by healthcare professionals and others will be taken to a final priority setting workshop. Where the shortlisting survey does not produce a clear ranking or cut off point, the Steering Group will decide which questions are taken forwards to the final prioritisation.

2. The final priority setting stage is generally a one-day workshop facilitated by the JLA. With guidance from the JLA and input from the Steering Group, up to 30 patients, healthcare professionals and others will be recruited to participate in a day of discussion and ranking, to determine the questions for research to prioritise and address. All participants will declare their interests. The Steering Group will advise on any adaptations needed to ensure that the process is inclusive and accessible.

6. Dissemination of Results

The Steering Group will identify audiences with which it wants to engage when disseminating the results of the priority setting process, such as researchers, funders and the patient and clinical communities. They will need to determine how best to communicate the results and who will take responsibility for this. Previous PSPs' outputs have included academic papers, lay reports, infographics, conference presentations and videos for social media.

It should be noted that the priorities are not worded as research questions. The Steering Group should discuss how they will work with researchers and funders to establish how to address the priorities and to work out what the research questions are that will address the issues that people have prioritised. The dissemination of the results of the PSP will be led by Lucy Hocking, Research and Engagement Lead (BPAS) and Patricia Lohr, Director of Research and Innovation (BPAS).

The JLA encourages PSPs to report back about any activities that have come about because of the PSP, including funded research. Please send any details to jla@soton.ac.uk.

7. Agreement of the Steering Group

The Abortion Care PSP Steering Group agreed the content and direction of this Protocol on February 16th, 2026.