Consultation on Future Arrangements for Early Medical Abortion at Home

RESPONDENT INFORMATION FORM

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☐ Individual

☐ Organisation

Full name or organisation's name

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

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If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again

in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes

☐ No

If you wish to respond to this consultation by email or by post, please provide your responses and any comments on the next page.

Our response is based on the information available in the consultation, in the we ask that to ensure safety that the service is regularly audited and reviewed, and that any safety incidents or any quality improvement needs are shared across Scotland as part of a national approach.

Consultation Questions

Where options are given please check or add a cross in the box next to the option which most reflects your views.

Question 1. What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had on **women accessing abortion services**? Please answer with regards to the following criteria:

a) **safety**

☐ No impact

☐ Positive impact (Yes)

☐ Negative impact

☐ The impacts are mixed

We have heard that staff involved in triaging patients consider that the service has improved and women requiring scans have been identified which is important for vulnerable patients e.g. potential ectopic pregnancy, uncertainty over dates.

We note that a small number of cases have occurred where a complication might have been avoided if the woman had been seen in person and that the Scottish Abortion Care Providers Group is discussing learning from these. It is essential that this learning is shared across services in Scotland and that any recommended safety steps are introduced by all services.

b) **accessibility and convenience of services**

☐ No impact

☐ Positive impact (Yes)

☐ Negative impact

☐ The impacts are mixed

☐ I don't know

It is clear from the patient responses that accessibility and convenience has been improved.

c) **waiting times**

☐ No impact

☐ Positive impact (Yes)

☐ Negative impact

☐ The impacts are mixed

☐ I don't know

Comments (optional):

The decrease in waiting times for women accessing this service is positive.

Question 2. What impact do you think that the current arrangements for early medical abortion at home (put in place due to COVID-19), have had for **those involved in delivering abortion services**? (For example, this could include impacts on workforce flexibility and service efficiency.)

☐ No impact

☐ Positive impact (Yes)

☐ Negative impact

☐ The impacts are mixed

☐ I don't know

Comments (optional):

Time, resources and training are required to undertake video or telephone consultations, and this should continue to be available to those providing the service.

The time spent in consultations with patients, whether provided in person or remotely, is likely to be similar. However, remote consulting enables greater workforce flexibility, for example, in cases of staff shielding and access to a wider pool of staff across a larger geographical area.

The safe and effective use of medicines should underpin these arrangements. This includes mifepristone, misoprostol and analgesia, as well as anti-emetics, prophylactic antibiotics and ongoing contraception where used. Therefore, it is essential that all services have clear arrangements in place for confirming each medicine, including analgesia, is appropriate and safe for an individual patient. Where services are being provided remotely, remote access to clinical information and a discussion with the patient will be key components of confirming the safe use of medicines.

Also essential to the safe use of medicines is women receiving clear information about how to take their medicine and when to seek further help. Information may need to be provided in multiple formats, recognising an individual woman's level of literacy, health literacy and languages spoken. Work should be undertaken with patient representative groups and health literacy experts to ensure information resources are fully accessible. In addition, consultations should be structured to confirm a patient's understanding of the information, especially as this may be more challenging in a remote consultation.

It may be more difficult to identify safe-guarding or coercion in a non-face to face consultation. We note that the preferred option for women in one survey is for telephone consultation rather than video consultations yet some other services specifically recommend use of video consultations to reduce the risk of coercion (e.g., moving the camera to check who else is in the room with the patient). Where there are safeguarding issues that cannot be resolved remotely, women should be seen in person.

The preference for use of telephone vs video consultations may need further research to mitigate against any safe guarding and coercion risks.

In addition, some women may find remote consultations impossible to access (e.g., lack of privacy at home for a remote consultation) and therefore alternative options should be available and we would advocate patient choice.

The postal or courier delivery service needs to be robust to ensure that there is no risk of delivery to the wrong person and that confidentiality is maintained.

There is potentially a risk that the ease of access could be viewed as reducing the seriousness of the decision and it is important to ensure that this is an informed choice.

Question 4. Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) **on equalities groups (the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation)?**

☐ Yes

☐ No Tick (from GGC)

☐ I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

Based on the information available we have no concerns regarding continuing this arrangement as it works well and is responsive to individual patient needs.

Question 5. Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) **on socio-economic equality?**

☐ Yes (Yes)

☐ No

☐ I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should

By giving women more choice about how to access care this potentially will have a positive impact on socio-economic equality.

There is also a financial benefit by reducing the costs of travel to clinics

Question 6. Do you have any views on potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on women living in rural or island communities**?**

☐ Yes (Yes)

☐ No

☐ I don't know

If yes, please outline possible impacts below. Please be as specific as you can and include any resources or references to evidence on this topic that we should consider.

It is likely that the benefits already identified in relation to improved access and reduction in need to travel may have an even more positive impact for rural and island communities. Being able to remotely access services from the privacy of home may be especially significant for women in remote communities, since having to travel away from home to access care is difficult to keep private in a small community. However, the ability to access urgent care should any adverse outcomes occur may be even more challenging in remote locations and therefore arrangements must be put in place for this before women in remote locations are supplied with medical abortion treatments as part of contingency plans. For remote island communities, there may be weather-related issues with boats not running that should be considered in terms of both supply of medicines and urgent care services.

other words allowing women to proceed without an in person appointment and take mifepristone at home, where this is clinically appropriate. (Yes)

☐ b) Previous arrangements should be reinstated – in other words women would be required to take mifepristone in a clinic but could still take misoprostol at home where this is clinically appropriate.

☐ c) Other (please provide details)

Based on information available, women seem well supported by the clinical specialists providing this service. The service runs well it and it provides quicker access and more choice for women. It would be clinically appropriate to continue with the arrangements based upon the experience to date.

We have noted areas for consideration and mitigation in this response for consideration.

We are aware that national guidelines are in place and recommend that they are regularly reviewed and changed as appropriate based on good practice or in response to a safety incident.