BSACP
BRITISH SOCIETY OF ABORTION CARE PROVIDERS

Submission to the Tynwald Social Affairs Policy Review Committee consultation on the working of the Abortion Reform Act 2019 on the Isle of Man

April 2021

admin@bsacp.org.uk
www.bsacp.org.uk

Background to the organisation making this submission

The British Society of Abortion Care Providers (BSACP) is the principal, authoritative Society for health professionals working in abortion care in the UK, its Crown Dependencies and its Overseas Territories. It aims to provide a supportive community to promote best practice in abortion care. It was formed in October 2015 and is a specialist Society of the Royal College of Obstetricians and Gynaecologists (RCOG). It is separate from the RCOG but works closely with it and with its Faculty of Sexual and Reproductive Healthcare (FSRH). Representatives of all devolved nations sit on its Council. Its membership comprises mainly doctors, nurses and midwives who deliver abortion care for the National Health Service (NHS) – whether in NHS settings or the independent sector. The three main independent sector providers (ISPs) are: the British Pregnancy Advisory Service (BPAS), MSI Reproductive Choices (MSUK) and the National Unplanned Pregnancy Advisory Service (NUPAS).

BSACP provided a bespoke training course to the Irish College of General Practitioners in 2018/2019 when abortion services were introduced in Ireland. We have also been actively involved in the planning and introduction of abortion services in Northern Ireland since 2019.

Overview

BSACP greatly welcomes the liberalisation and decriminalisation of abortion in the Isle of Man brought about by the Abortion Reform Act 2019 and we were glad to make a submission to the survey on the law back in 2017 (https://bsacp.org.uk/resources/bsacp-submissions-to-formal-consultations/). We see the modification of the law as a progressive move that enables the reproductive rights of Manx women[a] to be met. Abortion on request to 14 weeks of gestation goes further than many European countries.[1] We are very pleased to hear that the Access Zone facility under Part C of the Act has been invoked to protect service users and their escorts. Manx abortion law now makes the Abortion Act 1967 in Britain seem particularly outdated.

Statistics

The number of women residents aged 15 – 44 on the Isle of Man is 14,405 (2016 Census). Somewhat arbitrarily assuming an abortion rate of 9 per 1,000, half of that in England and Wales (18 per 1,000 in 2019[2]), one can estimate an annual need for 130 abortions. Although it is possible that Manx women may have travelled to other European countries for abortions, we believe that until May

[a] Within this submission we use the term woman. However, it is important to acknowledge that it is not only people who identify as women for whom it is necessary to access women's health and reproductive services in order to maintain their health and wellbeing. Abortion services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

2019 most abortions were being obtained in England (generally Liverpool) and the remainder from the 'informal sector".[3]

BSACP has not been able to obtain any published statistics from the Isle of Man Public Health Department on the provision of abortion services since the Abortion Reform Act 2019 came into force on 24 May 2019. In this submission, we nevertheless attempt to comment on services that have been running over the last two years so that the Committee can conduct post-legislative scrutiny of abortion services. Looking at England and Wales statistics for 2019, there is a definite fall in the number of women travelling from the Isle of Man to 57 (compared to a historical number of around 80 – 130), reflecting the changes operating through from June to December.[2] We understand that calls are still being made to online telemedical providers from Manx citizens and that, despite being informed of the services available to them free of charge, a proportion of these people are nevertheless opting for being sent treatment in the post because of difficulties with travel to the hospital and/or the desire for privacy/confidentiality. So, it appears to us that current services are not being advertised adequately and may not be meeting the needs of all women. It is known that women in the UK use the 'informal sector', despite well-established services, with reasons given for using alternative services including privacy concerns.[4] We feel that, with the proviso that advertising of the available services is improved, it has to be accepted that a small proportion of women will continue to use the informal sector despite a fully liberalised law.

Clarity of information

As mentioned above, we suspect that there is a currently insufficient information about routes of referral and gestational limits for Manx citizens and for primary care staff. The Gynaecology (Women's Health) section of the DHSC website does not mention abortion services. We note that when Googling 'Abortion Isle of Man' in the UK, the first site listed is the Abortion Support Network (ASN) (https://www.asn.org.uk/get-help-iom/). Although ASN may still be fielding some enquiries from the Isle of Man, current financial arrangements made by the DHSC cover all funding, except possibly childcare, and so the charitable services of ASN are not truly needed.

Current configuration of services

The Isle of Man is a small Island with good public transport services. The inherent need for abortion services for the population is low and the Island cannot be expected to provide all abortion services, in particular for more advanced gestation cases.

We understand that a gynaecologist on the Island is the Clinical Lead for abortion. We also understand that the abortion care system that has been put in place relies heavily on BPAS. Access to the service is through a single, dedicated telephone number: 01624 642521. Use of a central booking service has long been known to assist access to services[5] and mirrors what many services in the UK commission. So, the first steps of access to BPAS Actionline would seem to be satisfactory. Following this, all consultations are done by BPAS on the phone. Cases suitable for treatment on-Island are then directed in to Noble's Hospital. Before the onset of the pandemic, we understand that women having early medical abortion (EMA) attended for the mifepristone and could administer the misoprostol themselves at home, mirroring the pre-COVID protocol in Britain. Although we have had very limited access to specific details of existing services on the Island, use of no-test, telemedical abortion to 10 weeks appears to be being made on-Island since the onset of the pandemic. We understand that, so far, no surgical services are being offered on-Island and that such procedures are booked in to BPAS Merseyside. In the rare cases needing tertiary level care, BPAS can refer in to the Liverpool Women's Hospital. We make recommendations below on how we think this system could be improved. We are concerned that, at present, women do not have true choices of the options that should be available to them – see our Position Statement on Providing Genuine Choice (https://bsacp.org.uk/resources/bsacp-position-statements/). Giving Manx women greater choice should be aimed for as we feel a genuine choice between medical and surgical is essential.

Responsiveness to the pandemic

BSACP regards the temporary measures put in place in Scotland, Wales and England in response to the coronavirus pandemic as a major contribution to the public health which recognises abortion as an essential service. Remote consultations and the ability to take both medicines at home are a logical response to the pandemic, integral to other changes in the way of working. These measures help to limit the spread of infection and allow women access to abortion care if they are self-isolating.[6] But they do not only apply to the population being in a state of lockdown or subject to other precautionary measures. Before the onset of the pandemic, NICE had recommended that the NHS should consider abortion assessments by phone or video call, and in a range of settings, to meet the needs of women.[7] In its systematic review, NICE found that community prescribing and telemedicine improved access to abortion services and facilitated a more patient-centred approach to care with no difference in outcomes.[8] NICE noted that telemedicine is likely to improve access, especially for marginalised groups.[9] Moving away from a 'seen and examined' regulation is progressive and allows both patient and clinician much greater flexibility. EMA has been subject to

multiple innovative service modifications since the pandemic struck.[10] For example, the concept of 'resource stewardship' including 'no-test' medical abortion was rapidly developed.[11]

BSACP believes that these changes combined have been responsible for the ability to meet demand for the service during a pandemic and for the highly significant downward shift in gestation reflected in the England and Wales abortion statistics – 27% of medical abortions at under 6 weeks in Q1 and Q2 of 2020 cf. 16% for the same period in 2019.[12] By June 2020, more than a half of women undergoing medical abortion were taking both pills at home. We have set out elsewhere in our submissions to the Scottish, Welsh and English governments the benefits of the no-test, telemedical delivery of medical abortion which has been developed during the pandemic and which has overwhelming advantages which should make it a permanent way of delivering abortion services: https://bsacp.org.uk/resources/bsacp-submissions-to-formal-consultations/.

The Isle of Man has no need for such temporary measures as there is a more liberal regulatory system in place. BSACP understands that the Isle of Man has responded to the pandemic by simplifying the protocol for EMA. Providing surgical abortion during the pandemic has been challenging for services in all countries, but particularly for Island communities. There may have been some women who were forced to continue their pregnancies because of travel/quarantine restrictions but we have no data on this.

Privacy and confidentiality

We believe that the remarks we made to the three British governments mentioned above about privacy and confidentiality are particularly pertinent to an Island community. It is clear that women greatly value the greater privacy that remote consultations offer.[13] BSACP has heard anecdotal reports about women who know staff who work at Noble's Hospital and who have felt they have had no alternative setting on the Island acceptable to them through which to access abortion. We would anticipate that privacy and confidentiality are a very real issue in a small Island community and related concerns will result in decisions being constrained so that travel sometimes feels like the only option.[9] We believe that privacy can be increased by offering community-based provision where the reason for attending could be any of a range of sexual and reproductive health (SRH) services and by offering remote consultations as appropriate.

Surgical abortion

BSACP believes that first trimester surgical abortion should be available on the Isle of Man. Such procedures do not necessarily need to be performed in hospital premises. BSACP offers manual vacuum aspiration training in collaboration with the Royal College of Obstetricians and Gynaecologists: https://www.rcog.org.uk/en/departmental-catalog/Departments/training-courses/2309---manual-vacuum-aspiration---february-2021/ for any staff who need to establish, update or fine-tune their skills.

The role of the nurse/midwife

Nurses and midwives can safely and effectively provide both medical and surgical abortion services.[14] [15] Service users in Sweden who express a preference for a type of abortion provider choose a nurse/midwife more often than a doctor; women have high confidence in their professional capability.[16] Nurses are more cost-effective than doctors too. The NICE guideline recommends that abortion providers should maximise the use of nurses and midwives in the provision of care.[7] [8] Nurse/midwife-led abortion services are now generally a model being followed in Britain, but surgical abortion is not carried out by nurses despite there being arguments that it would be legal.[17] Section 7(1) of the Act clearly specifies nurses as legitimate providers and at present we believe there is an opportunity being missed here.

The role of the general practitioner

If any of the GPs are invoking conscientious objection to involvement in abortion under section 8 of the Act, we suggest that the authorities are cognisant of this and monitor access to abortion care of service users who are being referred by such GPs. We understand that there are no plans for the 53 GP principals to become directly involved in providing abortion services. Although GP provision has never become established in the UK, as you will know, it has been the mainstay of treatment in the Republic of Ireland from 1 January 2019. Even though there might be advantages in having a choice of setting, so that those with friends and relatives working at one of the settings could choose a different provider, we do agree that the very small Island population cannot really justify provision of care in multiple settings.

Community-based facilities

BSACP recommends that abortion care is delivered through a community SRH service as advocated by the Faculty of Sexual & Reproductive Healthcare (www.fsrh.org). Such a service would operate from premises separate from Noble's Hospital and, as well as abortion care, would offer

contraception and sexual health services. Any treatment needed in a hospital setting would be referred in to Noble's Hospital. We at BSACP, or we are certain senior FSRH staff, would be happy to advise if this were thought to be helpful.

Funding

We understand that there is specific funding set aside by the DHSC to cover on-Island care as part of the free health service and off-Island care in terms of formal contracts with BPAS and funding patients and their escorts for travel and accommodation. This is all very satisfactory.

Conclusions

Our general impression is that the progressive components of the 2019 law are to some degree underutilised. This means that, in effect, Manx women are not receiving the full extent of benefits of the liberalised law. With a law that allows freedom to organise services in an enlightened way, we feel that there is scope for adopting a more visionary approach.[18]

Recommendations

- Information about abortion services is displayed more prominently by the DHSC
- Abortion care is offered from a community-based sexual and reproductive health facility
- Abortion care is based on a nurse/midwife-led model
- Consultations and assessment of requests for abortion is conducted by staff based at the above facility
- Women have a genuine choice between medical and surgical methods
- Manual/electric vacuum aspiration is incorporated into abortion services so that Manx women have access to on-Island first-trimester surgical abortion.

4/4/21

References

1. IPPF. The IPPF EN Partner Survey: abortion legislation and its implementation in Europe and Central Asia Brussels: International Planned Parenthood European Network; 2019 [Available from: https://www.ippfen.org/resource/ippf-en-partner-survey-abortion-legislation-and-its-implementation-europe-and-central-asia
2. DHSC. Abortion statistics, England and Wales: 2019. London: Department of Health & Social Care, 2020.
3. Chemlal S, Russo G. Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal. *BMC Women's Health* 2019;19:55.
4. Aiken ARA, Guthrie KA, Schellekens M, et al. Barriers to accessing abortion services and perspectives on using mifepristone and misoprostol at home in Great Britain. *Contraception* 2018;97:177-83.
5. Rowlands S. The development of a nationwide central booking service for abortion. *European Journal of Contraception & Reproductive Health Care* 2006;11:210-14.
6. RCOG. Coronavirus (COVID-19) infection and abortion care London: Royal College of Obstetricians and Gynaecologists; 2020 [Available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/
7. NICE. Abortion care. NICE guideline NG140 London: National Institute for Health and Care Excellence; 2019 [Available from: https://www.nice.org.uk/guidance/ng140
8. O'Shea LE, Hawkins JE, Lord J, et al. Access to and sustainability of abortion services: a systematic review and meta-analysis for the National Institute of Health and Care Excellence – new clinical guidelines for England. *Human Repro Update* 2020;26(6):886-903.
9. NICE. Abortion care guideline evidence review. [A] Accessibility and sustainability of abortion services London: National Institute for Health and Care Excellence; 2019 [Available from: https://www.nice.org.uk/guidance/ng140/evidence
10. Costescu D, Guilbert E, Wagner M, et al. Induced abortion: updated guidance during pandemics and periods of social disruption Ottawa: Society of Obstetricians & Gynaecologists of Canada; 2020 [Available from: https://sogc.org/common/Uploaded%20files/Induced%20Abortion%20-%20Pandemic%20Guidance%20-%20FINAL.PDF.
11. Raymond EG, Grossman D, Mark A, et al. No-test medication abortion: a sample protocol for increasing access during a pandemic and beyond. *Contraception* 2020;101:361-66.
12. DHSC. Abortion statistics during the coronavirus pandemic: January to June 2020 London: Department of Health & Social Care; 2020 [Available from: https://www.gov.uk/government/statistics/abortion-statistics-during-the-coronavirus-pandemic-january-to-june-2020
13. Erlank CP, Lord J, Church K. Acceptability of no-test medical abortion provided via telemedicine: analysis of patient-reported outcomes. *BMJ Sex Reprod Health* 2021 doi: 10.1136/bmjsrh-2020-200954
14. Renner R, Brahmi D, Kapp N. Who can provide effective and safe termination of pregnancy care? *BJOG* 2013;120:23-31.
15. Sjöström S, Dragoman M, Fønhus MS, et al. Effectiveness, safety, and acceptability of first-trimester medical termination of pregnancy performed by non-doctor providers: a systematic review. *BJOG* 2017;124:1928-40.
16. Kopp Kallner H, Gomperts R, Salomonsson E, et al. The efficacy, safety and acceptability of medical termination of pregnancy provided by standard care by doctors or by nurse-midwives: a randomized controlled equivalence trial. *BJOG* 2015;122:510-17.

17. Sheldon S, Fletcher J. Vacuum aspiration for induced abortion could be safely and legally performed by nurses and midwives. *J Fam Plann Reprod Health Care* 2017;43:260-64.
18. Rowlands S, Wale J. A constructivist vision of the first-trimester abortion experience. *Health & Human Rights J* 2020;22:237-49.