Health and Social Care Alliance Scotland (the ALLIANCE)

Consultation Response: Future Arrangements for Early Medical Abortion at Home
December 2020

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?

The Health and Social Care Alliance Scotland (the ALLIANCE) believes that the introduction of telemedicine has had a positive impact by making access to abortion services safer, more effective, and accessible. The current arrangements have been vital in preserving sexual reproductive health and bodily autonomy while reducing exposure to COVID-19 infection. However, the arrangements have also eliminated existing barriers for some women by creative more accessible and convenient services. The ALLIANCE welcomes this approach and considers that the current arrangements should be retained permanently.

(a) Safety

Positive impact.

Access to early medical abortion at home enables women to end unwanted pregnancies safely and privately, without the need for unnecessary surgical procedures.[1] This has been a welcome approach for people are vulnerable to COVID-19, or who live with someone who is. The current arrangements mean that women are not pressured to choose between their own health, or the health of those that they live with, and accessing abortion.

Abortion is a time-sensitive service, with delays sometimes leading to unsafe abortions.[2] It is therefore imperative that access to safe and legal abortion is secured. Telemedical appointments have led to shortened waiting periods, allowing women to access abortion earlier. This minimises any potential risks or health complications, while increasing the availability of in-person appointments for people who need them.

[1] https://www.hrw.org/news/2020/03/31/england-leads-way-uk-after-u-turn-covid-19-abortion-access
[2] https://www.tandfonline.com/doi/pdf/10.1080/26410397.2020.1758394?needAccess=true

Additionally, prior to COVID-19, the requirement to attend appointments in person posed potential complications for people with coercive and controlling partners, particularly where they had to account for their time or travel. The current arrangements minimise this risk.

(b) Accessibility and convenience of services

Positive impact.

The current arrangements allow women in Scotland to exercise their reproductive autonomy without being constrained by geographic, economic or social barriers. This is significant in the context of person centred care and promotes the reproductive rights of women in Scotland. For example, the current arrangements waive the requirement for women to travel to clinics and healthcare settings. This created a number of barriers, including travelling long distances, taking time off work, and finding – and paying – for childcare.

(c) Waiting times

Positive impact.

As outlined above, the current arrangements have resulted in shortened waiting periods, creating safer and more accessible abortion services, and increasing availability for in-person appointments for people who need them.

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.)

Positive impact.

Provision of telemedicine has allowed services to provide timely, safe, and high-quality abortion care in a way that respects and upholds reproductive rights and bodily autonomy. This has had several beneficial consequences. For example, providing abortion treatment via telemedicine has allowed providers to better manage clinics and provide additional time to clients who may have more complex reasons for attending a healthcare setting in person.

Additionally, NHS services have reported that telemedicine has enabled them to continue to provide services when staff have been redeployed to deal with COVID-

19. As a result, abortion services can continue to be provided with fewer staff, without compromising the quality of care.

With the uptake of telemedicine, there has been an increase in self-referral to abortion services and providers. This has been introduced in numerous areas where self-referral was not already in place, and has reduced pressure on sexual health, contraceptive and GP services which previously may have been required to refer patients to an abortion provider.

Reducing in-person appointments also acts as an additional safeguarding measure for staff and patients during the pandemic as foot fall in healthcare settings has reduced, and social contact has therefore minimised.

Question 3. What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to COVID-19)? How could these risks be mitigated?

The risks of early medical abortion are extremely small and considerably less than the risks of continuing a pregnancy to term.[3] It is generally a very quick process and can often be carried out as soon as a pregnancy is confirmed. Additionally, early medical abortion avoids any anaesthetic risk that may occur from surgical procedures.

Expert groups including the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, and British Pregnancy Advisory Service have endorsed the shift to remote abortion care, saying it is safe and necessary.[4]

A number of studies and clinical practice across the world has illustrated that it is safe and effective for women to self-administer at home, provided suitable and considered safeguards and support mechanisms are in place.[5] The UK's National Institute for Health Care and Excellence[6] and the World Health Organisation[7] support at-home management of early abortion where people have access to adequate information and medical consultation.

The ALLIANCE recommends that accessible and inclusive information, and access to health services, is provided to people should they need or want it at any stage of the at home early medical abortion process.

---

[3] https://www.bpas.org/get-involved/campaigns/briefings/home-use-of-abortion-drugs/
[4] https://www.hrw.org/news/2020/03/31/england-leads-way-uk-after-u-turn-covid-19-abortion-access
[5] https://www.bpas.org/get-involved/campaigns/briefings/home-use-of-abortion-drugs/
[6] https://www.nice.org.uk/guidance/ng140/chapter/Recommendations#making-it-easier-to-access-services
[7] https://apps.who.int/iris/bitstream/handle/10665/181041/9789241549264_eng.pdf?sequence=1

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 COVID19) 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.

Certain factors incurred when accessing abortion services have a disproportionate impact on particular groups. Disabled women, LGBT+ people and care-experienced women in Scotland face report facing discrimination in accessing reproductive health services.

Disabled women may have different access needs that affect their capacity to visit hospitals and clinics in person. In addition to practical access barriers – such as inaccessible venues, lack of accessible information and communication, and non-inclusive and inflexible service policies – there is a limited extent of knowledge and action regarding the reproductive and sexual health needs of disabled women in Scotland, including access to abortion care.[8] Continuation of current arrangements for early medical abortion at home minimises such barriers, and creates a more equitable and inclusive service for disabled women.

An Equality Impact Assessment (EQIA) was carried out in September 2020 in respect of emergency public health measures in response to COVID-19, which included the introduction of early medical abortion at home.[9] **Before implementing the current arrangements on a permanent basis, the ALLIANCE recommends that a robust and timely EQIA and a Human Rights Impact Assessment (HRIA) are carried out to ensure that the policy does not unlawfully, or unduly, discriminate against people with protected characteristics or other seldom heard population groups.**

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/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.

Yes.

[8] https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scoltand.pdf
[9] https://www.gov.scot/publications/equality-impact-assessment-health-protection-coronavirus-international-travel-scotland-regulations-2020/pages/8/

Socio-economic status should not impact upon a person's ability to access reproductive healthcare. Yet, hidden costs incurred in accessing in-person abortion services – such as the costs of travel, taking time off work, and finding and paying for childcare – have a significant impact on people from a lower socio-economic background, and people facing multiple disadvantages.

Women in Scotland who are most deprived are more than twice as likely to need to access abortion services as women who are least deprived and are disproportionately likely to access services later in pregnancy. As a result, they are faced with a higher financial burden, but are also exposed to increased medical risk and complications.

The consultation document notes the Scottish Government's commitment to meeting its responsibilities under the Fairer Scotland Duty. **The ALLIANCE welcomes this commitment and we encourage a robust and timely Fairer Scotland Duty assessment to be carried out to help tackle inequalities caused by socio-economic disadvantage.**

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.

Geographical location should not have an impact on a person's ability to access reproductive healthcare and abortion services. Early medical abortion at home removes some of the barriers which women living in rural or island communities face. Namely, it significantly reduces the requirement for some women living in rural or island communities to travel long distances – often running at limited and inconvenient times - to access in person appointment. In some cases, this also necessitates an overnight stay. For example, prior to the introduction of telemedicine, women in Shetland and Western Isles NHS Boards had no choice but to travel to the mainland to access abortion care. Further travel distances also mean that travel costs are likely to be more expensive, particularly if women are relying on transport like ferries.

Inaccessible in-person services are problematic not only for long travel distances and associated costs, but also due to the side-effects after consumption of mifepristone, which can cause nausea, vomiting or light bleeding. The current arrangements allow all people accessing abortion services to self-administer in the comfort and privacy of their own home, without being forced to travel sizeable distances while experiencing these side-effects.

The ALLIANCE recommends that, unless already done, a robust and timely Island Communities Impact Assessment (ICIA) is carried out to ensure that the particular challenges faced by island and rural communities are fully considered.

Question 7. How should early medical abortion be provided in future, when COVID19 is no longer a significant risk?

The ALLIANCE believes that current arrangements (put in place due to COVID-19) should continue: women should be allowed to proceed without an in-person appointment and take mifepristone at home, where this is clinically appropriate and they have been provided with adequate support and information.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

Contact

Gillian McElroy, Policy and Information Officer
E: gillian.mcelroy@alliance-scotland.org.uk

Rob Gowans, Policy and Public Affairs Manager
E: rob.gowans@alliance-scotland.org.uk

T: 0141 404 0231
W: http://www.alliance-scotland.org.uk/

Consultation on Future Arrangements for Early Medical Abortion at Home

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://beta.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

Health and Social Care Alliance Scotland (the ALLIANCE)

Phone number: 0141 404 0231

Address

Venlaw Building, 349 Bath Street, Glasgow

Postcode G2 4AA

Email gillian.mcelroy@alliance-scotland.org.uk

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

☒ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

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