Scottish Government
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Dear Colleague,

ABORTION – WOMEN'S HEALTH PLAN CTIONS ON TELEMEDICINE AND CONTRACEPTION

Purpose

1. The Women's Health Plan[1], published in August 2021, sets out a number of actions to improve abortion services in Scotland. This letter asks you to take forward implementation of two of the short-term actions in the Plan, covering provision of initial telemedicine appointments and provision of a supply of the progestogen-only pill for patients to take post-abortion.

Background

2. The Scottish Government supports the Plan's aim to make abortion services, as well as other services for women, more accessible to and person-centred for all patients across Scotland. The Women's Health Plan sub-group on contraception, abortion, sexual health and pre-pregnancy set out a number of actions in relation to abortion services in chapter 9.2 of the Plan[2].

3. The sub-group set out two overarching aims:

- Firstly, all women will be able to access timely abortion care without judgment.
- Secondly, all women will have choice about how and where they access abortion care.

4. I believe that NHS Boards across Scotland do already work hard to ensure these key principles are met, within the limits of the law on abortion, although the pandemic has impacted in some areas on the level of choice women are given in relation to how and where they access services. For example, there have been often unavoidable impacts on the availability of surgical abortions. However, I would ask you to ensure that these actions are taken into account in planning for service delivery post-pandemic.

From the Chief Medical Officer
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Addresses
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[1] See https://www.gov.scot/publications/womens-health-plan/
[2] See chapter 9.2 at https://www.gov.scot/publications/womens-health-plan/pages/11/

Women's Health Plan– actions requested

5. There are two short-term actions within the Plan, which I would ask NHS Boards (and other providers where applicable) to implement as soon as feasible if you have not already done so.

Make telephone or video consultation universally available as an option for abortion services.

6. The first of these actions is that '**telephone or video consultation should be universally available as an option for abortion services**'. This action adopts a recommendation already set out within the 2019 NICE guidance on abortion[3], which says at 1.1.9 'Consider providing abortion assessments by phone or video call, for women who prefer this'. Many NHS Boards are already offering consultation appointments by telephone for abortion assessments. I would therefore encourage those NHS Boards not already doing so to make this option available and to make women aware of the option when they contact the service to seek an appointment. However, as per the NICE guidance recommendation, this should remain a choice and women should always be given the option of an in person appointment if they prefer that.

7. It is also important to clarify that, while telemedicine offers an important option for initial appointments, there are of course some women who will still need to have a follow-up in person appointment, for example for an ultrasound scan, to take mifepristone in the clinic, due to possible safeguarding concerns or for other reasons, such as STI testing or to receive long-acting reversible contraception (LARC). Therefore the telemedicine appointment will in particular allow women to discuss their own circumstances, understand the abortion process, the types of abortion treatment available and the potential risks involved and to go through the consent process if they decide if they definitely wish to proceed with a termination of pregnancy.

8. However, in line with the current Scottish Abortion Care Providers (SACP) guidance in relation to early medical abortion at home (EMAH)[4], as well as your own local protocols, there will still be some patients where it is appropriate to ask the patient to attend an appointment in person immediately, rather than have an initial appointment by telephone or video call. This may include, for example, patients with known medical conditions requiring greater supervision, children under 16 years old or others where there are specific safeguarding concerns or patients at later gestations.

9. In addition, as you may be aware, the Scottish Government has commissioned an evaluation of current coronavirus arrangements for EMAH[5] to consider the safety and effectiveness of these arrangements and whether or not they should continue post-pandemic. Decisions on future arrangements for EMAH will not be made by Scottish Ministers until that evaluation has been completed. Therefore, while this action provides an important option for patients for their initial appointments and is expected to remain a permanent option, this does not mean that women will necessarily continue to be able to take mifepristone at home on a permanent basis. The separate, medium-term action in the Women's Health Plan to 'Increase options for women around where they can take abortion medication (mifepristone)' will also not be considered further or implemented until the findings of the evaluation are available and can be taken into account.

[3] See https://www.nice.org.uk/guidance/ng140 - recommendation 1.1.9
[4] See Annex B at https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf
[5] See CMO letter of 31 March 2020 at https://www.sehd.scot.nhs.uk/cmo/CMO(2020)09.pdf

Provision of post-abortion contraception

10. The second action in the Plan on abortion is that '**for post-abortion contraception, provide all women with 6 or 12 months progestogen-only pill with their abortion medications. Fast-track to long acting reversible contraception if desired**'. This links to the commitments in the Women's Health Plan to improve access to contraception more broadly, including for example through the new changes to enable pharmacies to provide patients with a bridging supply of the progestogen-only contraceptive pill (POP).

11. I would therefore ask that all NHS Boards and other providers, if they are not already doing so, to ask all their abortion patients who are not already using a suitable method of contraception if they would like a supply of the POP and to provide advice on long-acting reversible contraception (LARC). Where the patient would like a supply of the POP, a six-month supply would normally be appropriate, with advice on seeking further supplies or alternative contraception in future. However, a twelve-month supply can be given where clinic staff feel this is appropriate. In some circumstances a supply of less than six months may be more appropriate, for example if it is only needed in the short-term as bridging contraception while awaiting other contraception, such as LARC. While the POP (desogestrel) is now available without a prescription, clinic staff should still ensure there are no contraindications to the POP or drug interactions with other medications before dispensing a supply to the patient.

12. Where the patient would like LARC, advice should be given on the suitable options available for them and NHS Boards should seek to ensure the patient can access an appointment for LARC fitting as soon as possible. Where the patient is seen in person as part of their abortion treatment, NHS Boards should aim to provide LARC at that appointment wherever possible.

Action

13. Chief Executives of NHS Boards should ensure that these changes are brought to the attention of all relevant staff, including abortion service and Fetal Medicine staff, and pharmacy staff. All Boards should consider what changes to existing procedures are required in order for these actions to be implemented in their area.

Yours sincerely,

Dr Gregor Smith

Dr Gregor Smith
Chief Medical Officer