ANNEX A

REASONS FOR NOT PROVIDING INFORMATION

An exemption under **section 38(1)(b)** of FOISA (personal information) applies to some of the information requested because it is personal data of a third party, i.e. names and contact details of non-senior staff or clinicians providing termination services and disclosing it would contravene the data protection principles in data protection legislation. This exemption is not subject to the 'public interest test', so we are not required to consider if the public interest in disclosing the information outweighs the public interest in applying the exemption.

An exemption under **section 30(c)** of FOISA (prejudice to effective conduct of public affairs) applies to some of the information requested. It is essential for the Scottish Government to be able to communicate, often in confidence, with external stakeholders on issues such as abortion. Disclosing the content of these communications is likely to undermine their trust in the Scottish Government and will substantially inhibit communications on this type of issue in the future. These stakeholders will be reluctant to share their views fully and frankly if they believe that their views are likely to be made public, particularly where these discussions relate to a sensitive issue, such as early medical abortion at home or later stage abortions. This would significantly harm the Government's ability to carry out many aspects of its work, and could adversely affect its ability to gather all of the information it needs to make fully informed decisions.

This exemption is subject to the 'public interest test'. Therefore, taking account of all the circumstances of this case, we have considered if the public interest in disclosing the information outweighs the public interest in applying the exemption. We have found that, on balance, the public interest lies in favour of upholding the exemption. We recognise that there is a public interest in disclosing information as part of open, transparent and accountable government, and to inform public debate. However, there is a greater public interest in allowing officials a private space within which to communicate with appropriate external stakeholders as part of the process of exploring and refining the Government's position on abortion policy. This private space is essential so that decisions can be taken based on informed advice. Premature disclosure is likely to undermine the full and frank discussion of issues between the Scottish Government and these stakeholders, which in turn will undermine the quality of the policy making process, which would not be in the public interest.

Finally, an exemption under **section 29(1)(a)** of FOISA (policy development) applies to some of the information requested. This exemption applies because it relates to discussions about the development of Scottish Government policy on issues such as provision of later stage abortion services. The exemption recognises the need for officials and Ministers to be able to consider fully the development of policy on an issue, such as abortion services, before reaching a settled public position.

This exemption is subject to the 'public interest test'. Therefore, taking account of all the circumstances of this case, we have considered if the public interest in disclosing the information outweighs the public interest in applying the exemption. We have found that, on balance, the public interest lies in favour of upholding the exemption. We recognise that there is a public interest in disclosing information as part of open, transparent and accountable government, and to inform public debate. However, there is a greater public interest in allowing officials and Ministers a private space to consider the information and evidence available on matters of such importance before reaching a settled public position.

Annex B

Document 1

Scottish Abortion Care Providers Conference – Friday 14 June 2019

Summary of Points Raised

Implementation in Ireland
[Text Redacted] from Dublin gave an interesting talk about implementing an abortion service in the Republic of Ireland with very little time (in fact having to do most of the preparation before they knew what the legislation said…). Their model mainly uses GPs to deliver medical abortions (up to 9 + 6 weeks), with those between 10 and 12 weeks delivered by hospital maternity units. However, it was optional for GPs and hospitals to participate; there are only currently around 11% of GPs providing abortions, but the government seemed to think this was enough (although **[Text Redacted]** noted only 23 out of 26 counties had a GP involved so some patients may have to travel a fair distance) and only 9 out of 19 maternity units had agreed to offer terminations.

There were some clear issues with their model, with a mandatory three day wait between the first appointment and going back to have mifepristone, not all patients having a scan (and some issues around access to scanning for those who do). However, they seemed to have a good 24 hour helpline in place, had managed to train around 300 doctors, with over 100 more waiting to be trained and they were extremely grateful to SACP and BACP members who had helped them with training staff.

SACP members reflected that if we were starting from scratch in designing abortion services, using GPs might be a good option (**[Text Redacted]** noted that the most common suggestion in a recent Lothian patient survey was being able to go to their GP for a medical abortion), but recognised the issues with considering that now. However, it might be something we could encourage the island Boards to consider for early medical abortions (Orkney is already looking along those lines) if they could be GPs willing to be involved.

[Text Redacted]

- **EMAH (Early Medical Abortion at Home) – [Text Redacted]** presented Lothian's data comparing early medical discharge patients in the six months prior to implementing EMAH and EMAH patients in the six months after. This showed no significant differences in effectiveness or complication rates between the early medical discharge and EMAH groups.

- **Self-Referral** – a useful presentation from Lothian, which showed how a service can be established and how the admin staff valued their role in this. While they have had challenges in needing more staff and are trying to get a second phone line (as patients are often finding the line is engaged), it has had clear benefits in getting patients seen more quickly and saving GPs time. Forth Valley noted they were saving about 1000 GP appointments per year since they've had self-referral. Questions were raised around electronic signing of forms by doctors for smaller Boards and BPAS explained how they arrange for forms to be signed remotely after doctors review a patient's records electronically.

- **Anti-D** – **[Text Redacted]** gave a useful presentation on how they had developed the revised draft NICE guidelines on this. While the evidence was fairly limited, he seemed

confident that the evidence available showed no need to provide anti D in medical abortion under 10 weeks and probably not for surgical abortions either (although they were slightly less confident on the evidence). He argued (and Boards seem to agree) that providing anti-D added unnecessary delays and costs into the process. The new NICE guidelines on abortion will bring the position into line with the guideline on providing anti-D for miscarriages.

- **Abortion counselling** – **[Text Redacted]** from GGC spoke about their counselling service and the increasing number of post abortion referrals (in discussion, she felt it wasn't clear why the referrals were increasing; it may be greater willingness to seek mental health support generally). While their pre-abortion service can normally see women within a week (10 days at most), there is currently a waiting time of 3 to 4 months for post-abortion counselling (other Boards seemed to report similar long waiting times). They also had a 'Listening Ear' service 4 days/week, which had a shorter (3 to 4 week) waiting time and is also available to partners so some go to this first while waiting for formal counselling.

- **Medical Training** – **[Text Redacted]** from GGC had, following last year's conference, worked with Glasgow University to increase the teaching for medical students about abortion. All year 4/5 students now get three hours of teaching about abortion, which they are examined on. Feedback from students so far has been good. It was suggested that her materials could be used by other Universities as well so hopefully there will be some work on a shared Scottish curriculum resource pack.

- **Medical abortion in NI compared to Glasgow** – **[Text Redacted]** from the University of Ulster had done research interviewing patients having EMAH in GGC and others in Northern Ireland who had ordered abortion pills online. Both those in Glasgow and NI valued being able to be at home to pass their pregnancy and the feedback from the Glasgow women regarding their experience was positive. Unsurprisingly though the NI women were anxious that they could be arrested and fearful of what would happen if they needed to seek medical treatment. However, despite this, even when it was suggested they could have travelled to other parts of the UK for their abortion, most felt they would still have had their abortion at home due to convenience (for some travelling would have been very difficult) despite the risks of arrest. It was noted that some NI women are now travelling to the Republic for abortions (apparently if they work in the Republic they can access an abortion there).

[Text Redacted]

Document 2

From: [Text Redacted]
Sent: 06 September 2017 11:18
To: [Text Redacted] (**[Text Redacted]** @nhs.net) <**[Text Redacted]** @nhs.net>
Cc: [Text Redacted] <**[Text Redacted]** @gov.scot>
Subject: IN CONFIDENCE - SACP - Guidelines for early medical termination of pregnancy with self-administration of misoprostol in the home setting – Comments by 19 September 2017
Importance: High

Hi **[Text Redacted]** ,

Very grateful if this could be issued to the SACP group today. Please could you mark the email as high importance?

If you would prefer I can send out if you were able to send through the distribution list.

Many thanks

[Text Redacted]

IN CONFIDENCE – PLEASE DO NOT SHARE

SACP - Guidelines for early medical termination of pregnancy with self-administration of misoprostol in the home setting – Comments by 19 September 2017

Dear All,

Background

As you may be aware, SG officials have been engaging with key stakeholders, including clinicians such as yourselves, on how we can work together to improve abortion care for women in Scotland.

We recognise that a significant reduction in health inequalities could be achieved if women undergoing an early medical abortion were able to take home misoprostol, for them to self-administer at home. Additionally, we would hope that removing the requirement for a second clinic appointment would reduce the pressure on services.

Following careful consideration, Scottish Ministers have agreed in principle to approve a patient's place of ordinary residence as a class of place where treatment for termination of pregnancy may be carried out so that misoprostol can be taken at home. In order to support the safe implementation of the approval, we are keen for SACP endorsed standard clinical guidance to be available to clinicians.

Whilst we have agreement in principle from Ministers, the approval is still to be signed therefore **please treat this information as confidential.**

Guidelines for early medical termination of pregnancy with self-administration of misoprostol in the home setting

I have pulled together a first draft of this guidance drawing on the guidance currently in place in Edinburgh and Glasgow for early medical termination of pregnancy, which I would value your comments on. My intention is that when this is agreed and finalised, this would be issued to clinicians on behalf of the SACP Network at the same time as the approval comes in to force.

We are very keen to get this improvement in place as quickly as is practical so I would be very grateful if you could review the attached and come back to me via email (**[Text Redacted]**@gov.scot) with your **comments by 19 September 2017.** If there are sections which appear unclear or imprecise, it would be helpful if you could highlight these – I do not have a clinical background. You will see there are some sections where I have asked questions and would be grateful for your views.

After collating your comments I will then share the revised draft for further comment with the hope that a final draft can be agreed by the group soon after.

Attachment

Early Medical Discharge abortion up to 9+0 weeks gestation (EMD) Guidelines for early medical termination of pregnancy (MTOP) with self-administration of misoprostol in the home setting

Commented [u1]: Would you prefer a slightly different title?

Purpose

The purpose of this document is to provide a guideline for the provision of take-home misoprostol for early medical abortions, where patients up to 9+0 weeks gestation, can go home to self-administer misoprostol and pass the pregnancy.

Introduction

Evidence has clearly demonstrated that Early Medical Discharge (EMD) with at home self-administration of misoprostol is a safe method of termination, with no higher risk of complications than medical terminations as a day case. i
This offers additional choice to women requesting termination of pregnancy and, in addition to practical and logistical benefits, enables women to undergo treatment in an environment where they feel most comfortable.
Women meeting the inclusion criteria can be offered the option to attend the clinic for mifepristone administration. They can then be discharged home to self-administer misoprostol and pass the pregnancy.

Commented [u2]: Would clinic be the most appropriate term or should we use the word Hospital here in line with the 1967 Act

Inclusion Criteria

- Certain of decision to have abortion and wishes to pass the pregnancy at home
- ≤ 9 weeks ultrasound confirmed intrauterine pregnancy
- 16 years of age or above
- Singleton pregnancy
- Adult to be at home with them following the self-administration of misoprostol.
- No medical contraindications to medical abortion

Commented [u3]: Would you still require an adult to accompany the patient home following the administration of mifepristone? Would they also still be required to reside within an hour's radius of the clinic?

- No significant medical conditions, including hyperemesis gravidarum or drug intolerance/allergies to codeine
- Does not require interpreter and is able to read competently in English.
- No cause for concern (no child protection issues, dometic violence, abuse etc.)
- Fully understands the need for follow up at 2 weeks post EMD

Commented [u4]: Is there anything missing from this list?

Contra-Indications / Caution for mifepristone / misoprostol

Mifepristone and misoprostol should be used with caution in certain conditions. Please refer to the table below:

Absolute contra-indications	**Caution required in the following circumstances (discuss with senior medical staff)**
Inherited porphyria Chronic adrenal failure Known or suspected ectopic pregnancy Uncontrolled severe asthma Previous allergic reaction to one of drugs involved	Woman on long-term corticosteroids Asthma (avoid if severe) Haemorrhagic disorder or anticoagulant therapy Prosthetic heart valve or history of endocarditis Pre existing heart disease Hepatic or renal impairment Severe anaemia Severe inflammatory bowel disease eg. Crohns IUCD in place (remove pre procedure)

Day of Mifepristone administration

1. Confirm that patient is certain of decision to proceed with abortion, including the self-administration of misoprostol at home.

2. Check that patient will have an adult at home with them when they self-administer misoprostol and until they pass the pregnancy. **If there is no adult available to be at home with the patient then treatment as EMD should not proceed.**

   Patient may be admitted and treated as a day case that day (if space available) or offered another date for day case treatment or for EMD (if criteria for EMD can be fulfilled on the new date).

Commented [u5]: See comment 3. Is this still needed?

3. Discuss contraception options and provide on-going contraception

   N.B. for women choosing EMD who wish an implant, this should be inserted prior to discharge home.

Commented [u6]: Should this be included?

4. Check full blood count result.

   If Hb< 10 g/dl then seek medical advice about need for treatment of anaemia (oral vs. systemic haematinics or blood transfusion) and ward admission for misoprostol treatment. Blood tests for investigation of cause of anaemia should also be taken

before haematinics commenced. A decision to delay medical abortion needs to be balanced against the risk of increased blood loss with higher gestations.

5. Check STI screening results.

   a. If Chlamydia positive (or equivocal), then treat with 1g oral azithromycin as per protocol (unless contraindication – give doxycycline 100 mg orally BD for 7 days) and provide information on Chlamydia and importance of partner treatment. Advise against sex until 7 days after partner treated.

   b. If chlamydia or gonorrhoea result is unavailable, then woman should be given empirical 1G azithromycin (unless contraindication, see above) to take that day. She should be advised that she will be contacted by phone within 2 weeks on agreed contact number, if result subsequently is positive.

   c. If Gonorrhoea, HIV or Syphilis positive, the results will go direct from the laboratory to the sexual health advisor to arrange urgent treatment and further management for patient.

6. Administer 200 mg mifepristone orally. If vomiting occurs within 1/2 hours then treatment with mifepristone needs to be repeated (Consider if patient requires admission for day case MTOP instead of EMD)

7. Check blood group and administer Anti D if necessary. This MUST be provided to all rhesus negative women.

8. Administer prescribed analgesia empirically - paracetamol 1g and ibuprofen 400 mg orally (unless contra-indication). Dispense take-home pack (x 5 of 30mg tablets) of dihydrocodeine tablets.

9. Dispense take – home pack of 800mcg misoprostol tablets (4x 200mcg tablets). Standard administration is by the vaginal route and the patient should be advised on how to self-administer these.

   a. If vaginal administration is unacceptable to the patient, then the same dose of misoprostol (800mcg) may be administered sublingually or buccally with similar efficacy. Please note oral administration (swallowing) of misoprostol has lower efficacy and so oral administration should only be used if the pregnancy is < 7 weeks gestation and if vaginal, sublingual or buccal routes of administration of misoprostol are unacceptable to the patient.

   b. The patient should be made aware that administration by sublingual or buccal route is associated with higher likelihood of headache. Misoprostol tablets administered buccally or sublingually may take approximately 20 minutes to dissolve, may not dissolve fully and are associated with an unpleasant taste in the mouth.

10. The patient should be advised of the standard dosing interval between mifepristone and misoprostol is 24-48 hrs, based upon efficacy. **Misoprostol should thus normally be administered <u>24 to 48 hrs after mifepristone.</u>**

Commented [u7]: This varied in the guidance between 1 and 2 hours - grateful for a view.

Commented [u8]: Is analgesia always required and administered required when mifi given?

Commented [u9]: Glasgow – you also administer
Metronidazole 1g
Diclofenac 100mg
Azithromycin 1g PO.
Where should this be detailed? Are these also painkillers?

a) Longer dosing interval (> 48 hrs - 72 hrs) - There is evidence that (< 63 days gestation) the time interval between mifepristone and misoprostol can be prolonged up to 72 hrs after mifepristone, with similar efficacy, although the likelihood of heavy bleeding by this time is increased.

b) Longer dosing intervals (> 48-72 hrs) should only be used if the patient is aware of the likelihood of heavy bleeding with treatment in this way, and the standard (24-48 hrs) dosing interval is not acceptable to the patient.

c) Shorter dosing interval (6 to 24 hrs) - There is evidence that if the interval from mifepristone to misoprostol is less than 24 hours (6 - 8 hours after mifepristone) that **efficacy is reduced**. Shorter dosing intervals (6 to 24 hrs) should only be used if the patient is aware of the higher failure rate (ongoing pregnancy) with treatment in this way and the standard dosing interval (24-48 hrs) or longer dosing interval (48-72 hrs) are not acceptable to the patient.

11. Complete EMD paperwork, detailing patient understanding of treatment and provide patient information leaflet with advice on what to expect at home. Complete patient consent for self-assessment after medical abortion.

12. Ensure that a plan for follow-up has been made for within two weeks (telephone follow- up, self-assessment or clinic follow- up). Please ensure patient understands how to perform the urine pregnancy test (required for telephone and self-assessment) according to instructions. Complete patient consent for self-assessment after medical abortion. If telephone follow-up is chosen, ensure patient provides a reliable contact number and agree a date and time for telephone follow-up.

13. Advise patient on signs and symptoms that should warrant re-attendance to hospital as an emergency

14. Advise patient that they should contact the clinic if they have any of the following as the procedure may not have been effective:

- **If they do not bleed within 24 hours of receiving misoprostol tablets**
- **If they have less than 4 days of bleeding**
- **If they still 'feel' pregnant at the end of one week or have symptoms of pregnancy such as sore breasts, sickness, tummy growing etc.**
- **If the low sensitivity pregnancy test is positive or 'invalid'**
- **If the next period does not come one month after treatment**
- **If they remain concerned that they may still be pregnant**

15. Advise those patients breastfeeding that milk should be discarded for 6 hours after misoprostol administration.

16. Ensure the patient has been provided with:
    - Emergency contact information
    - Contact information for routine advice and queries
    - Advice about how to self-administer misoprostol
    - EMD information leaflet
    - Advice about how to administer a urine pregnancy test
    - Complete drug regime

Commented [u10]: My understanding is that this is not a process clinicians would wish to see in place in Scotland should we remove from guidance or word slightly differently? Very grateful for a steer on this.

Commented [u11]: Do we also need to put in some advice on what to detail on the abortion form?

Commented [u12]: Is this process the same across all areas or does this section need tweaked?

Commented [u13]: See comment 2. We should use the earlier agreed term here

- Contraception of their choice
- Urine pregnancy test
- Copy of discharge letter

Commented [u14]: Is there anything missing from the list?

17. Discharge patient and ensure an appropriate discharge letter has been completed (either a TRAK letter or a 'To whom it may concern' letter).

In the case of an invalid or lost pregnancy test, women should be seen as soon as possible either as an emergency in the acute gynaecological setting or given an appointment to attend the next termination of pregnancy clinic for ultrasound assessment and review.

If an on-going pregnancy is confirmed then the woman should be offered the next available date for abortion by the most appropriate method for her gestation.

If the patient does not make / answer their follow up phone call, a maximum of 3 attempts to contact them should be made and documented. If the patient STILL does not answer the patient will be discharged and a letter sent to their GP stated they did not respond to their follow up phone call.

Commented [u15]: Is this process the same everywhere or does this need tweaking? Would patients be expected to call the service or does the service call them to check that the TOP is complete?

Attachment ends

Thank you!

Finally, I would like to thank those of you who have provided your clinical expertise throughout this process so far, your advice has been invaluable and thank you to SACP Network members for your assistance in producing this guidance.

Kindest Regards

[Text Redacted]

[Text Redacted]
Policy Officer
Pregnancy and Parenthood in Young People Strategy,
Sexual Health and Anatomy.
Health Protection Division
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG
[Text Redacted]@scotland.gsi.gov.uk

[Text Redacted]

Document 3

From: [Text Redacted] <**[Text Redacted]** @nhs.net>
Sent: 15 June 2020 11:32
To: [Text Redacted] <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]** @gov.scot>; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ggc.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@aapct.scot.nhs.uk>; **[Text Redacted]**l@nhs.net; **[Text Redacted]** (NHS LANARKSHIRE) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@gov.scot>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>
Subject: RE: Scottish Abortion Care Providers Meeting - Tuesday 16th June 2020

Dear all

One further paper for the SACP meeting tomorrow morning. It's the service status returns for each Board which was pulled together following the last SACP meeting

Best wishes

[Text Redacted]

[Text Redacted]

Manager- WOS Sexual Health Network and Child Protection Network
e-mail: **[Text Redacted]** @nhs.net

From: [Text Redacted]
Sent: 11 June 2020 12:43
To: [Text Redacted] <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @scotland.gsi.gov.uk; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ggc.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]**@aapct.scot.nhs.uk>; **[Text Redacted]**l@nhs.net; **[Text Redacted]** (NHS LANARKSHIRE) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; Tatler **[Text Redacted]** <**[Text Redacted]**@scotland.gsi.gov.uk>; , **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>
Subject: Scottish Abortion Care Providers Meeting - Tuesday 16th June 2020

Dear All

Please find attached the agenda and papers for the SACP meeting on Tuesday 16th June 2020 at 10am. Please dial in using the details below; there are three ways to join – by NHS VC, by web browser (please note the supported browsers) and by telephone.

I would be grateful if you could let me have any apologies as soon as possible.

Kind regards

[Text Redacted]
WOS Network Administrator for Sexual Health & Child Protection
My Body Back Project Co-ordinator

[Text Redacted]

****

SACP Network – Current Status of Services

GG&C

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

   Yes to 11+5

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

   Can collect. Dedicated delivery driver NHS staff.

3) Have you noticed an increase in referrals over what would be expected?

   Yes

4) Are you able to maintain adequate staffing for the service currently?

   Yes

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

Case by Case basis

6) Any other pertinent comments

Exceptions – face to face consultations for complications or unknown LMP

LOTHIAN:

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

Yes to 11+6

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

Mostly pick up. Can deliver.

3) Have you noticed an increase in referrals over what would be expected?

Not stated

4) Are you able to maintain adequate staffing for the service currently?

At present but taken on St John's. Potential issues if any further redeployment/staff absence

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

Case by case basis

6) Any other pertinent comments

Ultrasound for unknown LMP

LANARKSHIRE:

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

Yes 11+6

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

Collect only. No delivery options – being discussed.

3) Have you noticed an increase in referrals over what would be expected?

Yes

4) Are you able to maintain adequate staffing for the service currently?

At present

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

Case by case basis.

6) Any other pertinent comments

   Monday to Thursday 9am to 3pm. Once per week scanning availability

AYRSHIRE & ARRAN

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

   Yes 11+6

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

   Both, Courier service private taxi.

3) Have you noticed an increase in referrals over what would be expected?

   Slight in very early gestation

4) Are you able to maintain adequate staffing for the service currently?

   Yes SH staff redeployed into service.

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

   Case by case basis

6) Any other pertinent comments

[**text redacted**]. Arran GPs are supportive. Local Covid tests run on same screen as SH so possible delays in SH results – will probably treat everyone.

FORTH VALLEY:

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

   No – no deliveries for medication available

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

   See above

3) Have you noticed an increase in referrals over what would be expected?

   Yes, big increase – running full clinic once per week which is oversubscribed.

4) Are you able to maintain adequate staffing for the service currently?

   Yes. SH staff redeployed. More LARC as a result.

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

   Case by case basis

6) Any other pertinent comments

Looking to drive telemedicine forward with [**text redacted**]. [**text redacted**] so not present in clinics at the moment.

FIFE:

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

   Yes 11+6

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

   Both. Can pick up or delivery by blood bikes. Pharmacies keen to distribute.

3) Have you noticed an increase in referrals over what would be expected?

   Yes 35pw instead of 20

4) Are you able to maintain adequate staffing for the service currently?

   Yes

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

   Case by case basis

6) Any other pertinent comments

   Scanning for uncertain LMPs and 90% suitable for EMAH

BORDERS:

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

   All consultations are done by phone and EMAH provided up to 11+6

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

   We offer both – can collect from sexual health clinic or if unable to travel have delivered also.

3) Have you noticed an increase in referrals over what would be expected?

   Observational there has been an increase but I don't have numbers at present. The self referral system has seen a significant increase

4) Are you able to maintain adequate staffing for the service currently?

   The service now relies on [**text redacted**].

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

   We have not encountered this scenario yet and would like still try to utilise the BPAS system.

6) Any other pertinent comments

TAYSIDE:

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

Yes, we commenced this in Tayside 15th April. We have also commenced self referral of patients to TOP service .

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

We offer both. We deliver by recorded next day delivery. Majority of pts wish medications to be posted. We have the option of pts to come and collect medications as well.

3) Have you noticed an increase in referrals over what would be expected?

The referrals remain the same - 35-40 pts per week .

4) Are you able to maintain adequate staffing for the service currently?

Yes

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

We have increased gestation from 18 weeks and 6 days. we have not set an upper limit as yet. We have accommodated pts above 19 weeks within Tayside. [**text redacted**]

6) Any other pertinent comments

From 15th April, we have had 28 telephone consultations followed by EMAH every week. Some pts who are requiring interpretation, sign language , under 16, unsure of dates, symptoms of ectopic and positive pregnancy test post TOP - have been brought for scan - an additional 12 pts per week. We are prospectively auditing the outcomes and also obtaining patient feedback which has been positive.

GRAMPIAN

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

All women have an initial telephone consult with senior doctor. Offering VC- most pts saying prefer phone only. Language line 3 way if needed. Working well. From this we decide whether need scan and F2F appt or nurse phone consult and med collection. Can share criteria if needed.

7)

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

Offering meds collect from clinic/ meds home delivery by SRH HCAs as needed

8)

3) Have you noticed an increase in referrals over what would be expected?

Referrals in last 6 weeks not v different from usual in either numbers or gestation

9)

4) Are you able to maintain adequate staffing for the service currently?

Admin nursing medical staffing maintained for clinic/ ward, limited theatre availability- STOP only if medically indicated and LA and done at local private hospital which is being kept covid free

10)

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

20 + [**text redacted**] Current provision MTOP on gynae ward - routine nurse led care, on call gynae if emergency erpoc/ bleeding. [**text redacted**]. Using local Obstetric protocols for miso dosage / 2nd/3rd day Mx. [**text redacted**]- usually [**text redacted**]/ yr 20+ weeks Grampian.

11)

6) Any other pertinent comments

Only doing blood tests when needed - do not see us returning to routine fbc Rh check for <10 weeks after COVID- need to be careful to still offer BV testing when needed

DUMFRIES & GALLOWAY

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

12) Telemedicine approach for all initially.

13)

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

Women pick up the medication at the hospital clinic. Women under 10+0 can have TOP at home. 10+0 to 12+0 is on a case by case as to whether it is at home (or medical TOP in hospital).

14)

3) Have you noticed an increase in referrals over what would be expected?

15) TOP numbers have increased slightly.

16)

4) Are you able to maintain adequate staffing for the service currently?

17) Staff availability so far has been fine.

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

18) We expect to carry out any TOPs over 20 weeks (up to 24 weeks) in our own unit. Fetocide can be carried out here. But hope not to have any...

19)

6) Any other pertinent comments

ORKNEY

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both?

3) Have you noticed an increase in referrals over what would be expected?

4) Are you able to maintain adequate staffing for the service currently?

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

6) Any other pertinent comments

SHETLAND

1) Are you providing a Telemedicine service for EMAH and if so to what gestation? Yes up to 10 weeks

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both? both

3) Have you noticed an increase in referrals over what would be expected? this is a new service for us so unsure

4) Are you able to maintain adequate staffing for the service currently? As above

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England? We would refer to NHS Grampian services

6) Any other pertinent comments

WESTERN ISLES

1) Are you providing a Telemedicine service for EMAH and if so to what gestation?

2) Do women collect their EMAH medication from clinic, or is it delivered or do you offer both? Both, NHS Highland is supplying the hospital in Lerwick for uplift by women to collect (likely from Lewis / Harris). NHS GGC will post medication to women who cant access this (likely from other islands)

3) Have you noticed an increase in referrals over what would be expected?

4) Are you able to maintain adequate staffing for the service currently?

5) What are your arrangements for the provision of service to women over 20 weeks (or 18 weeks as applicable) gestation in the light of the difficulties in accessing services from independent providers in England?

6) Any other pertinent comments

Document 4

From: [Text Redacted]
Sent: 17 January 2018 10:34
To: '**[Text Redacted]** ' <**[Text Redacted]** @nhs.net>
Cc: [Text Redacted] <**[Text Redacted]** @gov.scot>; **[Text Redacted]** (Health Protection) <**[Text Redacted]** @gov.scot>
Subject: RE: letter

Hi **[Text Redacted]**

Happy new year!! I hope you enjoyed a lovely and well deserved break.

Many thanks for your letter. I am very pleased to say that we would be happy to agree in principle to providing up to £5k funding for the SACP Education meeting later this year. We would be very grateful if we could receive a breakdown of the expected costs in order to finalise the funding.

We will also have to work out the easiest and most straight forward way to make the payment to you whether it be via Health Board allocation or a grant mechanism. Do you recall how this was done in the past?

Many thanks again

[Text Redacted]

[Text Redacted]
Policy Officer
Pregnancy and Parenthood in Young People Strategy,
Sexual Health.
Health Protection Division
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG
[Text Redacted]@scotland.gsi.gov.uk

[Text Redacted]

Document 5

From: [Text Redacted] [mailto:**[Text Redacted]** @nhs.net]
Sent: 04 January 2018 10:54
To: S (**[Text Redacted]**)
Cc: [Text Redacted]
Subject: Fw: letter

Dear **[Text Redacted]** ,
Happy New Year!
Please find attached a letter regarding possible SG funding towards a SACP education meeting this year.
Many thanks,
[Text Redacted]
Dr **[Text Redacted]**
Consultant in Sexual and Reproductive Healthcare
2-6 Sandyford Place
Glasgow
G3 7NB
[Text Redacted]

Thursday, 4th January, 2018

[Text Redacted]
Policy Officer
Pregnancy and Parenthood in Young People Strategy,
Sexual Health, Health Protection Division
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Re: Scottish Government Support for Abortion Care Conference

Dear **[Text Redacted]** ,

As you are aware, the Scottish Abortion Care Providers Group organises an annual educational conference. This conference brings together policy makers, clinicians and academics working in the field of abortion care, and has been highly evaluated in the past.

Previously, Scottish Government has been good enough to provide some financial support towards the cost of the meeting. This year, we are planning to hold the meeting on Friday 27th April, in central Glasgow. We are again keen to keep the meeting free of a registration fee – this has been particularly helpful in supporting nursing and junior colleagues to attend.

I think this year's meeting will be very exciting, given the recent work with Scottish Government around home use of misoprostol, treating women from Northern Ireland etc.

I would be very grateful if Scottish Government were able to consider providing some financial support for the meeting again. I estimate that the cost of the meeting will be in the region of £5000.

With kind regards,

[Text Redacted]
Consultant in Sexual & Reproductive Healthcare
Sandyford Sexual Health Service
[TEXT REDACTED]
[Text Redacted]

Document 6

From: [Text Redacted] <**[Text Redacted]** @nhs.net>
Sent: 27 February 2019 15:42
To: [Text Redacted] <**[Text Redacted]** 1@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]** fer (NHS LOTHIAN) <**[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]** @aapct.scot.nhs.uk>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @bpas.org>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @sms.ed.ac.uk>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @gmail.com>; **[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @icloud.com>; **[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @open.ac.uk>; **[Text Redacted]** @ed.ac.uk>; **[Text Redacted]** @nhslothian.scot.nhs.uk>; K**[Text Redacted]** @student.gla.ac.uk>; **[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** @borders.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @lanarkshire.scot.nhs.uk>; **[Text Redacted]** @student.gla.ac.uk>; **[Text Redacted]** <**[Text Redacted]** @glasgow.ac.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @blueyonder.co.uk>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** @student.gla.ac.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) **[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]** @nhslothian.scot.nhs.uk>; **[Text Redacted]** @borders.scot.nhs.uk>; **[Text Redacted]** @glasgow.ac.uk>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @ggc.scot.nhs.uk>; R**[Text Redacted]** @borders.scot.nhs.uk>; **[Text Redacted]** @lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @bpas.org>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]** @engender.org.uk>; **[Text Redacted]** @princeton.edu>; **[Text Redacted]** @gmail.com>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]** @ggc.scot.nhs.uk>; **[Text Redacted]**@student.gla.ac.uk>; **[Text Redacted]** (NHS AYRSHIRE AND ARRAN) <**[Text Redacted]** @aapct.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text**

Redacted] <**[Text Redacted]** @gov.scot>; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** @ggc.scot.nhs.uk; **[Text Redacted]** (NHS TAYSIDE) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS LANARKSHIRE) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]**@gov.scot>; **[Text Redacted]** @glasgow.ac.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@gov.scot>

Subject: SAVE THE DATE - Scottish Abortion Care Providers Conference 2019

Dear All

As you have attended or shown interest in previous SACP Conferences, I am writing to inform you that the date and venue for 2019 have been arranged as follows:

Friday 14th June 2019
The Learning Centre, Forth Valley Royal Hospital, Stirling Rd, Larbert, FK5 4WR
All day event

If you are interested in attending, I would be grateful if you could save this date in your diary and/or circulate this email to relevant colleagues. A programme and registration details will be sent in due course.

Kind regards

[Text Redacted]
WoS Network Administrator for Sexual Health & Child Protection
& My Body Back Project Co-ordinator (Interim)
[Text Redacted]

For more information and to find out how you can switch, https://portal.nhs.net/help/joiningnhsmail

Document 7

From: [Text Redacted] <**[Text Redacted]** @nhs.net>
Sent: 14 March 2019 12:32
To: [Text Redacted] <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]** @gov.scot>; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@ggc.scot.nhs.uk; **[Text Redacted]** (NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LANARKSHIRE) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]**; **[Text Redacted]**@glasgow.ac.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@gov.scot>
Subject: Scottish Abortion Care Providers Meeting - 19th March 2019

Dear All

Please find attached the Agenda and previous notes for the SACP meeting being held on Tuesday 19th March 2019 at **10am to 12:30pm** in the 2nd floor meeting room at Sandyford, Glasgow, G3 7NB. VC is available via the dial in bridge details attached. Could you please let me have any apologies as soon as possible.

Kind regards

[Text Redacted]
WoS Network Administrator for Sexual Health & Child Protection
& My Body Back Project Co-ordinator (Interim)
[Text Redacted]

****

your co-operation.

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For more information and to find out how you can switch,
https://portal.nhs.net/help/joiningnhsmail

Meeting: **SACP Working Group**
Date: **Tuesday 19th March 2019**
Time: **10am to 12:30pm**
Venue: **2nd Floor Meeting Room, Sandyford, Glasgow**

AGENDA

1. Welcome and Introductions

2. Notes & Matters Arising
   - EMAH Protocol update
   - Ultra Early Medical Abortion
   - Update on current Anti D Situation

3. Self Referral
   - 2 x Signatures
   - Remote Signatures

4. Medical School Abortion Teaching

5. Webpage for Scottish Abortion Contacts/Service Details

6. Decriminalisation in Scotland

7. Travel Costs for NI Women

8. Abortions for Armed Forces

9. Pre and Post Abortion Counselling

10. Post 18 Week Service
    - Current position from boards
    - Update on possible national SLA for women travelling to England

11. SACP Conference - 14th
    - Funding, catering, speakers etc June 2019 Forth Valley Royal Hospital

12. AOCB & Next Meeting

Action Points – SACP - Working Group Meeting 25th September 2018 - Sandyford, Glasgow Page 1 of 1

Present:	**[Text Redacted]**	NHS GG&C
		NHS Grampian
		NHS Grampian
		NHS Forth Valley
		NHS Lanarkshire
		Scottish Government
		Scottish Government
		WOS MCN
		WOS MCN
Via VC:		NHS D&G
		NHS A&A
		NHS Fife
Via Phone:		NHS Lothian

2. EMAH **ACTION [Text Redacted]**
Ask boards not present if are they offering, and if so, what challenges they have. Update the protocol and send to group for approval then send to SG for final approval.

3. ULTRA EARLY MEDICAL ABORTION
Ask **[Text Redacted]** for a copy of the protocol and any useful guidance to send through to the group.

4. SELF REFERRAL Ask BPAS and Marie Stopes their position on 2 signatures. Explore remote 2nd signature by peers in this group with Scottish Government.

6. MEDICAL SCHOOL ABORTION TEACHING
Share GG&C study with group, with the aim of developing a potential Scotland wide model.

8. FINANCIAL SUPPORT FOR WOMEN TRAVELLING TO ENGLAND
Scottish Government to co-ordinate possible national SLA.

9. POST 18 WEEK SERVICE
Scottish Government to contact boards asking limits.

10. SACP CONFERENCE
Scope out venue and date – possibly FVRH in June 2019. Send suggestions for speakers/topics to **[Text Redacted]**.

11. DATE OF NEXT MEETING ACTION: Date to be fixed and circulated.

Document 8

From: [Text Redacted]
Sent: 18 June 2019 16:21
To: [Text Redacted] (NHS GREATER GLASGOW & CLYDE' <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE' <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]** @gov.scot>; '**[Text Redacted]**(NHS TAYSIDE' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS GRAMPIAN' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS FORTH VALLEY' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**' <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; '**[Text Redacted]**' <**[Text Redacted]**@borders.scot.nhs.uk>; '**[Text Redacted]**@ggc.scot.nhs.uk' <**[Text Redacted]**@ggc.scot.nhs.uk>; '**[Text Redacted]** (NHS TAYSIDE' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS GREATER GLASGOW & CLYDE' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS HIGHLAND' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS HIGHLAND' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS FIFE' <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** (NHS HIGHLAND' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS LANARKSHIRE' <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; '**[Text Redacted]**' <**[Text Redacted]**@glasgow.ac.uk>; '**[Text Redacted]** (NHS FORTH VALLEY' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS LOTHIAN' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** ' <**[Text Redacted]**@ed.ac.uk>; '**[Text Redacted]** (NHS DUMFRIES AND GALLOWAY' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS GRAMPIAN' <**[Text Redacted]**@nhs.net>; (NHS FIFE' <**[Text Redacted]**@nhs.net>
Cc: [Text Redacted] <**[Text Redacted]**@gov.scot>;, **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE)' <**[Text Redacted]** @nhs.net>; Love C (Corinne) <**[Text Redacted]**@gov.scot>; **[Text Redacted]**@gov.scot>
Subject: FW: Congenital Anomalies and Rare Disease Registration and Information Service for Scotland Dataset Consultation - deadline 26th JULY 2019

Dear SACP members

Thanks to everyone for attending last Friday's conference and making it such a success.

Some of you may have already seen this (if so, ignore this email!), but we've been asked to circulate the attached consultation from ISD about a proposed national register about congenital anomalies. Views from Boards would be welcomed. This includes data on Ground E terminations so you may want to liaise with your Fetal Medicine colleagues on this (they should I think have also received this consultation, although I can't guarantee it…).

Contact details for responding are below and included in the attached paper.

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
3E, St Andrew's House, Edinburgh
[Text Redacted]

From: Cardriss (NHS NATIONAL SERVICES SCOTLAND) <**[Text Redacted]** @nhs.net>
Sent: 13 June 2019 08:50
To: Cardriss (NHS NATIONAL SERVICES SCOTLAND) <**[Text Redacted]** @nhs.net>
Subject: Congenital Anomalies and Rare Disesase Registration and Information Service for Scotland Dataset Consultation - RESPONSE REQUIRED BY 26th JULY

Dear Colleagues,

NHS National Services Scotland, Information Services Division (ISD) has been commissioned by the Scottish Government to establish a national congenital anomaly register for Scotland. Congenital Anomalies and Rare Diseases Registration and Information Service for Scotland (CARDRISS) is part of a wider programme of work to improve information on individuals affected by rare diseases, and hence ultimately improve their outcomes.

In the first instance, CARDRISS will seek to register babies affected by major structural and chromosomal anomalies, and some additional haematological and metabolic conditions covered by pregnancy and newborn screening. Affected babies subject to termination of pregnancy, spontaneous late fetal losses and stillbirths, and live born babies diagnosed during their first year of life will be included. We anticipate that many anomaly cases will be 'notified' to CARDRISS through existing routine records, for example termination, stillbirth, and neonatal care records. Clinicians will also be able to notify cases directly.

One of the first tasks is for us to agree the data items that CARDRISS will collect on affected babies. We have developed a draft CARDRISS dataset and associated data definitions. In doing this we have worked with UK and EU partners (such as NCARDRS, CARIS, and Eurocat) to ensure Scottish data will be compatible with that collected by other national registries. We would now like to seek comments from a wider range of colleagues to ensure that the dataset includes the minimum number of variables required to deliver the key benefits of an anomaly register, including

- Enabling monitoring of the incidence of anomalies
- Evaluating pregnancy and newborn screening programmes
- Informing the planning of services for individuals affected by anomalies

When reviewing the draft dataset it is important to note that many of the data items will be automatically entered into babies' CARDRISS records through drawing information from existing routine records, for example hospital delivery records. Data items not available in this way will be entered into CARDRISS by registration staff after review of local clinical records.

We would welcome your participation in this important consultation process. The consultation can be downloaded from https://www.isdscotland.org/Health-Topics/Maternity-and-Births/CARDRISS/
and is also attached as a word document. All responses should be sent to nss.cardriss@nhs.net.The consultation closes on **Friday 26th July 2019.** Please forward this email to any colleagues you feel may be interested.

For further background information about the CARDRISS project please visit: https://www.isdscotland.org/Health-Topics/Maternity-and-Births/CARDRISS/

Kind regards

CARDRISS Project Team

[Text Redacted] @nhs.net

See Annex C

Document 9

From: [Text Redacted]
Sent: 03 April 2020 15:30
To: [Text Redacted] (WG) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]** @gov.scot>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS WESTERN ISLES) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]** (NHS ORKNEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS ORKNEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**(NHS SHETLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS BORDERS) <**[Text Redacted]**@nhs.net>
Cc: [Text Redacted] <**[Text Redacted]**@gov.scot>; Love C (Corinne) <**[Text Redacted]**@gov.scot>
Subject: FW: Near Me - video call facilities for abortion services

Dear all

Thanks for all your help in recent weeks. I know some of you are probably already looking at this, but in light of the moves to telemedicine for early medical abortions, **[Text Redacted]**, the national 'Near Me' lead, is happy to help any Boards who would like to be able to use Near Me video calls for their abortion consultations.

[Text Redacted] has provided some information about the Near Me technology in the email below and details of the technology required by staff and patients to use the service. I understand that all the appropriate information governance and security arrangements are in place for Boards to be able to use this web-based call service for private calls with patients.

If you are interested in accessing this for your service, please contact **[Text Redacted]** at **[Text Redacted]**@nhs.net and one of her team can assist you.

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
3E, St Andrew's House, Edinburgh
[Text Redacted]

rom: [Text Redacted] (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>
Sent: 03 April 2020 15:13
To: [Text Redacted] <**[Text Redacted]** @gov.scot>
Subject: Near Me

Hi **[Text Redacted]**

Good to speak to you just now. Here is some outline information about Near Me, it would be great if you could pass it on to your network:

Near Me is a video consulting service available for all NHS Scotland clinicians to use.

How does Near Me work?
Near Me is a web-based platform. The clinical service gives the patient a link for its Near Me clinic. From this link, the patient can start their video call. The system checks they have everything in place for a Near Me call, and then asks them to enter their name and date of birth. The patient is then held in a secure waiting room until their clinician joins the video call. Once the clinician joins, the consultation takes place as normal.

What do you need to make a Near Me call?
To use Near Me, you need a reliable internet connection (broadband, WiFi or mobile data) and a device for making a video call. This could be a smartphone, tablet or computer with webcam. You also need to be in a private space. There's a patient information website at https://nearme.scot where you can make a test call.

What's the technology that underpins the service?
Near Me is powered by a video consulting platform called Attend Anywhere which was procured for national NHS use by the Scottish Government. Attend Anywhere is an Australian company that has been providing video consulting services in Australia for many years. In early use, patients in Scotland associated "AA" with other organisations, so they picked the name "Near Me".

How do clinicians get set up to use Near Me?
There are three parts:

1. Technical set up – video calling device and Near Me waiting area log in.
2. Training – training about the Near Me platform is available on the national VC team website and wider training (including video consulting skills) is being added to the Turas platform on Monday under the Covid19 hub. It's straightforward to use, basic training takes 10 minutes.
3. Processes – think about how Near Me can be embedded in your appointment process and how patients will attend. Implementation guidance is available at https://tec.scot

We can provide support to guide services through this. Support is always co-ordinated with the Near Me/eHealth team in the local NHS board.

Please contact me if you'd like any further information or support.

Thanks

[Text Redacted]

[Text Redacted]
National Near Me Lead | Technology Enabled Care Programme | **Scottish Government**
phone **[Text Redacted]** | email **[Text Redacted]**@nhs.net | Twitter @**[Text Redacted]**upnorth

Document 10

From: [Text Redacted] [mailto:**[Text Redacted]** @nhs.net]
Sent: 04 September 2020 09:24
To: [Text Redacted] <**[Text Redacted]** @nhs.net>; **[Text Redacted]** @scotland.gsi.gov.uk; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]**@aapct.scot.nhs.uk>; **[Text Redacted]** (WG) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@nhslothian.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; Tatler **[Text Redacted]** <**[Text Redacted]**@scotland.gsi.gov.uk>; , **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>
Subject: Scottish Abortion Care Providers Meeting 8th September 2020

Dear All

Please find attached agenda and papers for the SACP meeting on Tuesday 8th September 2020 at 10am on MS Teams via the link below:

Join Microsoft Teams Meeting
Learn more about Teams | Meeting options

Kind regards

[Text Redacted]
WOS Network Administrator for Sexual Health & Child Protection
My Body Back Project Co-ordinator

[Text Redacted]

Document 11

From: [Text Redacted] <**[Text Redacted]** @nhs.net>
Sent: 05 February 2020 11:09
To: [Text Redacted] <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]** @gov.scot>; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ggc.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]**@aapct.scot.nhs.uk>; **[Text Redacted]** (NHS LANARKSHIRE) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** <**[Text Redacted]**@nhslothian.scot.nhs.uk>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@gov.scot>; , **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>
Subject: Sent on Behalf of **[Text Redacted]**: EMAH protocol

SENT ON BEHALF OF [Text Redacted]

Dear All

This is the protocol which we discussed last week, with the minor changes made.

I have sent to **[Text Redacted]**, and will advise once I hear back from her that the revised protocol is accepted.

Best wishes

[Text Redacted]

[Text Redacted]
Consultant in Sexual and Reproductive Healthcare
2-6 Sandyford Place
Glasgow
G3 7NB
[TEXT REDACTED]
[Text Redacted]
[Text Redacted]

https://portal.nhs.net/help/joiningnhsmail

Annex B

Scottish Abortion Care Providers (SACP) Network
Early Medical Abortion at Home up to 9 weeks + 6 Days gestation (EMAH)
Guidelines for early medical abortion with self-administration of misoprostol in the home setting

Purpose
The purpose of this document is to provide a guideline for the provision of take-home misoprostol for early medical abortions, where patients up to 9 weeks + 6 days gestation, can choose to self-administer misoprostol, at home, rather than return to the healthcare facility .

Introduction
Evidence has clearly demonstrated that early medical abortion with at home self-administration of misoprostol is a safe method of abortion. There is no higher risk of complications than with medical abortions carried out as a day case in hospital.
This offers a further choice to women requesting an abortion and, in addition to practical and logistical benefits, enables women to complete treatment in an environment where they feel most comfortable.
Women meeting the inclusion criteria will be required to attend the clinic for mifepristone administration. They will then have the option to be discharged home to self-administer misoprostol at an agreed time interval, thus completing treatment without a further visit.

Inclusion Criteria

The woman:

- Is certain of the decision to proceed to abortion and wishes to administer the second part of treatment at home
- Fulfils the criteria set out in the Abortion Act 1967
- Is ordinarily resident in Scotland
- Is ≤ 9 weeks + 6 days gestation on the day of mifepristone administration
- Is 16 years of age or above, unless appropriate supports are in place
- Has no significant medical conditions or contraindications to medical abortion
- Is able to understand all information given, and to follow instructions for misoprostol administration
- Fully understands the need to confirm the success of the procedure in line with local protocols.

Contra-Indications / Caution for mifepristone / misoprostol
Mifepristone and misoprostol should be used with caution in certain conditions. Please refer to the table below:

Absolute contra-indications	Caution required in the following circumstances (discuss with senior medical staff)
Inherited porphyria	Woman on long-term corticosteroids
Chronic adrenal failure	Asthma (avoid if severe)
Known or suspected ectopic pregnancy	Haemorrhagic disorder or on anticoagulant therapy
Uncontrolled severe asthma	Prosthetic heart valve or history of endocarditis
Previous allergic reaction to one of drugs involved	Pre existing heart disease
	Hepatic or renal impairment
	Severe anaemia
	Severe inflammatory bowel disease eg. Crohns
	IUCD in place (remove pre procedure

Day of Mifepristone administration

1. Confirm that patient is certain of decision to proceed to abortion, including the self-administration of misoprostol at home. Obtain consent in line with local policy

2. Advise that the patient may wish to consider having an adult at home with them for support after they self-administer misoprostol

3. Discuss contraception options and provide on-going contraception in line with national guidelines

4 If there are symptoms or signs of significant anaemia, check FBC and if result confirms severe anaemia, arrange ward admission for misoprotol, and onward investigation and treatment as per local guidance.

5. Undertake STI screening and follow up in line with local policy .

6. Administer 200 mg mifepristone orally. Advise the patient that if vomiting occurs within 2 hours then she should return for mifepristone dose to be repeated.

7.. Dispense take-home pack of prescribed analgesia, in line with local policy

8. Dispense prophylactic antibiotics, if required, in line with local policy

9. Dispense take–home pack of misoprostol tablets. Traditional administration has been by the vaginal route, but sublingual route and buccal routes are as effective. The patient should be advised on how to self-administer by the preferred route .

a. If vaginal administration is unacceptable to the patient, then the **[Text Redacted]**e dose of misoprostol may be administered sublingually or buccally with similar efficacy. Oral administration (swallowing) of misoprostol has lower efficacy. Oral administration should only be used if the pregnancy is < 7 weeks gestation and if vaginal, sublingual or buccal routes of administration of misoprostol are unacceptable to the patient.

b. The patient should be made aware that administration by sublingual or buccal route is associated with higher likelihood of headache. Misoprostol tablets administered buccally or

sublingually may take approximately 20 minutes to dissolve, may not dissolve fully and are associated with an unpleasant taste in the mouth.

10. The patient should be advised that the standard dosing interval between mifepristone and misoprostol is 24-48 hrs, based upon efficacy. **Misoprostol should thus normally be administered 24 to 48 hrs after mifepristone. Women who opt to admistered misoprostol outwith 24-48 should be advised of the following:**

a. Longer dosing interval (48 hrs up to 72 hrs) - There is evidence that the time interval between mifepristone and misoprostol can be prolonged up to 72 hrs, with similar efficacy, although the likelihood of bleeding prior to misoprostol is increased. The dosing interval should not be extended beyond 72 hours, without a further dose of mifepristone

b Shorter dosing interval (simultaneous administration up to 24 hours) – There is evidence of a greater failure rate and a delay in onset of bleeding with dose intervals of less than 24 hours.

11. Complete EMAH paperwork,, detailing patient understanding of treatment and provide patient information leaflet with advice on what to expect at home, including 24 hour contact information for advice/concerns. Ensure the patient understands the follow-up arrangements to confirm success of the procedure.

Document 12

From: **[Text Redacted]**
Sent: 20 March 2020 17:47
To: **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@aapct.scot.nhs.uk' <**[Text Redacted]**@aapct.scot.nhs.uk>; **[Text Redacted]**@lanarkshire.scot.nhs.uk' <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]**@borders.scot.nhs.uk' <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@borders.scot.nhs.uk' <**[Text Redacted]**@borders.scot.nhs.uk>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**ge@nhs.net>; **[Text Redacted]**@lanarkshire.scot.nhs.uk' <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>
Cc: (**[Text Redacted]**) <**[Text Redacted]** @gov.scot>; **[Text Redacted]** (**[Text Redacted]**. @ed.ac.uk) <**[Text Redacted]**. @ed.ac.uk>; **[Text Redacted]**@nhs.net; **[Text Redacted]**. @nhs.net>; Love C (Corinne) <**[Text Redacted]**@gov.scot>
Subject: Abortion - in confidence - new covid-19 approval for telemedicine with mifepristone taken at home - draft guidance for comments

Dear abortion leads

Please treat as in confidence at this stage.

Further to the emails earlier this week, we have provisionally agreed with our Minister and CMO that a revised, temporary EMAH approval will be issued (hopefully by end of March). This will enable early medical abortions to proceed via telemedicine (phone or video call) and with a home delivery of the package of medication so many patients would not need to attend clinic at all. This is of course optional, but I know some Boards have requested this to manage covid-19 pressures, reduce patient attendance at clinic and avoid delays in treatment. We are still agreeing the requirements with legal colleagues, but it is likely that this will be able to be used for cases where: patients cannot attend clinic due to covid-19 infection/possible infection/infection of a household member, where social distancing advice means it is inadvisable for them to attend, or where staff are unable to attend clinic, but can work remotely.

We would therefore be very grateful for any feedback on the attached initial draft SACP guidance to accompany this temporary option (with thanks to **[Text Redacted]** and **[Text Redacted]** for some initial comments). There are a couple of particular points which we need to consider fully (highlighted in yellow in the attached):

- Current recommended gestation limits in the existing EMAH guidance is up to 9 + 6 weeks. While this is only guidance, given we know some of you are now going beyond this and there is evidence that it is safe to do so up to 12 weeks, we are considering recommending this approach can be used up to 11 + 6 weeks in the guidelines. We'd be grateful for any views on this.

- Linked to the point above, providing EMAH without any clinic attendance may create a slight issue for patients over 10 weeks in terms of anti-D. Following discussions with **[Text Redacted]** and **[Text Redacted]**, it may be up to clinician discretion as to whether the patient needs to come into clinic if her blood type isn't already known, but I'd be grateful for views on this.

We'd be very grateful if any comments could be sent to myself and **[Text Redacted]** by next **Wednesday 25 March**. We'll keep in touch on this. I am still looking at the other concerns raised re ensuring it's clear abortion is an essential service. If you are able to make sure senior managers in your Boards are aware that abortions are time-critical that would be helpful, but we will look at how we can support that (perhaps around the dissemination of the new temporary approval).

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG
[Text Redacted]

Guidelines for approval of early medical abortion with self-administration of mifepristone and misoprostol in the home setting – COVID-19

Early Medical Abortion at Home (EMAH)

Purpose
The purpose of this document is to provide a guideline, in light of the recent outbreak of covid-19, for the provision of consultation via telemedicine and take-home mifepristone and misoprostol for early medical abortions. Where patients **up to 11 weeks + 6 days gestation** either choose or need (based on current public health advice) to self-administer, at home, rather than at a healthcare facility, or where clinics are not able to see women in person due to covid-19 staffing reasons and/or to minimise risk of transmission of covid-19.

Guidance

If clinics are unable to or feel it would be inadvisable to see women in person due to restrictions and pressures as a result of covid-19, the following protocol can be applied.

- After consultation by telephone and with verbal consent, the EMAH 'home' package (to be delivered at a defined time to a home address), should include mifepristone, misoprostol, pregnancy test and analgesia, with full written instructions and advice (or where patients are able to access these instructions from the service online, provide the website source), including emergency contact numbers.

- Providers should consider including antibiotics for chlamydia, and a supply of bridging contraception in the package where appropriate.

- The gestation limit should be taken by last menstrual period.

Background

Evidence has clearly demonstrated that early medical abortion with at home self-administration of mifepristone and misoprostol is a safe method of abortion. There is no higher risk of complications than with medical abortions carried out as a day case in hospital.

This offers a choice to women requesting an abortion and, in addition to practical and logistical benefits and reduced risk to patients and staff of covid-19 transmission and avoidance of delays to patient treatment, enables women to complete treatment in an environment where they feel most comfortable.
Women meeting the inclusion criteria will be not be required to attend the clinic for mifepristone administration. They will self-administer both mifepristone and misoprostol at an agreed time interval between the two medications, thus completing treatment without the need for a face to face visit.

Inclusion Criteria

The woman:

- Is certain of the decision to proceed to abortion and wishes to administer both first (mifepristone) and the second part of treatment (misoprostol) at home.
- Fulfils the criteria set out in the Abortion Act 1967.
- Is ordinarily resident in Scotland.
- Does not have symptoms of an ectopic pregnancy (pain/bleeding) or other indication for an ultrasound scan.
- Is ≤11+6 weeks gestation on the day of mifepristone administration (as calculated from the date of the last menstrual period).
- Is 16 years of age or above, unless appropriate supports are in place.
- Has no significant medical conditions or contraindications to medical abortion.
- Is able to understand all information given, and to follow instructions for mifepristone and misoprostol administration.
- Fully understands the need to confirm the success of the procedure in line with local protocols.

Contra-Indications / Caution for mifepristone / misoprostol

Mifepristone and misoprostol should be used with caution in certain conditions. Please refer to the table below:

Absolute contra-indications	**Caution required in the following circumstances (discuss with senior medical staff)**

Inherited porphyria Chronic adrenal failure Known or suspected ectopic pregnancy Uncontrolled severe asthma Previous allergic reaction to one of drugs involved	Woman on long-term corticosteroids Asthma (avoid if severe) Haemorrhagic disorder or on anticoagulant therapy Prosthetic heart valve or history of endocarditis Pre-existing heart disease Hepatic or renal impairment Severe anaemia Severe inflammatory bowel disease e.g. Crohns IUCD in place (remove pre-procedure)

Day of telemedicine appointment

Appointment can be either by telephone or, where feasible, via video call.

1. Confirm that patient is certain of decision to proceed to abortion, including the self-administration of mifepristone and misoprostol at home. Obtain oral consent in line with local policy.

2. Advise that the patient may wish to consider having an adult at home with them for support after they self-administer misoprostol.

3. Discuss contraception options and provide ongoing contraception in line with national guidelines.

4 If there are symptoms of significant anaemia, advise the patient she will need to have her full blood count (FBC) checked so will need to wait until she can have a clinic appointment at the earliest opportunity. If result confirms severe anaemia, arrange ward admission for misoprostol, and onward investigation and treatment as per local guidance.

5. No STI screening is required, but where the patient is at higher risk of STI, antibiotic treatment for chlamydia should be included in the pack with instructions about taking these.

6. Up to 10 weeks gestation, no anti-D is required. For those patients over 10 weeks, but under 11 + 6 weeks, where details of the patient's blood group are not available, discuss with the patient whether anti-D may be appropriate. If it is decided anti-D may be appropriate, a clinic appointment should be made as soon as possible.

7. Advise that the patient should administer 200 mg mifepristone orally. Advise the patient that if vomiting occurs within 2 hours then she should contact the clinic as mifepristone dose will need to be repeated.

8. Obtain home address where the take-home pack of mifepristone, misoprostol and analgesia can be delivered, in line with local policy and agree timing period for delivery. The patient should be advised on arrangements for delivery – the person leaving the package should leave it on the doorstep and will not need to take any signature, but will ring the door bell and want confirmation that the person is there to receive it (e.g. particularly if the person has or may have covid-19 they should not open the door while the delivery person is there, but could wave through the door or a window or answer a phone call to confirm that the package will be received by the correct person). The patient should also be advised to get in touch if they have not received the package within a few hours after the agreed time.

9. Dispense prophylactic antibiotics for the at home package, if required, in line with local policy. The home package should also contain analgesia, bridging contraception if required and the pregnancy test to confirm success of the procedure.

10. Dispense take–home pack of mifepristone and misoprostol tablets. Traditional misoprostol administration has been by the vaginal route, but sublingual route and buccal routes are as effective. The patient should be advised on how to self-administer by the preferred route.

a. Oral administration (swallowing) of misoprostol has lower efficacy. Oral administration should only be used if the pregnancy is < 7 weeks gestation and if vaginal, sublingual or buccal routes of administration of misoprostol are unacceptable to the patient.

b. The patient should be made aware that administration by sublingual or buccal route is associated with higher likelihood of side effects. Misoprostol tablets administered buccally or sublingually should be placed in the mouth for 30 minutes, may not dissolve fully and are associated with an unpleasant taste in the mouth.

11. The patient should be advised that the standard dosing interval between mifepristone and misoprostol is 24-48 hrs, based upon efficacy. **Misoprostol should thus normally be administered 24 to 48 hrs after mifepristone. Women who opt to administer misoprostol out with 24-48 hour period should be advised of the following:**

a. Longer dosing interval (48 hrs up to 72 hrs) - There is evidence that the time interval between mifepristone and misoprostol can be prolonged up to 72 hrs, with similar efficacy, although the likelihood of bleeding prior to misoprostol is increased. The dosing interval should not be extended beyond 72 hours, without a further dose of mifepristone

b. Shorter dosing interval (simultaneous administration up to 24 hours) – There is evidence of a greater failure rate and a delay in onset of bleeding with dose intervals of less than 24 hours.

c. Women should be advised that if no/minimal bleeding at 4 hours after misoprostol administration (or concern that the pregnancy has not been passed) that they should self-administer the additional dose of misoprostol provided according to instructions.

12. Staff should complete EMAH paperwork, detailing patient understanding of treatment, the information that has been provided on what to expect at home

(including information leaflet) and the 24 hour contact information for advice/concerns or emergency contact. Staff should also document when the patient will conduct the pregnancy test to confirm success of procedure.

Document 13

From: [Text Redacted]
Sent: 31 March 2020 14:37
To: '**[Text Redacted]** ' <**[Text Redacted]** @nhs.net>; '**[Text Redacted]** (NHS FIFE)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**' <**[Text Redacted]**@ed.ac.uk>; '**[Text Redacted]**(NHS TAYSIDE)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (WG)' <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; '**[Text Redacted]** (NHS DUMFRIES AND GALLOWAY)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS WESTERN ISLES)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@borders.scot.nhs.uk' <**[Text Redacted]**@borders.scot.nhs.uk>; '**[Text Redacted]** (NHS FORTH VALLEY)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS GREATER GLASGOW & CLYDE)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS ORKNEY)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@borders.scot.nhs.uk' <**[Text Redacted]**@borders.scot.nhs.uk>; '**[Text Redacted]** (NHS HIGHLAND)' <**[Text Redacted]**@nhs.net>; 'BROWN, **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE)' <**[Text Redacted]** @nhs.net>; '**[Text Redacted]** (NHS GRAMPIAN)' <**[Text Redacted]**@nhs.net>; ', **[Text Redacted]** (NHS GRAMPIAN)' <**[Text Redacted]** @nhs.net>; '**[Text Redacted]**' <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; '**[Text Redacted]** (NHS HIGHLAND)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS FIFE)' <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** (NHS HIGHLAND)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS ORKNEY)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS FORTH VALLEY)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS DUMFRIES AND GALLOWAY)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**(NHS SHETLAND)' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]** (NHS LOTHIAN)' <**[Text Redacted]**@nhs.net>
Cc: '**[Text Redacted]** (NHS BORDERS)' <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@gov.scot>; **[Text Redacted]** <**[Text Redacted]**@gov.scot>
Subject: RE: Abortion - in confidence - new covid-19 approval for telemedicine with mifepristone taken at home - draft guidance for comments

Dear everyone

Just to update you, the new approval will hopefully come out to you and your Chief Executives shortly, along with the final version of the SACP guidance which I finalised with **[Text Redacted]** and **[Text Redacted]**yesterday (although ISD have also requested that we include some guidance on completing the yellow forms for the new arrangements so I've added that as an Appendix). It will come into force today.

A few updates following your comments:

- Ministers are content for the guidance to cover patients up to 11+6 weeks
- Following further consideration with SNBTS colleagues, we are content that during the COVID-19 pandemic, patients do not need to be given anti-D if they are between 10 and 11+6 weeks if they would not otherwise need to attend the clinic. It is felt that any subsequent risk to those patients of not receiving anti-D would be very small and is currently outweighed by the risks of covid-19 transmission. However, this is only temporary and so patients between 10 and 12 weeks should still be given anti-D once the risks of covid-19 transmission have diminished until such time as there is a greater evidence base in this area.
- The new approval is optional so Boards do not have to use it if you don't want to, but we would encourage Boards to seek to do what you can to minimise patient attendance at clinics where that's judged appropriate in line with the new SACP guidance. Therefore, if you haven't already done so, I'd encourage you to consider arrangements for conducting consultation appointments via phone or video call and do look at supplies of small, single dose packs of mifepristone/ arrangements you could use to deliver these to patients' homes.
- On a separate point, I know some of you have raised concerns about sending later-stage patients to BPAS clinics in England at the current time and we would share these concerns. While BPAS can still currently take patients (as long as they don't have covid-19 symptoms), there are concerns about the strong potential for future impacts on BPAS capacity, as well as greater logistical challenges for patients with travel and accommodation. Therefore, we are asking Boards to look at contingency planning to be able

to provide treatment more locally (ideally within your Board, but if needed via another Board) if patients are unable to be treated by BPAS within the legal time limit for any reason.

In terms of sign off of Certificate A (green form), there have been a couple of queries in the emails on that. I have attached a Word copy of the certificate in case you want to move to electronic sign off arrangements.

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
3E, St Andrew's House, Edinburgh
[Text Redacted]

IN CONFIDENCE
CERTIFICATE A
ABORTION ACT 1967
Not to be destroyed within three years of the date of operation
Certificate to be completed before an abortion is performed under Section 1(1) of the Act

I,
.....
(Name and qualifications of practitioner in block capitals

of
.....

.....
(Full address of practitioner)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at

.....

.....
(full address of place at which patient was seen or examined)

on
.....

and I
.....
(Name and qualifications of practitioner in block capitals)

of
.....

.....
(Full address of practitioner)

Have/have not* seen/and examined* the pregnant woman to whom this certificate relates at

.....

.....
(Full address of place at which patient was seen or examined)

on

.....

We hereby certify that we are of the opinion, formed in good faith, that in the case

of

.....
(Full name of pregnant woman in block capitals)

of

.....

.....(Usual place of residence of pregnant woman in block capitals)

(Ring appropriate letter(s))

A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated;

B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman;

C the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman;

D the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing child(ren) of the family of the pregnant woman;

E there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

This certificate of opinion is given before the commencement of the treatment for the termination of pregnancy to which it refers and relates to the circumstances of the pregnant woman's individual case.

Signed Date

Signed Date

* Delete as appropriate

D4DH005329 4/94 C8000 CC38806

Form HSA1 (revised 1991)

From: [Text Redacted]
Sent: 27 March 2020 18:24
To: '**[Text Redacted]** ' <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]**(NHS TAYSIDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (WG) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS WESTERN ISLES) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@aapct.scot.nhs.uk; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS GREATER GLASGOW & CLYDE) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS ORKNEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** <**[Text Redacted]** @nhs.net>; **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]**@nhs.net>; , **[Text Redacted]** (NHS GRAMPIAN) <**[Text Redacted]** @nhs.net>; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FIFE) <**[Text Redacted]**l@nhs.net>; **[Text Redacted]** (NHS HIGHLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS ORKNEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS FORTH VALLEY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS DUMFRIES AND GALLOWAY) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**(NHS SHETLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS LOTHIAN) <**[Text Redacted]**@nhs.net>
Cc: [Text Redacted] (NHS BORDERS) <**[Text Redacted]**@nhs.net>; Love C (Corinne) <**[Text Redacted]**@gov.scot>; **[Text Redacted]** <**[Text Redacted]**@gov.scot>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>; '**[Text Redacted]**@nhs.net' <**[Text Redacted]**@nhs.net>
Subject: RE: Abortion - in confidence - new covid-19 approval for telemedicine with mifepristone taken at home - draft guidance for comments

Dear everyone

Thanks so much to you all for taking the time to respond and for your patience (and also to **[Text Redacted]** for the helpful documents on procedures and patient information she circulated).

We just need to finalise a few things and get final sign offs, but I hope we can issue the new approval by the middle of next week. We will make sure you all get a copy.

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
3E, St Andrew's House, Edinburgh
[Text Redacted]

From: [Text Redacted]@gov.scot [mailto:**[Text Redacted]**@gov.scot]
Sent: 26 March 2020 14:39
To: [Text Redacted] @gov.scot; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@aapct.scot.nhs.uk; **[Text Redacted]** (WG) <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]**@nhs.net; **[Text Redacted]** @nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]** @nhs.net; **[Text Redacted]** <**[Text Redacted]**@lanarkshire.scot.nhs.uk>; **[Text Redacted]**@nhs.net; **[Text Redacted]**l@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text**

Redacted]@nhs.net
Cc: [Text Redacted]@ed.ac.uk; **[Text Redacted]** @nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@gov.scot
Subject: RE: Abortion - in confidence - new covid-19 approval for telemedicine with mifepristone taken at home - draft guidance for comments

Dear abortion leads,

Following on from **[Text Redacted]**'s email (below), I just wanted to check that there are no more comments on the attached document?

Many thanks,

[Text Redacted]

[Text Redacted] | Donation and Abortion Policy | Health Protection Division | Population Health Directorate | Scottish Government | 3E St. Andrew's House, Edinburgh EH1 3DG | **[Text Redacted]**@gov.scot

From: [Text Redacted] <**[Text Redacted]** @gov.scot>
Sent: 20 March 2020 17:53
To: [Text Redacted]@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@aapct.scot.nhs.uk; **[Text Redacted]**@lanarkshire.scot.nhs.uk; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@borders.scot.nhs.uk; **[Text Redacted]**@nhs.net; **[Text Redacted]** @nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]** @nhs.net; **[Text Redacted]**@lanarkshire.scot.nhs.uk; **[Text Redacted]**@nhs.net; **[Text Redacted]**l@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net; **[Text Redacted]**@nhs.net
Cc: [Text Redacted] <**[Text Redacted]**@gov.scot>; **[Text Redacted]** (**[Text Redacted]**@ed.ac.uk) <**[Text Redacted]**@ed.ac.uk>; **[Text Redacted]** @nhs.net; **[Text Redacted]** (External) <**[Text Redacted]**@nhs.net>; **[Text Redacted]**@gov.scot>
Subject: Abortion - in confidence - new covid-19 approval for telemedicine with mifepristone taken at home - draft guidance for comments

Dear abortion leads

Please treat as in confidence at this stage.

Further to the emails earlier this week, we have provisionally agreed with our Minister and CMO that a revised, temporary EMAH approval will be issued (hopefully by end of March). This will enable early medical abortions to proceed via telemedicine (phone or video call) and with a home delivery of the package of medication so many patients would not need to attend clinic at all. This is of course optional, but I know some Boards have requested this to manage covid-19 pressures, reduce patient attendance at clinic and avoid delays in treatment. We are still agreeing the requirements with legal colleagues, but it is likely that this will be able to be used for cases where: patients cannot attend clinic due to covid-19 infection/possible infection/infection of a household member, where social distancing advice means it is inadvisable for them to attend, or where staff are unable to attend clinic, but can work remotely.

We would therefore be very grateful for any feedback on the attached initial draft SACP guidance to accompany this temporary option (with thanks to **[Text Redacted]** and **[Text**

Redacted] for some initial comments). There are a couple of particular points which we need to consider fully (highlighted in yellow in the attached):

- Current recommended gestation limits in the existing EMAH guidance is up to 9 + 6 weeks. While this is only guidance, given we know some of you are now going beyond this and there is evidence that it is safe to do so up to 12 weeks, we are considering recommending this approach can be used up to 11 + 6 weeks in the guidelines. We'd be grateful for any views on this.
- Linked to the point above, providing EMAH without any clinic attendance may create a slight issue for patients over 10 weeks in terms of anti-D. Following discussions with **[Text Redacted]** and **[Text Redacted]**, it may be up to clinician discretion as to whether the patient needs to come into clinic if her blood type isn't already known, but I'd be grateful for views on this.

We'd be very grateful if any comments could be sent to myself and **[Text Redacted]** by next **Wednesday 25 March**. We'll keep in touch on this. I am still looking at the other concerns raised re ensuring it's clear abortion is an essential service. If you are able to make sure senior managers in your Boards are aware that abortions are time-critical that would be helpful, but we will look at how we can support that (perhaps around the dissemination of the new temporary approval).

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG
[Text Redacted]

Document 14

From: [Text Redacted] @scotland.gsi.gov.uk <**[Text Redacted]** @scotland.gsi.gov.uk>
Sent: 04 October 2019 16:17
To: [Text Redacted] (NHS NATIONAL SERVICES SCOTLAND) <**[Text Redacted]**@nhs.net>; **[Text Redacted]** (NHS NATIONAL SERVICES SCOTLAND) <**[Text Redacted]**@nhs.net>
Cc: [Text Redacted]@scotland.gsi.gov.uk; **[Text Redacted]**@scotland.gsi.gov.uk; **[Text Redacted]**@scotland.gsi.gov.uk
Subject: Abortion - later stage services in Scotland

Hello **[Text Redacted]**

Thanks for speaking to me about this back in early August. I'm sorry for the delay in getting back to you, but we agreed that I'd try to explore further what may be feasible by having a discussion with **[Text Redacted]** and colleagues at NHS Lothian and looking in more detail at what staff and facilities would be needed through the pathway to deliver a Scottish later stage service.

We have spoken to **[Text Redacted]** at GGC and managed to gather some of the information about previous proposals for a national service that were looked at in Wishaw and the Golden Jubilee (and apparently for Fife as well) – I can send you some documentation, including previous NSD proposals, if that'd help as it's probably still fairly relevant in terms of process and staffing requirements. We established from **[Text Redacted]** that, while in each case, it seems that a **[Text Redacted]** rather than there being a fundamental objection to hosting a later stage abortion service.

We have also managed to have some discussions with NHS Lothian and a wider discussion on Tuesday with NHS Board abortion leads at the Scottish Abortion Care Providers meeting. **[Text Redacted]** arranged the NHS Lothian meeting a couple of weeks ago and it was fairly positive in terms of **[Text Redacted]**.

[Text Redacted]. Current RCOG guidance only recommends use of feticide from 21 + 6 weeks, but I think the feeling seemed to be maybe that it should be offered to the patient from 20 weeks onwards. **[Text Redacted]**.

In the wider discussion with SACP, **[Text Redacted]** also said they had a doctor willing to undertake training to deliver feticide which might allow them to offer later stage terminations locally in future. In principle, they seemed open to the possibility of **[Text Redacted]**.

I also raised the fact that **[Text Redacted]** is interested in delivering a surgical service in Scotland, but they would need a hospital **[Text Redacted]**.

So, in summary, I think we are hopeful that both **[Text Redacted]** are getting the buy in to move forward and increase their gestation limits for local patients, but we are still a long way off having anyone able to offer a national service for Scotland. **[Text Redacted]**.

I'm happy to keep in touch on this and do let me know if you have any suggestions in terms of approach we should take. **[Text Redacted]**, but we will have a Women's Health Action Plan and the new Sexual Health and BBV Framework, both of which may offer an opportunity in future **[Text Redacted]**.

Best wishes,

[Text Redacted]

[Text Redacted]
Donation and Abortion Policy
Scottish Government
St Andrew's House
Regent Road
Edinburgh EH1 3DG
[Text Redacted]

[i] http://www.medscape.com/viewarticle/755739 Comparison of Unscheduled Re-attendance and Contraception at Discharge, Among Women Having the Final Stage of Early Medical Abortion at Home and Those Remaining in Hospital - Hannah Astle, Sharon T Cameron, Anne Johnstone