

MINUTES OF THE MEETING HELD WEDNESDAY 6TH NOVEMBER 2019

12:00 – 13:30, CONFERENCE ROOM A, TŶ HYWEL, WELSH ASSEMBLY

PRESENT: Jenny Rathbone AM

IN ATTENDANCE: Rachael Clarke (BPAS), Kate Bayliss (Aneurin Bevan), Amanda Davies (Swansea Bay), Bronwen Davies (ARC), Jane Dickson (Aneurin Bevan), Rachel Gilmore (Cwm Taf), Angela Gorman (ARC), Vivienne Rose (BPAS), Caroline Scherf (Cardiff & the Vale), Suzanne Williams (Cwm Taf)

APOLOGIES: Pauline Brelsford (ARC), Rosemary Cutmore (BPAS), Chris Newman (ARC), Helen Rogers (RCM), Alison Scouller (ARC), Debbie Shaffer (FTWW), Barbara Street (ARC), Alan Treharne (Hywel Dda), Sharon Vine (Cwm Taf), Olwen Williams (Betsi Cadwaladr)

1. WELCOME AND INTRODUCTIONS

Jenny Rathbone (JR) opened the meeting and attendees introduced themselves.

2. MINUTES OF THE MEETING HELD 12TH JUNE 2019

Item 6 – was amended to remove the reference to a ‘standing item’ updating on abortion progress and replaced with ‘action grid’ that would be provided for each meeting.

3. MATTERS ARISING

Letter from Cwm Taf re: self-referral – RC to **circulate letter from Cwm Taf re: self-referral**. Rachel Gilmore reported that almost all referrals in the health board were now self-referral. Suzanne Williams mentioned the impact of the CPG’s National Review which enabled the abortion team to argue for immediate introduction of self-referral.

Letter from Vaughan Gething – The group had received a response from Vaughan Gething in response to the letter sent related to the National Abortion Review. It was **agreed** that RC would draft a response for Jenny Rathbone to send from the CPG further addressing the question of remote signing of HSA1 forms and waiting times.

4. NICE ABORTION CARE GUIDELINES

The group discussed key aspects of the recently-published NICE Abortion Care Guidelines in relation to best practice in different Local Health Boards. Many of the NICE recommendations had also been raised in the National Service Review earlier in the year – particularly:

- 1.1.4 – consider offering upfront funding for travel and accommodation for women who need to travel for care
- 1.1.6 – offer assessment within 1 week of request, abortion within 1 week of assessment
- 1.3.2 – do not offer anti-D prophylaxis to women having a medical abortion up to and including 10+0 weeks’ gestation

- 1.6.1 – offer a choice between medical or surgical abortion up to and including 23+6 weeks' gestation
- 1.7.1 – consider abortion before there is definitive ultrasound evidence of an intrauterine pregnancy for women who do not have signs or symptoms of an ectopic pregnancy

Ease of access. The need for upfront funding for women who needed to travel outside their LHB for treatment was reiterated, with reports that some women continue with pregnancies as they couldn't afford to travel.

Reducing waiting times. Jane Dickson reported that Marie Stopes (who provide in England but not Wales) tend to meet waiting time targets of 7 days, using an initial assessment by telephone. It was also reported that Public Health Wales were considering the introduction of waiting times as a sexual health KPI.

Location of services. Concerns were raised that reducing waiting times might make diversity of location more difficult as it could be more efficient to work from one location. Changes to practice to stop ultrasound scans for some clients could make different locations more viable.

Anti-D and antibiotic prophylaxis. It was raised that the final guidelines differed from draft guidelines with regards to prophylaxis during surgical procedures, with discussion around patient outcomes for different regimens.

Choice of procedure. Discussion based on the availability of choice of procedure for mid-second trimester procedures in Wales. There was concern that increasing availability of procedure choice could have an impact on clinic budgets, and that there was a lack of financial incentive for managers to support increase of gestational age surgicals.

Abortion before definitive ultrasound evidence. Both Cardiff and the Vale and Swansea Bay already provided services prior to definitive ultrasound evidence.

Cervical priming.

Improving access to contraception. Contraception is provided as part of ToP services across Wales. Additional recommendations on advising women that use of the contraceptive injection at the point of mifepristone administration could reduce efficacy of the EMA regimen was queried, given the quality of supporting data and the subsequent impact on uptake rates for the contraceptive injection.

5. FUTURE MEETINGS AND FOCUS

It was **agreed** that the next meeting would focus on endometriosis care.

Next meeting: February 2020, tbc