

Fol 17 00991 – Information for release

Doc. 1

Extract from email of 21/11/2016, 15:20 between official in Directorate for Health Finance and Infrastructure, and official in Health Protection Policy. The rest of the email is out of scope.

Neither the Scottish Government nor NHS ISD collect information on the cost to the NHS of a single abortion. That information may be obtainable from individual Health Boards, but given the narrow timeframe here this is difficult. However, the National Tariff Workbook (the document that sets out what English providers charge each other for cross-boundary referrals) notes that the charge for an abortion is anything from £391 to £1,368 depending on the method, number of weeks passed, etc.

Doc. 2

Extract from BACKGROUND NOTE FOR S5O-00404, the rest of this background note is out of scope.

Late Abortion Services

1. In Scotland, no NHS Boards offer abortions after 20 weeks gestation (except for serious foetal anomaly or extreme risk to mother). Five NHS Boards provide abortion up to 20 weeks, 5 Boards provide up to 18 weeks, and 1 Board provides abortion up to 16 weeks gestation, but with an SLA in place with a neighbouring Board covering up to 20 weeks. The Island NHS Boards have arrangements with mainland Boards.
2. There are a number of reasons for these local limits. The Abortion Act provides for conscientious objection and some staff do not wish to provide abortion at later stages. There are also difficulties in delivering a sustainable and safe service for a very small number of patients requiring this specialised procedure. In 2015, 76 women travelled from Scotland to England for late stage (post 20 week) abortions. Costs for this, including travel and accommodation, are met by the NHS Board.
3. As a result of research by MRC at Glasgow University, which we commissioned and funded, a number of areas for development have been identified, including the provision of late term abortion services within Scotland. Whilst work is underway to make improvements where possible this is an extremely complex issue and requires a fully thought through policy intention.

Doc. 3

Extract from document about Engender report. The rest of the document is out of scope.

Scottish women's organisations' collective report on abortion – 'Our Bodies, Our Choice: The Case For A Scottish Approach To Abortion'

Background

Following the meeting with the Cabinet Secretary about abortion last year, a number of Scottish women's and human rights organisations, led by Engender, have produced a joint publication on this subject.

The publication, which makes a number of recommendations, will be launched at an event on Monday 12 December 2016. A copy of the report has been provided for your information. A summary of the recommendations, and the Scottish Government position on these is set out below

Recommendations and high level response

Services	
5. Establish a national framework to standardise access to abortion in Scotland, including the regional variations in gestational time limits.	The right to conscientious objection means that we are unable to standardise the existing regional variations while maintaining a safe and sustainable service. However, Boards have driven improvements in this area in recent years and the number of boards providing abortions up to 20 weeks has increased.
6. Develop capacity to perform non-medical abortions up to the legal 24 week gestational threshold in Scotland.	The provision of late term (Post 20 week) abortions in Scotland is an incredibly complex issue. A small group of clinicians are considering the issue and we are due to meet with them later this month to discuss their progress to date.

Doc. 4

Email between officials 22 November 2016

Hi [redacted – Personal information]

Further to my email yesterday, NHS Lothian have given me some information on what they charge overseas visitors for an abortion. The various charges are set out in the email below.

Kind regards

[redacted – Personal information]

From: [redacted – Personal information]

Sent: 22 November 2016 10:12

To: [redacted – Personal information]

Cc: [redacted – Personal information]
Subject: RE: Ministerial briefing - abortion

Dear [redacted – Personal information]

I was out of office yesterday

I had some email correspondence with our private/overseas office about costs earlier this year and for women who are not eligible for NHS funding- and from those emails NHS Lothian were charging : £318 for an early medical abortion (less than nine weeks) which is the gestation band that most women present at(76% in NHS L) and this cost is (this is equivalent to x2 outpatient visit costs)

For surgical and later medical procedures costs were higher (see below)

Please let me know if you need more information and I can ask our overseas team

[redacted – Personal information]

Elective Prices:

MA17C

Dilation and evacuation - less than 14 weeks gestation

£930

MA18C

Medical Termination of Pregnancy - less than 14 weeks gestation

£797

MA18D

Medical Termination of Pregnancy - 14 to 20 weeks gestation

£869

MA19A

Vacuum Aspiration with Cannula - less than 14 weeks gestation

£1,003

From: [redacted – Personal information]
Sent: 21 November 2016 13:35
To: [redacted – Personal information]
Cc: [redacted – Personal information]
Subject: RE: Ministerial briefing - abortion

Thank you [redacted – Personal information]

Appreciate you taking a look anyway.

[redacted – Personal information] – if you were able to provide any information it would be much appreciated.

Kind regards

[redacted – Personal information]

From: [redacted – Personal information]
Sent: 21 November 2016 13:30
To: [redacted – Personal information]
Cc: [redacted – Personal information]
Subject: RE: Ministerial briefing - abortion

Dear [redacted – Personal information]

Unfortunately, we don't hold this information in the Maternity team. The data we collate is derived from the Notification of Abortion to the CMO, which documents the clinical episode. I have asked colleagues who work in the costs and finance teams but they have no information specifically pertaining to abortions.

I wonder if it's worth asking one of the sexual health leads. I have copied in [redacted – Personal information] may be able to answer your question.

Regards

[redacted – Personal information]

ISD | Gyle Square | 1 South Gyle Crescent | Edinburgh | EH12 9EB

[redacted – Personal information]

From: [redacted – Personal information]
Sent: 21 November 2016 11:14
To: [redacted – Personal information]
Cc: [redacted – Personal information]
Subject: Ministerial briefing - abortion

Good morning

I have been asked to provide some briefing for the Minister for Public Health concerning the provision of abortions in Scotland. One thing I have been asked is what an abortion costs the NHS in Scotland. Could I ask if you might be able to provide me with some information on the issue, particularly what the average cost of a single abortion case might be?

With apologies, but I have been asked to provide the briefing urgently, so if you were able to come back to me today it would be much appreciated.

Many thanks

[redacted – Personal information]

Doc. 5 – Provided separately as PDF

Doc. 6

Email issued to all Health Boards on 12 December 2016

Dear All

As you may be aware abortion issues have received **significant Ministerial focus** recently with a number of questions being asked in Parliament and a statement made by the First Minister during her visit to Northern Ireland. Please see link to an example of recent press articles.

<https://www.theguardian.com/world/2016/nov/17/nicola-sturgeon-offers-help-to-northern-irish-women-seeking-abortions>

We need to check that the SG has accurate information about a couple of aspects of your abortion services. **Could you respond to the following two questions by close of play on Thursday 15 December 2016**. We don't anticipate lengthy responses. If that timescale is problematic for you, please let me know as soon as possible.

1. What is the gestational limit for abortion services in your Board.

It is our current understanding that:

- 5 NHS Boards provide abortion up to 20 weeks (Grampian, Tayside, Lothian, Lanarkshire and Borders),
- 5 provide up to 18 weeks (D&G, A&A, GGC, FV and Highland)
- 1 NHS Board (Fife) provides abortion up to 16 weeks gestation, but with an SLA in place with NHS Tayside covering up to 20 weeks.
- Orkney has SLA with Grampian (as it does with all services) and Western Isles with Highland or sometimes women go to Glasgow because of transport links.

[Redacted – Out of Scope]

I look forward to receiving your response.

Many thanks

[redacted – Personal information]

Scottish Government

St Andrew's House

Regent Road

Edinburgh

EH1 3DG

Doc. 7

Response from NHS Orkney to email (Doc.6)

From: [redacted – Personal information]

Date: 15 December 2016 09:42:18 GMT

To: [redacted – Personal information]

Cc: [redacted – Personal information]

Subject: **Re: Request for Information - Abortion Issues - Please respond by 15 December 2016**

Hi [redacted – Personal information],

The agreed limit for medical and surgical terminations locally is 12 weeks. Women can self refer to Grampian so limit for that would be 20 weeks.

Best wishes

[redacted – Personal information]

On 12 Dec 2016, at 13:21, [redacted – Personal information] wrote:

[redacted – Personal information] can you confirm clinically please part 1 of this query - what is the gestational limit, and are there abortions currently on island that are not through NHSG

Thanks

Doc. 8

Response from NHS Tayside to email (Doc.6)

Dear [redacted – Personal information],

Please find the response in relation to current practice in NHS Tayside:

1. The gestational limit for abortion services in the NHS Board

TOP is performed up to 18 weeks and 6 days gestation, but can also be performed at any gestation for severe fetal anomaly and fetocide (Ground E): usually offered beyond 20-22 wks

2. [Redacted – Out of Scope]

I hope that this is the information you need, but please don't hesitate to contact me if your require clarification or additional information.

Kind regards,

[redacted – Personal information]

Doc. 9

Response from NHS Ayrshire and Arran to email (Doc.6)

Hi [redacted – Personal information],

Regarding your request below for information I have received the response for the first part of the question from our Consultant in Sexual & Reproductive Health.

1. 18 weeks is the current limit here in Ayrshire & Arran. Beyond this time referrals are made to BPAS.

[Redacted – Out of Scope]

Thanks

[redacted – Personal information]

Doc. 10

Response from NHS Lanarkshire to email (Doc.6)

Here is the NHS Lanarkshire response:

1. The limit at which an abortion would be performed by the service provided by NHS Lanarkshire is 19 weeks and 6 days.

[Redacted – Out of Scope]

Please let me know if you require any additional information.

Regards,

[redacted – Personal information]

Doc. 11

Response from NHS Lothian to email (Doc.6)

Dear [redacted – Personal information]

1. NHS Lothian Limit is 20+0 weeks

[Redacted – Out of Scope]

[redacted – Personal information]

Doc. 12

Response from NHS Forth Valley to email (Doc.6)

Hi [redacted – Personal information]

1. Yes this is correct

[Redacted – Out of Scope]

[redacted – Personal information]

Doc. 13

Response from NHS Grampian to email (Doc.6)

In Grampian abortion is provided up to 20 weeks gestation (medical from 12-20 weeks). [Redacted – Out of Scope] [redacted – Personal information]

Doc. 14

Response from NHS Dumfries and Galloway to email (Doc.6)

In Dumfries and Galloway we offer Termination of pregnancy up to 18 weeks gestation.

[Redacted – Out of Scope]

[redacted – Personal information]

Doc. 15

Response from NHS Highland to email (Doc.6)

20 weeks upper limit for Highland

[Redacted – Out of Scope]

[redacted – Personal information]

Doc. 16

Please see below the briefing as requested for Ms Robison's constituency team.

ABORTION LAW in Scotland – February 2017

Key Lines

- **The Scottish Government believes all women in Scotland should have access to safe and legal abortion services, within the limits that are currently set down in law, should they require it. Abortion care should be part of standard healthcare provisions, free from stigma.**
- **Abortion legislation has been devolved to the Scottish Parliament – but as set out in the Programme for Government, we have no plans to change the law on abortion at this time.**

Background

On 23 May 2016, abortion law was devolved to the Scottish Parliament. However, the Scottish Government currently has no plans to change the law on abortion, and as the Scottish Parliament has not legislated on this issue, the 1967 Abortion Act still applies in Scotland.

A termination of pregnancy (also known as induced abortion) is carried out under the terms of the Abortion Act 1967. The Abortion (Scotland) Regulations 1991 reflected the introduction of medical methods of abortion, and also place an upper limit of 24 weeks on abortions for most reasons.

An abortion must be certified by two registered medical practitioners as justified under one or more of the seven statutory grounds for termination of pregnancy and at least one must be recorded. **Annex A** sets out the different grounds for termination under the 1967 Act.

The latest figures available are from 2015. In 2015, as in previous years, the vast majority (11,877; 98.3%) of terminations were carried out under Ground C and there were 186 terminations carried out under Ground E of which 78 were for chromosomal abnormalities (such as Down's syndrome).

NHS provision for abortion

In Scotland all abortions are carried out on NHS hospital premises or in one of the two private hospitals licensed to do so, Rosshall and Murrayfield Spire.

- 5 NHS Boards provide abortion up to 20 weeks (Grampian, Tayside, Lothian, Lanarkshire and Borders),
- 5 provide up to 18 weeks (D&G, A&A, GGC, FV and Highland)
- 1 NHS Board (Fife) provides abortion up to 16 weeks gestation, but with an SLA in place with NHS Tayside covering up to 20 weeks.
- Orkney has SLA with Grampian (as it does with all services) and Western Isles with Highland or sometimes women go to Glasgow because of transport links.

Some women may choose or need to travel to England and Wales to have a termination. 174 terminations were carried out in England & Wales on Scottish residents in 2015, many of these will have been women requiring an abortion after 20 weeks gestation. Officials are continuing to work with the NHS to explore whether a safe and sustainable post-20 weeks services could be provided in Scotland.

[redacted – Personal information]

Annex A

Grounds for termination

A - the continuance of the pregnancy would involve risk to the life of the pregnant women 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 the existing child(ren) of the family of the pregnant woman.

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

F - it was necessary to save the life of the woman.

G - it was necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Doc. 17

Email between officials 31 March 2017

For info.

From: [redacted – Personal information]

Sent: 31 March 2017 09:55

To: [redacted – Personal information]

Cc: [redacted – Personal information]

Subject: FW: MRC/CSO Social and Public Health Sciences Unit - expected media coverage - (i) marriage / cohabitation breakdown and (ii) termination experience

Dear [redacted – Personal information]

To let you know about these publications, being picked up by the Sunday Herald, based on research involving the MRC/CSO Social and Public Health Sciences Unit at University of Glasgow – see below.

The first that may be of interest to you Louise is an analysis of the reasons for marriage / cohabitation breakdown.

The second which may be of interest to you [redacted – Personal information] is on experiences of second trimester terminations.

Neither were directly funded by CSO, but the Unit receives core-funding from CSO.

[redacted – Personal information]

From: [redacted – Personal information]
Sent: 30 March 2017 19:37
To: [redacted – Personal information]
Subject: MRC/CSO Social and Public Health Sciences Unit - expected media coverage

Hello

Just a quick heads up to let you know that the *Sunday Herald* is now currently preparing two stories related to recent research published by Unit researchers.

Firstly, this weekend we are expecting something about Reported reasons for breakdown of marriage and cohabitation in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0174129> and the journalist [redacted – Personal information] has spoken to [redacted – Personal information] here.

Secondly, for next weekend, a piece on Women's embodied experiences of second trimester medical abortion <http://journals.sagepub.com/doi/full/10.1177/0959353517692606> . The journalist [redacted – Personal information] has spoken to [redacted – Personal information] and this is a piece that with [redacted – Personal information] assistance we have been keen to generate in order to raise the issues raised in the study.

Doc. 18

From: [redacted – Personal information]
Sent: 15 February 2017 08:58
To: [redacted – Personal information]
Subject: Fw: Meeting to Progress Late Presentation Abortion Service Model
Importance: High

Would be good if the 3 of us could go to this, it would be helpful to have [redacted – Personal information] sighted on the issues and the more bright minds the better.

[redacted – Personal information] could you go back with our availability, and perhaps also indicate that we would be willing to host in SG building?

Disappointing no March or early April dates.

[redacted – Personal information]

From: [redacted – Personal information]
Sent: Wednesday, 15 February 2017 08:54
To: [redacted – Personal information]
Subject: Meeting to Progress Late Presentation Abortion Service Model

Hi [redacted – Personal information]

I thought I would start with your availability matching [redacted – Personal information] and progress through the clinicians! I'm going to try for a room with VC facilities (maybe Waverley Gate) dependent on the date agreed but location will be either Edinburgh or Glasgow. Could you please let me know your availability from the dates below and I'll confirm asap? I've marked the dates where [redacted – Personal information] can be free all day:

April 24th, 25th, 26th, 27th, 28th

May 1st, 2nd, 3rd, 4th, 5th, 8th, 9th, 11th, 12th

Kind regards

[redacted – Personal information]

Doc. 19

From: [redacted – Personal information]

Sent: 30 January 2017 14:01

To: [redacted – Personal information]

Subject: RE: Meeting to progress service model

Thanks [redacted – Personal information]. I think it would be good to involve people from outside the central belt, but I wonder if it would be best to stick with people who are currently actively involved in service delivery? [redacted – Personal information] seemed optimistic on Friday about exploring a Grampian specific service, so perhaps a good idea to have her in the loop?

[redacted – Personal information] Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | [redacted – Personal information]

From: [redacted – Personal information]

Sent: 30 January 2017 13:45

To: [redacted – Personal information]

Subject: Meeting to progress service model

Hi

As discussed on Friday, I think we are all keen to get round the table as soon as we can to progress discussions on the late presentation abortion model.

In light of Friday can we refresh our thoughts on who should be involved in addition to ourselves? I remember [redacted – Personal information] and either [redacted – Personal information] or both.

Anyone else we need?

Would suggest if we can find a date to get most of us in the room that would be most realistic and we keep others involved by e-mail.

Regards

[redacted – Personal information]

Doc. 20

From: [redacted – Personal information]

Sent: 02 February 2017 13:30

To: [redacted – Personal information]

Cc: [redacted – Personal information]
Subject: RE: Meeting to progress service model

Does [redacted – Personal information] have specific expertise that we need at this stage of thinking about how to develop a service model?

[redacted – Personal information]

From: [redacted – Personal information]
Sent: 02 February 2017 12:44
To: [redacted – Personal information]
Cc: [redacted – Personal information]
Subject: RE: Meeting to progress service model

Hi

I've asked [redacted – Personal information] to set up a date. Won't be easy so if you can be as flexible as possible.

This will also include [redacted – Personal information]

Re message below, do we invite [redacted – Personal information] or have initial meeting first and then link in?

Regards

[redacted – Personal information]

From: [redacted – Personal information]
Sent: 31 January 2017 09:52
To: [redacted – Personal information]
Subject: RE: Meeting to progress service model

Thanks [redacted – Personal information]

Agree that we should definitely involve [redacted – Personal information]

Are we suggesting an initial meeting before we invite [redacted – Personal information] then?

[redacted – Personal information]

From: [redacted – Personal information]
Sent: 30 January 2017 14:01
To: [redacted – Personal information]
Subject: RE: Meeting to progress service model

Thanks [redacted – Personal information]. I think it would be good to involve people from outside the central belt, but I wonder if it would be best to stick with people who are currently actively involved in service delivery? [redacted – Personal information] seemed optimistic on Friday about exploring a Grampian specific service, so perhaps a good idea to have her in the loop?

[redacted – Personal information]

[redacted – Personal information] Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | [redacted – Personal information]

From: [redacted – Personal information]
Sent: 30 January 2017 13:45
To: [redacted – Personal information]
Subject: Meeting to progress service model

Hi

As discussed on Friday, I think we are all keen to get round the table as soon as we can to progress discussions on the late presentation abortion model.

In light of Friday can we refresh our thoughts on who should be involved in addition to ourselves? I remember [redacted – Personal information] and either [redacted – Personal information] or both.

Anyone else we need?

Would suggest if we can find a date to get most of us in the room that would be most realistic and we keep others involved by e-mail.

Regards

[redacted – Personal information]

Doc. 21

From: [redacted – Personal information]
Sent: 21 December 2016 18:39
To: Calderwood C (Catherine)
Cc: Brown GJ (Gareth); [redacted – Personal information]
Subject: Post 18/20 weeks abortion service in Scotland options

CMO

[Redacted – Personal information] and I met with some of the Scottish abortion care providers last Tuesday. It was a useful and constructive meeting, [\[REDACTED AS OUT OF SCOPE\]](#)

The Scottish Abortion Care Providers group has been looking into post-20 week TOP options for a service in Scotland, although it seems from last Tuesday's meeting that they've not really made much progress in the last 12 months.

The group has agreed to reinvigorate this work, and we met with [redacted – Personal information], today to plot next steps. We have agreed that further discussion within the group and with relevant experts is required as a first step, and a meeting is being organised in February to do this, which [redacted – Personal information] or I will attend.

After that, my sense is that it would be helpful for the group to meet with you to present the options and challenges, so that we can collectively agree which direction(s) the group should go in next. I am hoping that such a meeting can take place in March/April, and would focus minds among the SACP in the first quarter of next year.

Very happy of course to discuss further in the new year,

[redacted – Personal information] | Scottish Government | St Andrew's House | Regent Road |
Edinburgh | EH1 3DG |

Doc. 22

From: [redacted – Personal information]

Sent: 30 November 2016 12:44

To: [redacted – Personal information]

Subject: abortion limits

In Scotland, no NHS Boards offer abortions after 20 weeks gestation (except for serious foetal anomaly or extreme risk to mother). Five NHS Boards provide abortion up to 20 weeks, 5 Boards provide up to 18 weeks, and 1 Board provides abortion up to 16 weeks gestation, but with an SLA in place with a neighbouring Board covering up to 20 weeks. The Island NHS Boards have arrangements with mainland Boards.

There are a number of reasons for these local limits. The Abortion Act provides for conscientious objection and some staff do not wish to provide abortion at later stages. There are also difficulties in delivering a sustainable and safe service for a very small number of patients requiring this specialised procedure. Approximately 100 women a year travel from Scotland to England for late stage abortions. Costs for this, including travel and accommodation, are met by the NHS Board.

As a result of research by MRC at Glasgow University which we commissioned and funded, a number of areas for development have been identified. For example, a number NHS Boards have increased their abortion limit to 20 weeks gestation, and have improved mechanisms for travel (e.g. pre-booked travel) to minimise the impact on women if the procedure is not available locally.

[redacted – Personal information] | Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | [redacted – Personal information]

Doc. 23

From: [redacted – Personal information]

Sent: 30 November 2016 12:42

To: [redacted – Personal information]

Subject: FW: Late term abortion

From: Brown GJ (Gareth)

Sent: 27 July 2015 16:10

To: [redacted – Personal information]

Cc: [redacted – Personal information]

Subject: RE: Late term abortion

[redacted – Personal information]

That's fine, completely understand the need to make sure we have this right.

I've answered again below

Gareth Brown

Head of Health Protection | Public Health Division | Population Health Improvement Directorate
Scottish Government |[redacted – Personal information]

From: [redacted – Personal information]

Sent: 27 July 2015 15:25

To: Brown GJ (Gareth)

Cc: [redacted – Personal information]

Subject: RE: Late term abortion

Hi Gareth,

Thank you so much for your response. That's very helpful.

Can I just clarify some things though so that I don't misrepresent what you are saying?

- You said that abortion up to 20 weeks is available in Scotland, but not in all boards. Are you therefore saying that abortion over 20 weeks is not available in Scotland, or am I picking you up wrong? **Abortion over 20 weeks is currently not available except for lethal foetal abnormalities etc. So for those small number of abortions carried out under grounds C or D (i.e. the pregnancy has not exceeded its 24th week of gestation) between 20 weeks and 24 weeks gestation, women would currently have to be transferred to England.**
- You said that terminations beyond 24 weeks would be carried out in foetal medicine units. Given the previous point above, are all of these units in England or are some carried out in Scottish units? **No, there are units for this in Scotland. I am not sure if all terminations on these grounds would be in Scotland, but at least some would.**
- In relation to the question about pursuing it as a national service, can I presume that this has not progressed? **Sorry I completely missed that. No national service has been established yet. The issue of later stage termination was discussed at the Ministerial advisory committee on sexual health and BBVs early last year, following research that the Government had commissioned into late stage termination (research which led to recent press coverage), and at that point the Minister for Public Health was clear that Boards have to meet the needs of patients in their areas. We will continue to work with Boards to do whatever we can to improve services where this is needed.**

Many thanks again.

Best wishes

[redacted – Personal information]

From: Gareth.Brown@scotland.gsi.gov.uk [<mailto:Gareth.Brown@scotland.gsi.gov.uk>]

Sent: Monday, July 27, 2015 3:00 PM

To: [redacted – Personal information]

Cc: [redacted – Personal information]

Subject: FW: Late term abortion

[redacted – Personal information]

I provide answers to your questions below:

When and why are women being sent to England for late terminations? – I have come across varying accounts with some saying that it's for terminations beyond 16 weeks and others saying that it is for terminations beyond 20 weeks. Also, I cannot seem to find a definitive reason as to why. Is it simply due to the numbers being so small that it's not feasible to provide it in Scotland? Or does it come down to conscientious objections from staff? Again, I have read conflicting accounts. Also, I think there was some talk about pursuing it as a national service before. Is there any update on where that got to

Abortion up to 20 weeks gestation is available in Scotland, but not in all Boards. Boards will refer to other services for abortions beyond the limits they can provide. If the abortion is beyond this stage of gestation than is currently provided anywhere in Scotland then women may have to be referred to other services providers elsewhere in the UK. This is similar to other rare NHS services where individuals can be referred to other parts of the UK if it is not possible to provide the necessary service in Scotland.

There are a number of reasons for the gestation limit in Scotland. A key issue is that the Abortion Act provides for conscientious objection so clinicians and staff can legitimately opt out of providing abortions if they do not wish to do so (and this objection can, for example, be an objection to carrying out abortions beyond a certain stage). Boards cannot force staff to undertake late stage terminations. Secondly there are very small numbers of women who attend for late stage terminations – 88 in 2013 – so establishing a safe and sustainable service for such a small number of cases in every Board is very difficult, even if there are enough staff who do not have an objection. Undertaking late termination is a technically demanding procedure.

Essentially, there need to be staff willing to provide the service and not all are, and those staff need to have the skills and competence to carry out the procedure safely. This can limit the extent to which Boards can provide the service.

What exactly is offered in Scotland and does this differ depending on the reason for the termination? – I have read that in Scotland terminations will be carried out up until term for foetal abnormalities but late terminations for other reasons would require the woman to go to England. Is this true and if so what is the rationale underpinning this distinction?

Terminations for lethal foetal abnormalities and if the life of the mother is in danger are permitted under the Abortion Act until term (i.e. later than 24 weeks which is the limit for other terminations), which is why terminations for these reasons are carried out at later gestations - usually within specialised foetal medicine units where the necessary decision making and expertise exists.

Are there any figures on the numbers annually that are sent to England?

NHS Information Services Division may be able to help with numbers but as mentioned above it is around 100 a year (with 2013, the most recent year I have figures for, being 88).

Gareth Brown

Head of Health Protection | Public Health Division | Population Health Improvement Directorate
Scottish Government |[redacted – Personal information]

From: [redacted – Personal information]

Sent: 23 July 2015 15:05

To: Brown GJ (Gareth)

Subject: Late term abortion

Hi Gareth,

[redacted – Personal information] in your office suggested I drop you an e-mail in [redacted – Personal information] absence. Basically I am writing a very short briefing for an MSP on access to late term abortions in Scotland. I'm just trying to clarify exactly what the situation is as I keep reading conflicting accounts of what is available. Therefore, could you or someone in your team help with the following questions:

- **When and why are women being sent to England for late terminations?** – I have come across varying accounts with some saying that it's for terminations beyond 16 weeks and others saying that it is for terminations beyond 20 weeks. Also, I cannot seem to find a definitive reason as to why. Is it simply due to the numbers being so small that it's not feasible to provide it in Scotland? Or does it come down to conscientious objections from staff? Again, I have read conflicting accounts. Also, I think there was some talk about pursuing it as a national service before. Is there any update on where that got to?
- **What exactly is offered in Scotland and does this differ depending on the reason for the termination?** – I have read that in Scotland terminations will be carried out up until term for foetal abnormalities but late terminations for other reasons would require the woman to go to England. Is this true and if so what is the rationale underpinning this distinction?
- **Are there any figures on the numbers annually that are sent to England?**

Apologies for the barrage of questions. I'm hoping you have a lovely brix note that will answer these questions! Happy to have a chat if you prefer in which case you can get me on my mobile on [redacted – Personal information].

Best wishes

[redacted – Personal information]

[redacted – Personal information] | SPICe | The Scottish Parliament | Edinburgh | EH99 1SP

[redacted – Personal information]

Doc. 24

From: [redacted – Personal information]
Sent: 24 November 2016 12:26
To: [redacted – Personal information]
Subject: RE: Portfolio PQ Query: S50-00404

How about;

NHS Boards are responsible for the provision of abortion services in Scotland. The Scottish Government recognises that are opportunities to improve this provision, which is why we have funded research undertaken by Glasgow University on issues surrounding women requiring late abortion service and repeat abortions.

On the background note also include something about;

Late abortion arrangements

Differences in Boards about gestational limits

Requirement for 2 doctors' signatures (i.e. point out would require a change in the law)

[REDACTED OUT OF SCOPE]

Thanks!

From: [redacted – Personal information]
Sent: 24 November 2016 10:39
To: [redacted – Personal information]
Subject: RE: Portfolio PQ Query: S50-00404

What about:

'The Scottish Government recognises the need for improvements to the access and provision of abortion services. Officials are working with NHS colleagues to establish priorities and with legal colleagues to consider what is feasible within existing legislation.'

[REDACTED OUT OF SCOPE]

Does that sound ok?

Thanks

[redacted – Personal information]
Scottish Government
St Andrew's House
Regent Road
Edinburgh

EH1 3DG
[redacted – Personal information]

From: [redacted – Personal information]
Sent: 23 November 2016 17:24
To: ET Programme Hub
Cc: [redacted – Personal information]
Subject: RE: Portfolio PQ Query: S5O-00404

Yes, that's for my team. Could you allocate to [redacted – Personal information] please?

[redacted – Personal information]

From: [redacted – Personal information] **On Behalf Of** ET Programme Hub
Sent: 23 November 2016 17:10
To: [redacted – Personal information]
Cc: ET Programme Hub
Subject: Portfolio PQ Query: S5O-00404

Hi [redacted – Personal information]

Can I ask you to have a look at the attached Portfolio PQ and let me know if it's for you/your area please?

9. Patrick Harvie: To ask the Scottish Government what improvements it considers necessary to the provision of abortion in Scotland. ([S5O-00404](#)) **SHONA ROBISON**

Thanks

[redacted – Personal information]

23rd November 2016

[redacted – Personal information] | ET Programme Hub | The Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | [redacted – Personal information]

Doc. 25

From: [redacted – Personal information]
Sent: 08 March 2017 10:19
To: [redacted – Personal information]
Cc: [redacted – Personal information]
Subject: SG Meeting to Progress Late TOP Service Model

Hi there

The meeting to progress a Late TOP Service Model has been arranged as follows:

Friday 5th May @ 2.00pm

2nd Floor 2 West Rear Meeting Room 1

St Andrews House, Edinburgh

Kind regards

[redacted – Personal information]