

SCHEDULE 2 – THE SERVICES

A. Service Specifications

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| Service Specification No. | 01/MRFH/0011 (Version 2) |
| Service | Termination of Pregnancy |
| Commissioner Lead | MFRH CCP |
| Provider Lead | TBC |
| Period | 1 September 2015 to 31 August 2018 |
| Date of Review | April 2017 |

1. Population Needs

- **National/local context and evidence base.**

- The Royal College of Obstetricians and Gynaecologists (RCOG) note in their evidence-based guidelines that one in three women will require an abortion at some point in their lives.
- The total number of abortions for Dorset Clinical Commissioning Group patients in 2013 was 1,931. This was 6.6% more than in 2012 (1,812).
- The age-standardised abortion rate was 14.8 per 1,000 resident women aged 15-44. This was 3.5% higher than in 2012.
- The abortion rate was highest for women aged 20-24 (at 27.3 per 1,000). The highest rate in 2012 was for women aged 20-24 (at 27.1 per 1,000).
- The under-18 abortion rate was 9.3 per 1,000 women, lower than in 2012 (11.2 per 1,000 women).
- Women aged 20-44 are most likely to access abortion services. Despite media stereotypes of abortion seekers being young single women, one in five is married and 32% of women have said they have had a previous abortion.
- Young women in deprived areas are less likely to have an abortion than their more affluent peers.
- 92.5% of abortions were carried out at under 13 weeks gestation, 82.8% were at under 10 weeks compared to 78.4% in 2012.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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|-----------------|---|---|
| Domain 1 | Preventing people from dying prematurely | |
| Domain 2 | Enhancing quality of life for people with long-term conditions | |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | |
| Domain 4 | Ensuring people have a positive experience of care | X |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | X |

2.2 Local defined outcomes

- Improved access to termination of pregnancy services
- Reduction in the number of subsequent unintended pregnancies among service users
- Reduction in the numbers of repeat termination of pregnancies among service users
- Reduction in the number of infections among service users
- Reduction in the rate of sexually transmitted infections

3. Scope

3.1 Aims and objectives of service

The termination of pregnancy service aims to:

- Prevent unwanted pregnancies including unwanted pregnancy among teenagers
- Provide rapid access to services to diagnose, counsel and manage unwanted pregnancy
- Provide comprehensive and confidential advice to make an informed choice
- Involve women in decisions about their treatment. Where a woman wishes her partner to be involved, for this to support and for the partner to be provided with information about access to support and advice services, and broader Contraception and Sexual Health Services;
- Provide a choice of termination methods clinically appropriate for a woman's gestation and clinical circumstances;
- Provide information and advice about the full range of reversible and non-reversible contraceptive methods, including condoms;
- Provide initial supply of the full range of contraception, including long acting reversible methods;
- Encourage use of local contraception services (RCOG recommendation 5) through referral to Dorset integrated sexual health services as required, especially for vulnerable patients e.g. those under 16 years of age;
- Ensure consistent and continuous care between health professionals through the establishment of effective care pathways through collaboration with other providers;
- To work with the single point of access to identify the correct pathway to directly refer to Early Pregnancy Units for women who with suspected ectopic pregnancy and for women with complex medical issues identified at the consultation appointment.
- To refer to Contraception and Sexual Health outreach nurses, where available

The service objectives include:

- Ensuring that services are acceptable and accessible to people disproportionately affected by unwanted pregnancy and sexual ill health based on up to date sexual health needs assessment
- Women requesting a termination of pregnancy will be offered an assessment appointment within 5 days of referral;
- The termination of pregnancy will take place within 5 days of the decision to proceed being agreed where appropriate;

3.2 Service description/care pathway

The service will provide cost-effective, high quality provision of termination of pregnancy services according to evidence based-protocols and adapted to the needs of local populations working in collaboration with local Contraception and Sexual Health Services.

The Service Model

- Access through a single point of access
- Having appointments in the evenings and Saturdays
- Providing evidence based care centred on recognised national best practice guidance
- The provider will work collaboratively with integrated sexual health services where required
- The service will have a dedicated clinic for the support, advice and assessment of women requesting a termination
- The provider will publish their appointment availability to the single point of access.
- The single point of access will book patients into the available appointments providing choice of location, provider and appointment time
- The provider will refer patients who directly contact the service to the single point of access
- The provider will receive initial consultation information about the patient from the single point of access
- The assessment/consultation appointment will build on the initial consultation undertaken over the phone by the single point of access. The appointment will include:
 - Confirm pregnancy and dates
 - Ultrasound
 - Discuss options again
 - Explain procedure
 - General examination for fitness
 - Screen for chlamydia, gonorrhoea and HIV and treat or refer to GUM or CASH as appropriate
 - Rhesus blood group determination
 - Haemoglobin level determined if required
 - Complete HSA1 form
 - Contraception advice and discussion on LARCs
- The procedure will be undertaken within 5 working days of the assessment appointment.
- During the procedure appointment:
 - Contraceptive advice and supplies provided or permanent method of contraception fitted following termination if requested by woman, including long acting methods
 - Arrange post-op care and follow up (if needed)
 - Post satisfaction survey
- Providers will follow up within 14-21 days with:
 - Post op check
 - Information on counselling contacts given
 - Screening results given
 - Contraceptive advice and supplies provided

The local care pathway is:



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outline TOP model.do

3.3 Population Covered

Patients registered with an NHS Dorset CCG GP.

3.4 Any acceptance and exclusion criteria

- Only accept referrals from single point of access.
- Young women under 16 years are able to access Termination of Pregnancy advice and treatment but the provider must follow RCOG guidelines and all prevailing guidance on the provision of services to people under 16
- Access to termination of pregnancy services must not be restricted on the number of previous terminations.
- Professionals who are ethically opposed to terminations have a duty of care to refer onward women requesting termination services without delay

3.5 Interdependence with other services/providers

The termination of pregnancy provider will maintain efficient working relationships with Integrated sexual health services i.e. GUM clinics, Family planning clinics, Community and sexual health services in Dorset. The service cannot work in isolation and is required to work with partners to address the needs of services users and to achieve optimum outcomes.

The service cannot work without the single point of access. An ongoing working relationship needs to be established.

The service cannot work without robust pathways to acute providers for services who do not have on-site provision for emergency care and for women with complex medical issues that require gynaecology input.

Clear clinical pathways for referral to Integrated sexual health services i.e. GUM clinics, Family planning clinics, Community and sexual health services and primary care services are important.

Partners include:

- Termination of pregnancy providers
- Integrated sexual health services i.e. GUM clinics, Family planning clinics, Community and sexual health services
- Antenatal and postnatal services
- Cervical screening programme
- Child and adolescent mental health services
- Community pharmacy
- Drug and alcohol
- Health improvement hub for obesity and stop smoking services
- General practice
- Gynaecology
- HIV treatment and care services
- Male and female sterilisation services
- Mental health services
- Pathology and laboratory services
- Prisons and youth offenders institutions
- Patient Transport Service
- School and educational services
- Sexual assault referral centre
- Social care
- Youth Services

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

All prevailing guidance

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- [The Fraser guidelines](#)
- [The British Association for Sexual Health and HIV\(BASHH\)](#)
- British Medical Association (BMA)
- General Medical Schools Council (GMSC),
- Brook Advisory Centres,
- [Royal College of Obstetricians and Gynaecologists \(RCOG\)](#)
- Family Planning Association (FPA)
- Royal Collage General Practitioners (RCGP)
- [A Framework for Sexual Health Improvement in England \(DoH\), 2013](#)

4.3 Applicable local standards

As above

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

- In-county surgical terminations for women who are up to 23+6 weeks pregnant.
- Agreed pathways for later gestations out of county.
- Providers are located in accessible locations across the county and offer care closer to home.

7. Individual Service User Placement

N/a