

CLINICAL PRIORITIES ADVISORY GROUP
03 June 2020

Agenda Item No	
National Programme	Women and Children
Clinical Reference Group	Specialised Women's Services
URN	1834

Title
Provision of NHS termination of pregnancy centres for patients presenting with medical complexity and / or significant co-morbidities requiring NHS treatment

Actions Requested	<ol style="list-style-type: none"> 1. Agree the service specification 2. Agree adoption as In Year Service Development (IYSD)
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Proposition
<p>This new service specification proposition covers the provision of surgical and medical abortion when the pregnant person cannot be treated in an independent sector provider service (ISP) because their clinical presentation indicates the need for treatment and care in a NHS hospital setting, typically with input from a multi-disciplinary team (MDT).</p> <p>The proposition describes how services will be commissioned as a network of geographically distributed NHS providers across all seven NHS England regions.</p> <p>The network of NHS providers will develop the capacity to manage all terminations medically and surgically across all gestational ages.</p> <p>Patients with medical co-morbidities who require a termination will benefit from management in a NHS hospital setting where there is a core and extended MDT with clinical expertise and access to pre and post critical care. Patients will be able to access services locally and the services can prevent, prepare for and manage complications.</p>

The committee is asked to receive the following assurance:	
1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes where necessary an: Evidence Review; Clinical Panel Report
2.	The Head of Acute Programmes confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Equality Impact and

	Assessment Report; Service specification Proposition. The relevant National Programme of Care has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Clinical Programmes Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.
5.	The Head of Quality Surveillance (Specialised Commissioning) confirms that the proposed quality indicators have been adequately defined.

The following documents are included (others available on request):

1.	Service specification proposition
2.	Engagement Report and 13Q Assessment
3.	Evidence Summary (Not applicable)
4.	Clinical Panel Report (Not applicable)
5.	Equality Impact and Assessment Report

No	Metric	Summary of benefit (where applicable)
1.	Survival	
2.	Progression free survival	
3.	Mobility	
4.	Self-care	
5.	Usual activities	
6.	Pain	
7.	Anxiety / Depression	
8.	Replacement of more toxic treatment	
9.	Dependency on care giver /	

	supporting independence	
10.	Safety	
11.	Delivery of intervention	

Considerations from review by Rare Disease Advisory Group

Not applicable.

Pharmaceutical considerations

Not applicable.

Considerations from re view by National Programme of Care

POC Board support

1) The original proposal received the full support of the Women and Children's POC Board in November 2019. In response to CPAG and Clinical Panel comments received in December 2019 and January 2020 respectively, the service specification working group has amended the specification to provide a more detailed context for this being a directly commissioned service. The overall commissioning plan and additional costs required to support the service have not changed.

The changes to the service specification received the Programme of Care Chair's approval on the 20 May 2020.

Benefit of Service Specification:

Clinical Commissioning Groups (CCGs) are responsible for commissioning abortion services. However, no provision has been made within standard termination of pregnancy specifications that outlines care pathways for terminations for patients with complex co-morbidities.

This service specification describes termination services for patients that cannot be treated in an independent sector provider (ISP) service because their clinical presentation indicates the need for treatment and care in a NHS hospital setting, typically with input from a multi-disciplinary team (MDT).

The Prescribed Specialised Services Advisory Group (PSSAG- the group that provides advice to ministers on whether a service should be directly commissioned by NHS England) – have confirmed that NHS England is the responsible commissioner of termination services for patients that cannot be treated by the ISP. PSSAG have also requested that this decision is reviewed in a number of years time as the service develops and within that context, the service specification is described as an 'interim' specification.

Implementation timescale:

There will be a staged approach to implementation which will include provider selection. Implementation will commence in June 2020 and provider selection will be confirmed from October 2020.