SCHEDULE 2 – THE SERVICES

Service Specification No:	1834
Service	Provision of NHS termination of pregnancy centres for patients presenting with medical complexity and / or significant co-morbidities requiring NHS treatment
Commissioner Lead	
Provider Lead	

1. Scope

1.1 **Prescribed Specialised Service**

This is an interim service specification to enable national planning action to take place to secure NHS capacity to safely conduct around 3,000 complex terminations per year. The interim specification is limited to the provision of surgical and medical abortion under any of the grounds defined in the Abortion Act (1967) only where a pregnant person's clinical presentation means they require NHS hospital care which the Independent Sector is unequipped to provide, such as onsite access to theatres, blood and blood products, surgical team and multi-disciplinary team (MDT) input from a range of clinical specialities.

1.2 **Description**

Abortion is when a pregnancy is ended so that it does not result in the birth of a child. Sometimes it is called 'termination of pregnancy'. Terminations are performed medically or surgically. Both options are safe and effective and national guidance recommends a choice of methods where appropriate.

The Department of Health and Social Care have set out the guidance for the provision of termination services. The guidance sets out the framework within which Clinical Commissioning Groups (CCGs) should commission termination services. The guidance and the standard termination contracts in place make no provision for termination services for women with significant co-morbidities that the Independent Sector Providers (ISP) cannot provide treatment for.

The vast majority of terminations in England and Wales are carried out by ISPs under contract to the NHS (74%). These services typically operate from free-standing clinics and are staffed and equipped to provide abortion care for healthy patients or those with mild systemic disease. However, patients with significant co-morbidities and / or medical complications require management in an NHS hospital setting where there is a MDT with specific clinical expertise and access to diagnostics, therapeutics and blood, theatres and critical care.

1.3 **How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners**

CCGs are responsible for commissioning all standard termination services. The ISPs safely and effectively carries out 74% of termination services across England. However, for some patients, the ISP does not have the facilities required to safely provide treatment because of the particular presentation/medical co-morbidity of the patients. The

Prescribed Specialised Services Advisory Group (PSSAG – the group that provides advice to Ministers on whether a service should be directly commissioned) - have confirmed that NHS England is the responsible commissioner of termination services for patients with significant co-morbidities that cannot be treated by an ISP because the patient needs critical care and / or medical support. This responsibility includes planning, setting standards and provider designation.

PSSAG, in making their decision, have also advised that this decision is to be reviewed in a number of years-time as the service develops. Within that context, this service specification will be classed as an 'interim specification' aimed at securing access to safe terminations for a small number of patients with high clinical needs now and helping to plan for sustainable NHS provision for such complex cases for the future.

CCGs will remain responsible for funding all termination services linked to the national tariff.

NHS England will provide a top up to the tariff for NHS Centres and support the additional training and development plan costs directly associated with implementing this interim service specification.

2. Care Pathway and Clinical Dependencies

2.1 **Service overview**

Terminations are provided mainly by the independent sector with NHS hospitals also providing terminations where NHS care is required.

Whilst the model of care is generally effective, an unintended consequence of the concentration of services in the independent sector has been a reduction in provision and expertise in the NHS sector over time, particularly in late gestational terminations. The Royal College of Obstetrics and Gynaecology (RCOG) has identified the following concerns about termination services and has made abortion care a strategic priority and in June 2019 established an Abortion Care Taskforce:-

- Poor access to care for women with complex co-morbidities, who require additional clinical input
- Poor access to care for women in the later gestations who are at risk of complications of termination
- Commissioning is split between CCGs and local authorities with no standard guidance on contracting procedures
- Obstetric and gynaecology trainees are not exposed to service provision in the national curriculum
- An NHS shrinking workforce as a result of fewer trainees being involved in the service.

Care pathway

Referral Sources

The majority of referrals into NHS Centres across all NHS England regions will be made through Central Booking Services (CBS) that are already in place linked to ISP specialist placement services and provided as part of CCG commissioned services.

The pathway outlined below describes the arrangements already in place for referral of cases from the ISP to the NHS which will be expanded as part of this specification.

Patient clinical assessment and specialist placement teams

For the small number of patients who do not meet the eligibility criteria for safe treatment in the independent sector (IS) and require treatment at an NHS Centre due to their clinical complexity, Specialist Placement Services are already in place across the ISPs carrying out a clinical assessment and referring patients into existing NHS Centres. This service ensures that only those patients whose care needs cannot be met in the IS will be referred to an NHS Centre .

When the ISP's specialist placement service assessment is completed, the following information is provided to the CBS to facilitate appropriate onward referral:

- Standard referral form including contact details of the client, referrer, and the indications(s) for referral
- Medical case record of all assessments undertaken
- Results of any recent relevant investigations or records from the GP or consultant detailing the history of the client's medical condition and current status
- If an ultrasound has been performed, an ultrasound report with a determination of gestational age will be made available. Placental location is also provided in patients with a history of caesarean section and a gestational age of 14 weeks or greater.

On receipt of referrals from the ISP, the CBS will:

- Log receipt of the case and undertake tracking of timeline from referral to treatment
- Identify the most appropriate location of care based on the gestational age, waiting times and patient choice
- Transmit information about the patient (as above) securely and electronically to the NHS Centre
- Receives notifications from NHS Centres to accept or decline the referral
- Locate alternative centres for placement if the referral is declined due to capacity
- Collate referrals data and provide regular feedback to the referring centres and to NHS England.

Following acceptance of the patient, the NHS Centre will:

- Assume responsibility for communication with and care of the patient, including any further testing or psychosocial support required pre-procedure, and treatment
- If indicated, undertake follow-up
- If treatment is declined by the client, the NHS Centre will ensure that the client understands the need to contact their GP for advice on how to access antenatal care. (NB: if treatment is declined due to travel concerns the NHS Centre may refer back to the CBS to identify an alternative location for care)
- Inform the CBS of the date of completed treatment/those who did not progress to treatment.

Treatment, MDT arrangements and interdependence with other services

This is a NHS Centre led service working with other NHS Centres that can manage terminations medically and surgically for clinically complex patients who need access to critical care and/or medical support for a safe termination that the ISPs cannot treat. It is likely that the clinical complexity of the patient covered by this specification will predate or arise in pregnancy such as cardiac disease, respiratory disease, renal disease, rheumatological disease, gastrointestinal disease, neurological disease, skin disease and cancer. It also includes acute illness when the underlying condition is not clear. In all cases, the patients eligible for this service are those who have such conditions and for whom critical care facilities and / or medical support are required to secure a safe termination and prevent avoidable morbidity or mortality. The service will be able to prevent, prepare for and manage complications with support from a multidisciplinary team, and obtain support from mental health, social work and psychological services, when required.

Considerations around safeguarding may arise in the case of adult women who may be vulnerable because of a range of issues. These may include a learning disability, physical disability, mental health problem or other difficulty. Women without support networks or who are socially isolated are particularly vulnerable to abuse. Staff within the service must be trained in recognising the signs and know how to respond. The services will have protocols in place for onward referral to specialist services.

NHS Centres providing treatment for clinically complex patients requiring critical care and / or medical support will over time have the collective regional network capacity to manage all terminations up to 23 weeks and 6 days' gestation.

To support NHS Centres to manage all eligible clinically complex terminations, regions will commission a lead service to co-ordinate the production and delivery of training and development plans. NHS Centres within the network must commit to training and working with other NHS Centres as part of a collaborative network arrangement. The NHS Centres will also provide training to post-graduates undertaking the advanced skills module in safe abortion. The development and delivery of training plans may be undertaken in collaboration with independent sector clinics.

To ensure that all clinically complex patients that cannot be treated by the IS who are at late gestational age (typically above 14 weeks) can access treatment in an NHS Centre, there needs to be at least one service per region able to manage terminations at late gestational age. These hospitals will provide NHS Centre terminations for patients in line with this service specification.

The NHS Centre must have core and extended MDT membership in place. The core members of the surgical and medical terminations treatment MDTs are set out below:

For surgical termination services

- Experienced theatre team with appropriately skilled surgeons providing abortion care to the same gestational age
- Anaesthetists with experience in high-risk abortion or high-risk intra-partum care

For medical termination services

- Experienced ward team with specialist doctors providing abortion care to the same gestational age
- Ability to perform feticide
- Access to surgical expertise for completion of failed inductions and/or major complications (e.g. uterine rupture).

Interdependence with other services and extended MDT arrangements

NHS Centre must have

- access to critical care services for pre and post termination care.
- access to expertise in complex pelvic surgery (usually gynae-oncologists) and interventional radiology particularly to manage cases with abnormal placentation at high risk of haemorrhage.

The NHS Centres must also have access to the opinion of consultants typically from the following specialties as part of their extended MDT arrangements:-

- Diabetes and Endocrinology
- Nephrology / Renal replacement therapy
- Respiratory
- Cardiology
- Rheumatology
- Gastroenterology
- Neurology
- Vascular surgery
- Interventional radiology
- Urology
- ENT
- Oncology
- Dermatology
- Microbiology
- Psychiatry/psychiatric liaison
- Paediatrics

All services must have:

- Ultrasonography
- Capacity to provide ring-fenced theatre time
- Blood and blood products on site, access to a 24-hour haematology/transfusion advice service with local protocols in place for rapid access to platelets and clotting factors, and protocols for management of Major Obstetrical Haemorrhage
- Evidence-based clinical guidelines for termination services in place
- Provision for patients with disabilities (physical and learning disabilities) and patients with interpretation/advocacy issues.

Additional interventions that may be required include:

- Advanced ultrasound scanning for placental location/invasion
- Ward admission for investigations or pre-operative preparation (e.g. reversal of anti-coagulants)
- Pre- or post-procedure admission to adult critical care
- Hysterotomy/hysterectomy
- Complex pelvic surgery including ureteral stenting or repair, vascular repair
- Interventional radiology

2.2 Follow up and contraception

NHS Centres will ensure that patients receive verbal and written information on discharge, and that any other service which provides the follow-up care is informed, subject to consent.

Many patients want to begin a contraceptive method after a termination. Provision of contraception immediately after a termination is associated with greater uptake and continuation of use. All patients must be able to discuss contraception and reproduction options with a trained healthcare practitioner and be offered a choice of all methods when they are assessed for termination and before discharge (refer to NICE guideline [NG140]: Abortion Care, 2019).

2.3 The Abortion Act (1967), policies and procedures

The Abortion Act requires that treatment for the termination of pregnancy must be carried out in an NHS hospital or in a place approved by the Secretary of State for Health and Social Care.

The Care Quality Commission (CQC) regulates all healthcare activities including termination care. Providers must maintain acceptable service standards according to the CQC inspection framework.

The service must comply with the safeguarding legislation for children and adults, national policy.

Staff appraisal and re-validation procedures must be in place to ensure that staff keep up to date with continuing professional development requirements as set down by their professional body and a Responsible Officer must monitor compliance with these standards.

NHS Centres must have in place governance arrangements to assure patient accessibility, clinical quality and patient safety. They must also ensure that effective policies and procedures are in place to minimise risk of infection and other complications associated with termination procedures.

3. Population Covered and Population Needs

3.1 Population Covered by This Specification

A small sub-set of pregnant people who have medical, psychiatric, or other significant co-morbidities that exclude them from routine termination services in the IS because they are clinically complex, at high risk of abortion related morbidity, specifically haemorrhage and need access to critical care and / or medical support to have a safe termination, preventing avoidable morbidity and mortality.

The service outlined in this specification is for patients ordinarily resident in England* or otherwise the commissioning responsibility of the NHS in England (as defined in Who Pays?: Establishing the responsible commissioner and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges).

*Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a GP Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England.

3.2 Population Needs

One in five pregnancies in England and Wales end by induced abortion. This equates to approximately 191,555 terminations in England each year. Of these, 74% are undertaken by ISPs and are exclusions from this specification.

Whilst there are limited data available that describes the number of patients with complex co-morbidities who require a termination of their pregnancy in an NHS hospital setting, data from two of the largest ISPs indicates this is likely to be between 2,500 to 3,000 people per year.

Disproportionately more people needing hospital placement for a complex termination are at a later gestational age compared to standard terminations nationally. One ISP reported that 56% of hospital referrals are below 10 weeks' gestation compared to 80% for non-complex cases nationally and that 6% of hospital referrals are referred at 20 weeks' gestation compared to 2% for non-complex cases. Some of the shift in gestation is the result of difficulty finding a suitable location for care, in some cases however, the medical condition itself may have led to a delay in the recognition of pregnancy.

Most people needing NHS centres services will require surgical abortion, and this may be the medically recommended method for many cases. Where clinically appropriate and preferred, a medical abortion may be offered. Feticide provided by an appropriately trained individual may be needed for medical inductions typically from 22 weeks of gestation.

3.3 Expected Significant Future Demographic Changes

This service will be impacted by general changes in population health such as the increase in those with significant co-morbidities.

4. Outcomes and Applicable Quality Standards

4.1 Quality Statement – Aim of Service

The aims of the service are to

- Ensure that people needing NHS care for safe termination are always able to access specialised termination services up to 23 weeks 6 days of gestation (regardless of the legal ground)
- Provide rapid access to local, safe, effective and satisfactory terminations for individuals excluded from treatment in routine termination services due to the complications posed to safe termination as a result of the patient's medical needs or significant co-morbidities
- Ensure that people with significant co-morbidities have access to NHS Centres at early gestation and in line with national gestation group (weeks) profiles where safe care requires NHS input
- Maximise safety by providing local access to high quality expertise in specialised termination services up to 23 weeks 6 days of gestation with access to multidisciplinary teams and acute peri-abortion care when needed
- Ensure that the quality of the care provided is nationally monitored and subject to a process of continued improvement (though a national dashboard)
- Participate in national data collection to
    - improve understanding of service needs across the country to allow optimisation of outcomes and resources

- improve understanding of optimal methods of treatment through analysis and publication of data
- standardise the assessment criteria across all ISP specialist placement teams

- Increase access to training opportunities in surgical terminations after 14 weeks of gestation, leading to a more robust workforce in termination services across sectors as well as an expansion of services at a greater range of gestational ages within NHS hospitals

NHS Outcomes Framework Domains

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

4.2 Indicators Include:

No.	Indicator	Data source	Domain(s)	CQC Key Question
Clinical Outcomes				
101	Number of patients referred for TOP by gestational age	Provider submitted	2,3,4	Effective, caring, safe
102	Proportion of medical TOP by gestational age carried out by the NHS Centre	Provider submitted	2,3,4	Well led, effective, caring, safe
103	Proportion of surgical TOP by gestational age carried out by the NHS Centre	Provider submitted	2,3,4	Well led, effective, caring, safe
104	Proportion of referrals accepted by NHS Centre	Provider submitted	2,3,4	Effective, caring, safe
105	Time from receipt of referral accepted by NHS Centre to TOP (including MDT review) ≤ 5 working days	Provider submitted	2,3,4	Effective
Patient Experience				
201	A patient experience exercise is undertaken at least annually to inform service development and improvements	Self-declaration	2,4	Well led, responsible, effective, caring

202	Patients are provided with information about termination of pregnancy, follow-up and contraception	Self-declaration	2,4	Well led, responsible, effective, caring
Structure & Process				
301	The termination service has core MDT team members for surgical and medical services as detailed in the service specification.	Self-declaration	1,2,3,4,5	Well led, responsible, effective, caring, safe
302	There are clinical guidelines in place as per the service specification	Self-declaration	1,2,3,5	Safe, effective, caring,
303	There is a process in place whereby the MDT can access specialist advice from other specialist teams	Self-declaration	1,2,3,4,5	Safe, effective caring
304	The NHS Centre participates in local and national audits as required	Self-declaration	1,2,4	Safe, effective and responsive

Detailed definitions of indicators, setting out how they will be measured, is included in schedule 6.

4.3 Commissioned providers are required to participate in annual quality assurance and collect and submit data to support the assessment of compliance with the service specification as set out in Schedule 4A-C

4.4 Applicable CQUIN goals are set out in Schedule 4D

5. Applicable Service Standards

5.1 Applicable Obligatory National Standards

The Abortion Act 1967

5.2 Other Applicable National Standards to be met by Commissioned Providers

Royal College of Obstetricians and Gynaecologists (RCOG) Guidance, The Care of Women Requesting Induced Abortion (2011)

Royal College of Obstetricians and Gynaecologists (RCOG) Termination of Pregnancy for Fetal Abnormality in England, Scotland and Wales (May 2010)

Human Tissue Authority (HTA) Guidance, On the Disposal of Pregnancy Remains Following Pregnancy Loss or Termination (March 2015)

National Institute for Health and Clinical Excellence (NICE) Guideline Abortion care guideline [NG140] Published date: September 2019

World Health Organization (WHO); Surgical Safety Checklist (2009)

5.3 Other Applicable Local Standards

6. Designated Providers (if applicable)

7. Abbreviation and Acronyms Explained

The following abbreviations and acronyms have been used in this document:
Independent Sector (IS)
Multi-disciplinary team (MDT)
Clinical Commissioning Groups (CCGs)
Independent Sector Providers (ISPs)
Royal College of Obstetricians and Gynaecologists (RCOG)
General Practitioners (GPs)
Care Quality Commission (CQC)
Required Standard Operating Procedures (RSOPs)
Termination of Pregnancy (TOP)
World Health Organization (WHO)
National Institute for Health and Clinical Excellence (NICE)

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