

**\*\*Urgent\*\***

Rt Hon Matt Hancock MP  
Secretary of State for Health & Social Care  
39 Victoria Street  
Westminster  
London  
SW1H 0EU

27 March 2020

Dear Secretary of State

**Re: Approval of a Class of Places - The Abortion Act 1967**

I write further to the recent proposed and withdrawn temporary amendment to The Abortion Act 1967 regulations. I implore you reconsider your position and introduce these temporary measures, so that we can protect our valued and scarce doctors, nurses, midwives, call centre operatives and front-line care providers across our network of 60 clinics in England. Many of our valued employees also have shared roles in the NHS. We should also not forget our duty to protect service users – 99% of whom are treated on behalf of the NHS. Moreover, many of our Early Medical Abortion clinics are located within vital GP surgeries.

**It is best to use data** to demonstrate the significant risk our service users and front-line care providers are facing. We have modeled the 2020 procedures forecast on the latest available ONS data for England & Wales for 2018 (published June 2019) (see graph attached):

- There were 200,608 abortions for women resident in England & Wales during this period across all providers.
- Over three quarters (80%) of NHS funded abortions took place at under 10 weeks (160,000)
- Of these 160,000 procedures, based on our current procedure mix and modelling, on average 13,300 service users per month would be eligible for a remote telemedicine approach, negating the need to leave their house and enter a clinic for a face to face appointment
- Based on our modelling, the number of service users who will need to visit a clinic for a medical abortion which could be treated at home, will climb again in May 2020 to 15,000

Given these statistics and considering the escalation in Government advice to only leave our homes **under very stringent guidelines**, implementing the temporary measures to the Approval of a Class of Place makes absolute sense and is in line with Public Health advice. By way of information, we currently have 68 out of 400 of our

team members away from work self-isolating because of the virus; I understand other independent providers are also experiencing a similar deteriorating position. Given the ongoing number of people visiting our clinics, this is only set to increase. If we, the independent sector, are increasingly unable to provide services and the NHS is diverting resources to treating COVID-19 cases, abortion services will very soon be in a critical state across the country.

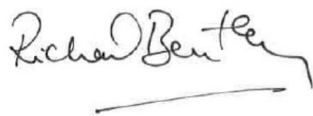
Activity at our centres is showing no sign of abating; in fact, our nurses, midwives, doctors and call centre teams are being asked to take on higher caseloads in support of NHS Trusts, which are having to suspend termination of pregnancy services and re-direct resources. As things stand, we have been approached by 15 NHS Trusts & CCGs to ask if we can support them to deliver services. One of these is **West Suffolk Hospital**, which, I understand is within your own constituency.

If, across England, we can avoid 15,000 unnecessary visits and journeys a month to clinics by implementing a safe and effective telemedicine model, we mitigate the risk of spreading the virus for this cohort of service users and our staff. Moreover, by being able to more efficiently deliver medical abortion provision, we can focus our clinics on supporting higher risk surgical patients and service users who are more vulnerable or have more complex medical or personal requirements.

In order to protect our clinical teams and the significant volume of service users who require access to our NHS funded services, I can only plead with you to reconsider and implement the temporary measures, which are entirely in line with NICE guidelines and the recommendation of best practice from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives.

Please, allow the simple maths of this, along with existing clinical evidence, to make the case for implementation of the temporary revised guidelines.

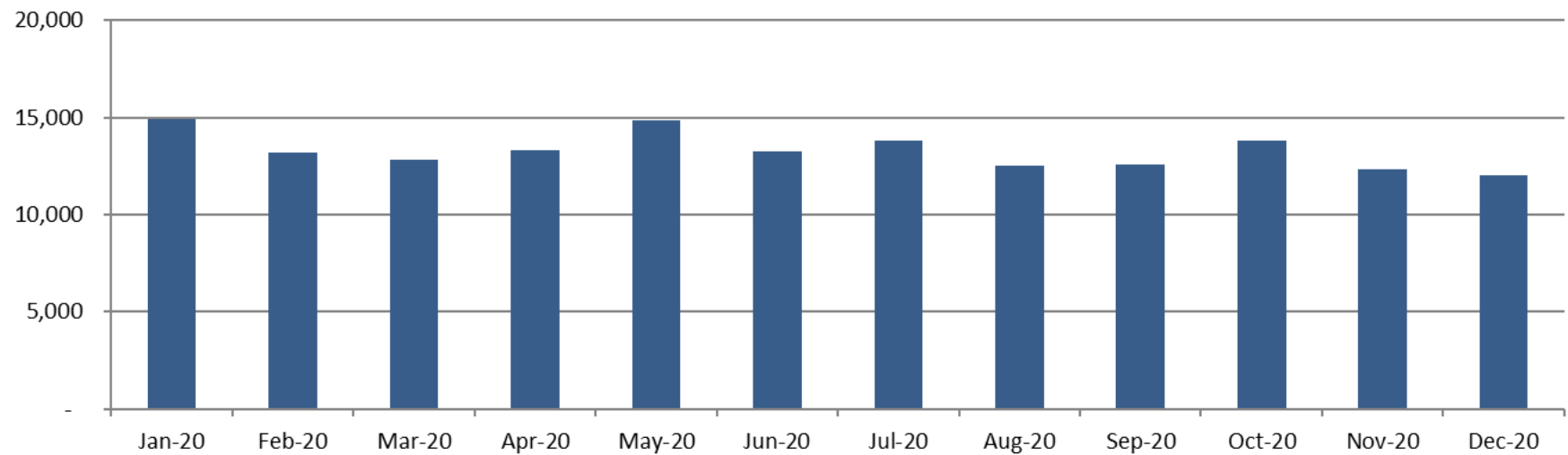
Yours sincerely



Richard Bentley  
**UK Managing Director**  
**Marie Stopes International**

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## 2020 England & Wales Forecast - Medical Abortions eligible for Telemedicine Treatment



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
■ Medical Abortion Clients	14,887	13,223	12,840	13,304	14,862	13,283	13,801	12,491	12,575	13,801	12,351	12,012