

Rt Hon Matt Hancock MP
Secretary of State
Department of Health and Social Care
39 Victoria Street London
SW1H 0EU

2nd March 2020

Dear Rt Hon Matt Hancock MP,

As you will know BPAS is now responsible for almost 100,000 of abortions under commissioning arrangements with the NHS, and we are particularly concerned about our continuing ability to continue to provide this time-sensitive care during the current situation with COVID19.

One simple measure, which would allow us to treat women safely in the early weeks of pregnancy without requiring them to attend a clinic would be for you to use your power under conferred by section 1(3) and (3A) of the Abortion Act 1967 (as amended 1990) to enable the use of both sets of medications required for early medical abortion at home.

This would remove the requirement for women up to 9 weeks and 6 days of pregnancy, who have already been assessed as suitable for treatment in a tele-consultation, to attend a treatment unit for the sole purpose of ingesting the mifepristone tablets. Clearly, the geographical location in which she swallows tablets makes no clinical difference, but it is currently a requirement of the Abortion Act 1967. Fortunately, it is one that you have the power to amend at any time. There is widespread clinical support for this measure: recent RCOG and NICE guidance see telemedical services for early abortion care as sensible and safe.

Early medical abortion involves the use of two medications: **mifepristone** which blocks the pregnancy hormones and **misoprostol**, which causes the expulsion of the products of conception. You have already used the powers in section 1 (3) and (3A) to allow the use of the misoprostol at home, which has significantly improved services and demonstrated that women are capable of following instructions for home-use.

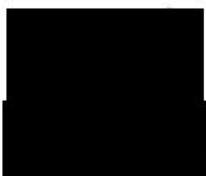
BPAS has been preparing to ask for the home-use of both drugs to be considered in any case, in the light of the development of remote counselling provision, but the current circumstances make the need for action urgent.

The current restrictions will prevent the treatment of women subject to quarantine requirements, putting their health at further risk, and by insisting that the large number of women attend clinics as they do at present causes them to be at increased risk at a time when they are experiencing the vulnerability of pregnancy.

I have attached a draft Guideline under which we would intend to work.

I would be pleased to meet your Minister, and or officials with the BPAS Medical Director to discuss how this urgent risk management measure can be progressed as quickly as possible.

Yours faithfully,



British Pregnancy Advisory Service (BPAS)