



INTEGRATION JOINT BOARD

Date of Meeting	4 February 2025
Report Title	Abortion Care – Referral from CCG
Report Number	HSCP.24.069
Lead Officer	Sandy Reid
Report Author Details	Name: Sandy Reid Job Title: Lead People & Organisation ACHSCP Email Address: sandy.reid1@nhs.scot
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	1.c) The IJB Shall consider the following – any other matter that the Chief Officer determines appropriate to report to the IJB

1. Purpose of the Report

- 1.1. This report provides an update to the Integration Joint Board (IJB) about current challenges associated with the provision of abortion care provided following a decision of the Clinical and Care Governance Committee on 1 October 2024 to refer the matter to the IJB for further consideration.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Notes the challenges associated with the provision of abortion care; and
- b) Notes the activity underway to ensure clarity on the service levels that can be provided within available resource.



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3. Strategic Plan Context

The IJB's Strategic Plan 2022 – 2025 notes that the Aberdeen City IJB hosts Grampian wide Sexual Health Services. Healthcare Improvement Scotland (HIS) have published Sexual Health Standards including reference to abortion care. The Strategic Plan sets out an aspiration to deliver on these standards, which are also reported as KPI's to the women's board of NHS Grampian's integrated family portfolio.

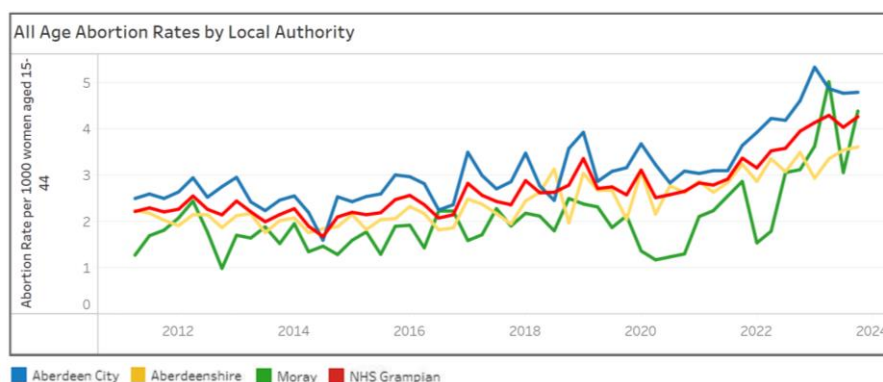
4. Summary of Key Information

4.1. Background

At its meeting on 1 October 2024, the Clinical and Care Governance Committee considered a 'spotlight' report on abortion care and the increasing demand for abortion care across Grampian. Amongst other things, it noted:

- sustained and significant increase in abortion care demand with a 19% increase in 2022 and further 10% in 2023 as set out in the table below;
- a reduction in capacity of gynaecology services within NHS Grampian;
- recent staff shortages and pending retirement of specialist nursing staff in 2025;
- waiting times that exceed HIS Sexual Health Standards and key performance indicators set out in NHS Grampian's Women's Health Plan;
- a significant decrease in contraceptive access in primary care and the use of hormonal contraception (hormone hesitancy)
- Increase in costs for out of board care/late abortion and;
- the complexity of the framework in which abortion care operates across three partnerships and acute settings in Aberdeen Royal Infirmary and Dr Grays.

The increased demand for abortion care is demonstrated in the table below:



*The NHSG red line in the above graph shows the Grampian average figures.



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Having regard to some of the challenges outlined above, the Clinical and Care Governance Committee referred the matter to the IJB for further consideration.

Of note, these issues are due to be discussed at a deep dive session at NHS Scotland's Population Health Committee and Scottish Government board visits.

Action to Address Demand

In recent months work has been undertaken with various partners to reduce the demand for abortion care. This has included providing General Practices with long acting reversible contraception information to aid the increase of this method of contraception in primary care. There has also been an increase in awareness amongst all health care professionals of how to sign post patients to contraception as appropriate.

Learning from national work on the barriers to accessing or using contraception, NHSG has developed a local communication plan with the public. This seeks to enhance the various ways people can access free conception as part of the NHS Grampian 'Know Who To Turn To' campaign. The service also works with the public health team to provide information on sexual health and contraception to young people and specific high risk groups.

Other aspects of sexual health service provision are being de-prioritised to meet abortion care demand. This has had an impact on clinical capacity for contraception clinics meaning, for example, the waiting times for contraception implants have increased.

The service is developing means to increase its digital capacity to support requests which can be done initially online rather than requiring direct contact with a clinician to create additional capacity. For example, within the coming weeks, No Talk Testing Kits will be delivered to patients at their homes without having to speak to anyone within the service.

As part of a Grampian hosted services review, sexual health services is working with Aberdeenshire and Moray Health and Social Care partnerships to agree service levels and associated budgets going forward. It is anticipated that this work will be complete in March 2025 in line with internal audit recommendations and the 2025/26 budget setting process. This will provide clarity on the service level that will be provided across Grampian within the available budget.



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Abortion care continues to require increased staffing resource, diverting care from other areas. As an example, prior to 2019 the service required 8 medical sessions a week, however, now requires at least 14 for assessment and procedure in addition to increase in follow up care management as overall numbers increase. Furthermore, in December 2024, 217 additional appointments were diverted to abortion care to meet KPI demand, increasing waits for contraception, STI, HIV and community gynaecology care. Areas of care which are also subject to HIS standards.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from the recommendations in this report.

5.2. Financial

There are no immediate financial implications to the recommendations in the report. As set out above, work is underway with Aberdeenshire and Moray HSCPs to review what level of service will be provided within the available funding envelope.

5.3. Workforce

The impact of this additional demand is on staff working within Grampian sexual health service. This is already significantly impacting on staff health and wellbeing within this service. Following approval by the Integration Joint Board at its meeting on 19 November 2024 to pause recruitment but for exceptional circumstances, the service is now developing proposals for replacing the two anticipated retirements as well as considering alternative options. This will be developed in alignment with the Grampian Hosted Services Review outlined above. This review will also allow the opportunity to discuss governance arrangements across the various parts of the Grampian pathway.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

There is no direct impact on unpaid carers arising from the recommendations of this report.



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5.6. Information Governance

No known issues.

5.7. Environmental Impacts

None

5.8. Sustainability

Not applicable.

5.9. Other

No other implications have been identified from the recommendations of this report.

6. Management of Risk

6.1. Identified risks(s)

Grampian sexual health service has an operational risk register that is reviewed and updated on a monthly basis. Failure to meet abortion care demand is recognised as a very high risk for the reasons set out above. As set out above, the risk was considered by the Clinical Care and Governance Group on 1 October 2024. The service will continue to provide information and assurance to the Clinical Care & Governance Committee on all issues highlighted above.