



HEALTH & SOCIAL SERVICES COUNCILS FOR NI

Guidance on Termination of Pregnancy in Northern Ireland: A response by the Health & Social Services Councils

1. The Health & Social Services Councils (HSSCs) were established by the Government in 1991 to represent the public interest in health and social care matters. This response is therefore based on a broad public interest perspective of access to services.
2. The HSSCs welcome the opportunity to comment at this stage and believe that the guidance will clarify access to services. We welcome the clarification of the legal principles governing termination and its aim of supporting good clinical practice.
3. We note that under the law, each HSS Trust must ensure that its patients have access to termination of pregnancy services. We welcome this clear statement which will promote a more transparent patient pathway.
4. Please see specific comments:

2.2

We note and welcome the summation of the principles for interpreting the law.

2.5

We support the statement that in each case the medical practitioner will be required to make a professional clinical judgement regarding the care of the woman. On occasions this will be a difficult decision, so clarity about the law is very important.

3.1

The HSSCs agree that assessment by two doctors with prior knowledge of the woman's clinical circumstances gives added weight to a clinical decision and strongly agree that in circumstances of an emergency it should be acceptable for a single doctor to make a decision so that the patient is not disadvantaged.

3.2

In circumstances where an assessment of the woman's mental health is necessary, it is important that medical practitioners have experience in managing mothers in these situations in order to assess the likely long term implications of the woman's mental health. The involvement of a psychiatrist where appropriate, is welcomed.

3.3

We welcome the clarity on professional assessment in situations where the mental health of a woman with no prior history of mental ill health is concerned.

4.1

The HSSC understand that some staff with a conscientious objection to this area of work will not wish to actively participate in performing a termination. We agree that staff should not be able to opt out of providing general care to such patients and that patient care is the priority not personal beliefs and that HSC Trusts should make appropriate arrangements.

4.2

We welcome the onus for GPs with a conscientious objection to put in place alternative arrangements. We note the GMC's guidance.

5.1

In relation to good practice, the HSSCs agree with the guidance that staff should be familiar with the legal framework, that women considering a termination should be treated sensitively and should be given information on alternatives to a termination.

5.6

The provision of counselling pre and post termination is very welcome. This should be provided in a timely manner by practitioners able to meet high standards.

5.10

After care services form an important support to women. This should not just include clinical treatment but must also offer a range of social care services.

5.11

We welcome the statement on confidentiality. A further confirmation and clarification that the duty of confidentiality owed to a person aged under 16 years is required.

5.13

We welcome the clarity set out regarding the recording of clinical decisions.

6.0

We support the statements regarding service arrangements. It would be helpful to set a Trust target in relation to the timescale from the decision to proceed. This would support a high quality service to patients. If a target is not set, clarity about monitoring arrangements with the commissioner will be required.

7.0

The HSSCs agree that service arrangements should include the provision of information and that this should be capable of meeting special needs.

The HSSCs believe that this guidance will clarify health professionals' responsibilities and promote a quality, accessible service.

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