



Department
of Health

Changes to the publication of annual abortion statistics

Response to proposals in the consultation

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Response to proposals in the consultation

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Contents

Contents.....	4
Summary.....	5
Background.....	6
Summary of responses	7
Conclusions and plans.....	11
Annex A: List of respondents to the consultation	14

Summary

This document summarises the responses received to the proposals that were made in the consultation on the changes to the annual abortion statistics publication and sets out what action will be taken as a result.

The Department of Health (DH) consulted users of abortion statistics between 15 April and 10 June 2013. The aim of the consultation was to ensure the abortion statistics reports remain as relevant and as useful to users as possible within resource constraints. The consultation sought feedback on the annual report in general, with the opportunity for users to suggest how the publication could be improved (questions 1-4). Additionally the consultation sought views about the geographical coverage of the publication (questions 5-6) and set out proposals about how and when to change the detailed geography tables to reflect the local reorganisation of health commissioning in England from Primary Care Trusts to Clinical Commissioning Groups and Local Authorities at 1 April 2013 (questions 7-9).

A total of 73 responses to the consultation were received from a variety of stakeholders including government departments, the Royal Colleges, county councils, special interest groups and private individuals. A list of responding organisations can be found in Annex A. We would like to thank all respondents for taking the time to respond to the consultation.

Responses showed that the publication has a wide range of uses, from commissioning and planning services to informing public debate, from education and marketing material to monitoring trends and creating indicators. Generally the whole publication was found to be useful, with some respondents citing specific tables of interest.

Many valuable suggestions were made for additional information to be included in the annual report. Where possible, in the limited timescales, additional information has been included in the 2012 publication and some larger requests have been identified for inclusion in future publications.

The great majority of respondents supported the local geography proposals, stating PCT data were no longer relevant. In light of these responses, DH has decided to take forward the proposals in the consultation, and in particular to publish 2012 local level statistics by CCG and to make available as much data at LA level as possible.

Responses regarding an England focused publication were mixed with the general theme that data for all areas should remain available. The annual publication will continue to present England and Wales data whilst the issues – including those raised by respondents – are considered further.

There were requests for information that are not currently collected on the abortion notification form (HSA4). The consultation asked what additional detail should be reported in the publication and not what additional information should be collected. The latter is out of scope of the consultation and is governed by legislation.

Background

Registered medical practitioners are legally required to notify the Chief Medical Officer (CMO) of every abortion performed. The Department of Health receives these notifications on form HSA4 and undertakes the processing and statistical analysis. The Department of Health also process and publish abortion notifications on behalf of the Chief Medical Officer of Wales.

A statistical report is published each year presenting tables of abortion data for both residents and non-residents of England and Wales, containing some information for Primary Care Trusts (PCT) and Strategic Health Authorities (SHA) in England and Local Health Boards in Wales. The tables provide the abortion figures broken down by a range of variables: age, marital status, purchaser, statutory grounds, procedure, ethnicity, parity, complications, gestation period, medical conditions and country of residence for women not resident in England and Wales.

In line with the Code of Practice for Official Statistics, the Department of Health seeks to engage with users to understand for what purposes the statistics are used, and to improve their relevance and utility.

Under the health reforms, PCTs and SHAs ceased to exist from 1 April 2013 and PCTs' responsibilities for commissioning of abortion services transferred to Clinical Commissioning Groups (CCGs). At the same time, Local Authorities assumed responsibility for the commissioning of some other public health services. The Department of Health anticipated that, as a result of these changes, users would find the PCT tables of less relevance and instead place more value on information by CCG and, to some degree, by Local Authority (LA) as well. A decision was taken to consult on this matter.

In recent years, the annual statistical reports have typically been published in May or June. However, the desire to consult users has resulted in a July publication date for the 2012 report.

The HSA4 forms contain sensitive personal data. All releases of abortion statistics outputs are subject to disclosure controls. The data are published and released in accordance with the Department's responsibilities for providing information under Code of Practice for Official Statistics and the Freedom of Information Act, within the constraints of the Department's responsibilities for protecting personal data under the Data Protection Act. This means that detailed figures cannot be released for PCTs, CCGs and LAs because of the risk of disclosure through differencing (combining figures for overlapping areas to ascertain disclosure information for small 'slivers'). Once a primary geographical breakdown is decided, this will apply to all abortion statistics outputs where the option to do so exists – the annual report, ad hoc data requests, parliamentary questions and FOI requests – to maximise the level of detail that can be provided at a local level. More detail about disclosure through differencing can be found in the consultation document.

Summary of responses

How the annual abortion statistics report is used

Generally, respondents said the statistics are used to monitor trends and abortion policy, used in analysis and research and to contribute to public debate about health and social policy. Specific uses mentioned by groups are as follows:

- County councils said they use the publication as part of planning and commissioning sexual health services. Performance monitoring for teenage conceptions and of abortions at 10 weeks and over was also mentioned and generally to recognise and address any areas where prevalence is rising and provide an early response by ensuring services are in place.
- The three abortion providers said they use the statistics to assess the effectiveness of existing provision in particular with reference to the sexual health indicators and levels of repeat abortion. They also use the publication to identify local gaps and improve services to ensure all women have access to the services they need.
- Responses were received from a number of other government organisations. The Office for National Statistics (ONS) said they use the publication to produce conception statistics and understand how the statistics are produced. Public Health England (PHE) use the data to construct sexual health outcome indicators for commissioners and sexual health leads. The Welsh Government signpost users to the bulletin as the definitive source of data on abortions for England and Wales as Wales only publish a single summary webpage.
- Charities said they use the publication alongside their own data to shape marketing, advertising and quality of the services they provide, and to show when asked why their services are needed and how they represent their client group. Additionally, leaflets, factsheets, training and educational materials were cited as using information from the abortion publication.
- Professional colleges said they use the information as evidence in clinical guidelines, working party reports, briefings and statements. The information helps to ensure their members are informed of relevant healthcare practice.
- Special interest groups mentioned they use the information as part of their campaigning and to ask pertinent questions; and also as part of educational talks and materials for schools and clubs.
- The Congenital Anomaly Registers all said they were interested in the numbers and comparative rates of abortion under grounds E.
- Many of the private individuals responding to the consultation cited using the statistics for 'personal research', having 'an interest in ensuring information is available to the public' and 'to analyse the reasons for abortion'.
- Two private individuals said they look at the statistics to see if they can find out the sex of the aborted fetuses.

Most and least useful sections

Respondents were very positive about the abortion publication with many saying they find all sections useful.

Depending on their needs, different sections were cited as being useful, with most interest shown in local and regional tables, reasons for abortions (in particular under grounds E), women's age, gestation, late term and repeat abortions.

Suggestions for improvements to the publication

Respondents made a number of suggestions for the inclusion of additional information in the publication derived from the HSA4 form:

21 respondents asked that more information for late terminations (24+ weeks) be published.

16 respondents asked that more detail about ground C cases be published, in particular, detail of the specific mental and/or physical health risks given.

The 4 Congenital Anomaly Register responses asked that analysis of ground E by procedure and by region be published.

Other specific suggestions were to include information from the HSA4 on:

- Figures for repeat abortion for all ages and not just under 25s
- Separate figures for grounds F and G in tables 3a and 7b
- Mortality rates
- Local or regional data for grounds and procedure
- Ward level data if possible
- A deprivation indicator

There were also suggestions about making the publication more informative through the use of relevant information from other sources, specifically:

- Birth numbers for all ground E conditions in table 9
- Explanations for the discrepancy between the National Down Syndrome Cytogenetic Register (NDSCR) data and the DH statistics for ground E, along with a link to data from the NDSCR

Some respondents offered comments on the frequency and format of publication, requesting:

- Quarterly publication
- An interactive spreadsheet to be able to filter by organisation
- 2 respondents said there should be no or limited suppression of data in the publication

In addition, a number of respondents requested the collection of extra items on information on the HSA4, specifically information on:

- The sex of the foetus (21 respondents)
- NHS number, to enable population-linked longitudinal data for research (7 respondents)
- The method of contraception and screening for sexually transmitted infections (STIs), beyond the existing information about whether chlamydia screening was offered or not.
- The doctors giving approval – where they work and whether they are psychiatrists or not
- Figures for co-habiting women separate from married women
- Whether or not the women have children
- Routes of referral

- Type of analgesia and anaesthetic and
- Availability of professional interpreters

The FPA and Brook response asked that we reconsider use of the terminology 'repeat abortion' and replace it with 'women who have had more than one abortion' as, in their experience, they have found it to have negative and stigmatising connotations.

More effective engagement with users

Respondents welcomed this consultation and saw this as effective engagement with users. There was suggestion that DH could carry out such surveys more regularly.

PHE raised that they would like a closer working arrangement with DH and ONS, particularly discussions relating to methods of data suppression. In light of the need for suppression arising from CCG and LA overlaps, some more engagement with LAs was suggested and also an information support service for local data queries was mentioned.

Abortion provider Fraterdrive Limited suggested DH have meetings with specialist abortion providers to gain further understanding of changes that may be happening within the service.

The Congenital Anomaly Registers asked that stakeholders are contacted prior to publication, especially those commissioning services, to determine the content of the publication.

Some individuals felt the statistics should be made easier to find on the internet. There was suggestion for regular email updates and notification to stakeholders when the statistics are published. Respondents also suggested that regular feedback from users and researchers should be encouraged and a section could be included in the publication.

Statistics for Wales

The responses to the questions on geographical coverage were polarised with some respondents supporting a switch to a focus on England only publication whilst other respondents outlined a need to report both. A sizable, third group suggested that they had no preference as long as data for all areas remained available.

Local councils, PHE and other respondents reported that they were more comfortable comparing local areas with England only figures. Additionally, they pointed out that England only figures are used for most public health indicators hence it would be preferable to focus on these in the report.

A large proportion of respondents, however, raised concern over the continued availability of information about Wales. Abortion provider BPAS's response voiced the need for comparable data to be published for both countries to allow comparisons in local areas that are necessary for detecting important issues. A response from the Society and College of Radiographers stated that some of their members practice in both countries; hence they require access to comparable data from both countries. Many of these respondents stated that it would be desirable to retain all tables with data aggregated for England and Wales.

Proposal to publish information by CCG and LA instead of PCT

There was overwhelming agreement from those who responded to this question that, given the new commissioning arrangements, information for PCTs was no longer relevant and statistics should be presented by CCG or LA. One council mentioned that they had already had requests from commissioners and strategic leads to have data at CCG and LA level.

Another council mentioned that “where there is more than one CCG the information will enable localised commissioning intentions to be developed and localised performance monitoring to be put into place.”

A couple of respondents were concerned about comparisons with earlier years’ data and suggested that information should be presented on both old and new boundaries to support time series analysis.

Proposal to adopt CCGs as the primary breakdown, whilst presenting as much information as possible for LAs

The majority of those responding to this question agreed that CCG should be the primary breakdown as CCGs are the main commissioners, but a few respondents expressed some reservation.

There was concern that CCGs are not well understood publicly and that, as LAs are more stable and less likely to change over time, the provision of information by LAs would aid meaningful time series analysis.

Some respondents raised the point that as LAs are responsible for both public health and commissioning of some sexual health services, statistics by LA would be more appropriate: “Although CCGs will commission abortion services, LAs will need to be able to view abortion information alongside other key indicators of sexual health.”

Due to the split in public health and sexual health commissioning, there were requests for information to be presented by both CCG and LA.

Proposal to switch from PCT for the next report (2012 annual statistics)

There was overwhelming support for the switch from PCT tables to be made in the 2012 annual statistical report.

Councils said it would assist future planning activity and the abortion provider Fraterdrive Limited said they are already working with and reporting to CCGs.

Conclusions and plans

Annual report and user engagement

Responses suggest the statistics are widely used at local and national level and all sections of the publications are found to be useful.

The abortion statistics are a 'National Statistic' and this requires that publication dates are pre-announced a month in advance. This pre-announcement is available on the DH webpage and the UK National Statistics Publication Hub website. Additionally, DH will in future send out email alerts to users closer to publication date, bringing their attention to forthcoming releases – statistics, future consultations or user surveys.

The annual bulletin is published on the Department of Health section of GOV.UK website and a search on 'abortion statistics' will link to the abortion statistics data series page. There is also a link to the publication from the UKSA Publication Hub.

The Department welcomes feedback on the publication throughout the year. Contact details are included in the bulletin and on the abortion statistics data series page. The Department aims to make a wide range of data available via the publication. However, if there are any additional data requests, users can contact the abortion statistics email address.

Suggestions for improvements to the report

The consultation resulted in a significant number of useful suggestions, many of which we have incorporated into the 2012 report. The changes consist of:

- Analysis of ground E by procedure and region
- Repeat abortion information for under 25s, over 25s and all ages by CCG
- Ground F and G cases separated from ground A in Table 3a
- CCG and region data by grounds and procedure
- Figures in the commentary regarding deaths following a termination
- A link to the NDSCR website

Terminations under ground E shown in table 9 are listed by principal medical condition. Many cases have more than one condition stated on the HSA4 form. The Department of Health doctor reviews all late termination cases and advises on the allocation of the principal condition such that each termination is only counted once. To fulfil requests for more information for late terminations (24+ weeks), the 2012 publication will also include a table giving all mentions of conditions from the HSA4 form – Table 9a. This means a termination may be counted more than once within that table and so the figures will add up to more than the total number of abortions.

There has not been time to implement the following other suggestions into the 2012 report and these will instead be worked on with a view to inclusion in the 2013 report, subject to their successful development:

- Information by provider
- A deprivation indicator
- An interactive spreadsheet

- A congenital anomaly table containing numbers of births and terminations

We have not been able to implement some of the other suggestions:

- Information about the sex of the foetus and NHS number are not currently collected on the HSA4 form. To collect such information would require changes to the legislation, in particular the Abortion Regulations 1991, as well as to clinical practice. This is not in the scope of this consultation. The majority of abortions take place before 10 weeks gestation and it is not currently possible to identify a foetus's gender at that stage. Identifying the gender of aborted foetuses over 10 weeks' gestation raises ethical and clinical issues. The Government has no plans to introduce such a practice. NHS numbers are supplied for many terminations. However, the collection of NHS number is impractical for independent providers, particularly in the case of privately-funded abortions.
- The same is the case for requests for other items not currently collected on the HSA4 form: method of contraception, STI screening, separate information for co-habiting women, routes of referrals, type of analgesia and anaesthetic, and availability of professional interpreters. In relation to the request for figures for co-habiting women, the information is limited to that given in Table 2(vii) for 'parity' (previous pregnancies resulting in a live or still birth).
- For requests for more information regarding ground C cases, as no further breakdown for F99 (mental disorder, not otherwise specified) is included in the International Classification of Diseases, it is not possible to offer a further breakdown within the report.
- Officials from the Department and those responsible for the NDSCR have been working closely since earlier this year to identify the explanations for the differences between the two data sets. The results of this analysis will be published when completed.
- The Data Protection Act 1998 places a statutory obligation on the Department of Health to ensure that the statistics released on abortion do not relate to a living individual who can be identified from those data alone or in conjunction with other available information. Hence, suppression is only applied when it is considered that the data are at risk of disclosure. In 2011, a High Court judgment ruled the disclosure controls that had been applied were overly cautious in some circumstances and from the 2011 annual bulletin, a more limited degree of suppression has been applied, where still necessary to avoid the disclosure of personal data.
- In the same way that the risk of disclosure prevents us from releasing information for PCTs as well as CCGs and LAs, it is not possible to publish data at ward level.
- FPA and Brooks had requested that DH reconsider the use of terminology 'repeat abortion' and replace it with 'women who have had more than one abortion'. However, the suggested alternative is not completely correct as it is not a count of women but a count of terminations to those women. DH have decided to continue to use 'repeat abortion' in the publication as (i) the commentary includes a description about previous abortions, (ii) we have not been able to identify accurate and equally succinct wording for the tables and (iii) use of the term poses less risk of causing distress in the context of a statistical report.

Publication of Welsh data

The annual publication will continue to present England and Wales data whilst the issues – including those raised by respondents – are considered further.

Present 2012 data by PCT, CCG or LA

CCG will be adopted as the primary geographical breakdown and the local level tables in the 2012 bulletin (the equivalent of tables 10a, 10b and 11) will present information by CCG. Additionally, we will provide as much data at LA level as possible. The 2012 abortion statistics publication will not include any tables at PCT level.

As mentioned in the consultation document, detailed figures cannot be released for both CCG and LA because of the risk of disclosure through differencing.

For previous years, to facilitate comparisons over time and provide users with baseline data, we will provide as much information as possible for CCGs and LAs. This however will be limited by the PCT data already published and in the public domain but all efforts will be made to provide as much detail as possible. The CCG and LA tables for previous years will be published at a later date, as there is insufficient time to include them in the 2012 statistical report.

Annex A: List of respondents to the consultation

Abortion Rights Cardiff
Abortion Support Network
Acorns Public Health Research Unit
Alternatives: Pregnancy Choices and Loss Support
Antenatal Results and Choices (ARC)
Bolton Council
British Isles Network of Congenital Anomaly Registers (BINOCAR)
British Maternal and Fetal Medicine Society
British Pregnancy Advisory Service
Brook
City Centre Parish
Christian Concern
Christian Medical Fellowship
Congenital Anomalies Register for Oxfordshire, Berkshire and Buckinghamshire
Dorset Healthcare
Fraterdrive Limited
Family Planning Association (FPA)
Halton Borough Council
House of Commons (Fiona Bruce MP)
Leeds City Council
LIFE
Marie Stopes International (MSI)
Meridian Surgery, East Sussex
National Down Syndrome Cytogenetic Register (NDSCR)
Newark and Sherwood CCG
Office for National Statistics
Pension and Population Research Institute (PAPRI)
ProLife Alliance
Public Health England
Public Health England – South West Knowledge and Intelligence Team
Royal College of Obstetricians and Gynaecologists (RCOG)
Right To Life

Salford Local Authority
Saving Downs
Shropshire Council
Society and College Of Radiographers
Society for the Protection of Unborn Children (SPUC)
South West Congenital Anomaly Register
Staffordshire County Council
The Catholic Church
Welsh Government
West Midlands Congenital Anomaly Register
York Hospitals NHS Foundation Trust

27 private individuals/citizens