



Department
of Health

Detailed guidance note for completing the abortion notification form HSA4 for abortions performed in England and Wales: electronic form

This document contains information for doctors and clinic staff completing HSA4 forms online.

Introduction

The abortion notification electronic system enables practitioners to complete and send HSA4 forms to the Chief Medical Officer (CMO) online in accordance with the Abortion Act 1967.

Contact Details

If you require further information of help on completing HSA4 forms online please phone 020 7972 5537 or email abortion.statistics@dh.gsi.gov.uk. This document gives detailed notes, a summary guidance document for electronic completion of the HSA4 form is available on the gov.uk/dh

Using the online facility

The system can be accessed at <https://form4.doh.gov.uk> using passwords obtained from the Department of Health. To obtain these passwords, please contact the Department of Health using the contact details above.

It is essential that the practitioner's log in password remains confidential. The log in password together with the doctor's GMC number, would allow an intruder to gain access to highly confidential personal information.

The final password is the equivalent of the terminating practitioner's signature. Therefore it is essential that the practitioner's username and passwords remain confidential. Doctors are responsible for any information submitted under their log in.

Detailed guidance note for completing the abortion notification form HSA4: electronic form

We are aware that hospital/clinic staff assist practitioners with the completion of the HSA4 form, therefore the system has been designed to allow administrators and practitioners to enter information. Hospital/clinic staff have administrative log in and access rights, however, **only the practitioner who terminated the pregnancy is able to authorise the form** (which is the equivalent of a signature and then enables the information to be released to the CMO). The form can also only be authorised once the practitioner is content that the information provided is correct and complete.

Please be aware that, for security reasons, there is an automated "timeout" after a period of 10 minutes inactivity. If "Timeout" occurs, the data up to the last fully completed section will be saved.

In addition to this guidance note, online help is available throughout. To access this, click on the help button ? on the part of the form you are working on.

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Login page

There are two types of login options available:

1. Practitioner login

Please enter the username (GMC Code) and password provided by the Department of Health and click on "Login". If this is the first time you are using the system you will be prompted to change your password immediately.

Please enter the hospital/clinic code provided by the Department of Health and click on "Login"

The username and password is unique to the practitioner but for practitioners working at more than one hospital/clinic, the hospital/clinic code will be different for each site.

Practitioners here will be able to edit and authorise forms, but only for their own patients at this particular clinic. To view and authorise forms at more than one clinic, each clinic must be logged into separately.

In order to comply with the legal requirement that it is practitioners who submit abortion notifications to the CMO, practitioners' unique username and password must be kept confidential. There is a risk to patient confidentiality if passwords are not kept secure.

2. Administrator login

Please enter the username and password provided by the Department of Health and click on "Login".

Please enter the hospital/clinic code provided by the Department of Health and click on "Login"

Administrators will be able to add or edit forms for all patients having an abortion at that hospital/clinic but will only be able to work on forms for one practitioner at a time. In order to work on a different practitioner's notifications you will need to log off and log in again. However, this can be simplified by opening up your web browser (for example, Internet Explorer or Netscape Navigator) for a second time and typing "form4.doh.gov.uk" into the address field, logging in again and then alternating between the two open windows.

Practitioner's details

Practitioners

Check that the details shown for the practitioner and place of termination are correct. If so, click on "Continue".

If not, select "Log Out" and start again to enter the correct username, hospital/clinic code and password.

Administrators

Select the relevant GMC number from the drop down menu and click on “Next” (If the GMC number is not listed please contact us for further assistance.). The practitioner’s details will then be displayed. Check that the details shown for the practitioner and place of termination are correct. If so, click on “Continue”.

If not, click on “Change Practitioner” to return to the previous page, to reselect the practitioner’s GMC number from the drop down menu.

Add/edit abortion notification form

General information

Each new form entered onto the system is given a unique identification code beginning with “W” or “S” and proceeding with 9 digits.

For the protection of patient data, this application will shut down if you do not enter a keystroke for 10 minutes. If this occurs, the data in the section of the form being completed will be lost. You should “Save and Close Form” if you leave your PC or stop working on a form.

Each screen has a “Notes” button at the bottom of the screen. This provides a text area for additional information about the termination that will be stored with the form.

At the end of each page and after clicking “Next Page”, if any of the information entered is incomplete, a prompt message will come up listing the information that is missing. You will have the choice to “Continue” or “Edit Page”.

Adding a form

To create a new form, click on “Add New Form”.

Once a form has been added, the following options will become available:

Searching for an existing form

To find an existing patient’s form, scroll to the bottom of the page, enter the patient ID (which is the patient’s hospital/clinic number or NHS number) and click on “Search”.

If you cannot locate the form using the patient ID, please check the following:

- the patient ID you entered was correct
- for administrators, that the patient ID you entered was associated with the practitioner selected

If you still cannot locate the patient ID, this is because the patient's form was created using a different clinic code to the one you have currently entered. In this instance, you will need to create a new form for that patient and advise DH regarding the lost form.

Editing a form

To add or amend details on an existing form, click on “Edit” for that form.

Summary

By clicking on "Summary", you will be able to view the sections of the form that are currently missing or not completed correctly.

From this page, **administrators** will have the option of being able to delete a form or re-assign the patient to a different practitioner.

Authorise

The "Authorise" button can only be accessed by practitioners and will only appear once the form has been completed correctly.

Log Out

To log out of the system click on "Log Out" at the bottom of the page.

Section 1

Practitioner Terminating the Pregnancy

The practitioner's details will be displayed at the top of the screen.

Please click on the three-drop down menus to complete the declaration as appropriate.

Please then select "Next Page" for Section 2.

Section 2

Certification

Adding or amending practitioners' details

You will need to create your own database of practitioners' details before you can select a practitioner for section 2a and 2b. To do this, click on "Add Practitioner" then add the practitioner's Title, Forename, Surname and permanent Address then click "Save".

To amend any details on this database, select the practitioner in question from the drop down menu and click "Amend Details". If it is known that a practitioner is no longer certifying form HSA1, you have the option of deleting his or her details.

Selecting a practitioner

Click on the drop down menus to select the two practitioners who signed the HSA1. If the practitioner who terminated the pregnancy also certified that the woman had grounds for the abortion, then 2a is completed for the other practitioner and 2b is left blank.

Please then complete the information on certification underneath by clicking "Yes" or "No" as appropriate.

Please then select "Next Page" for Section 3.

Section 3

Patient's Details

For **UK residents**, please provide a patient reference number, date of birth and full postcode. For confidentiality reasons, we would prefer that a patient reference number and full postcode is given rather than the patient's full name and address. The patient reference number given is decided by the place of termination. It could be the patient's hospital/clinic number or their NHS number. However, the number must be easily identifiable locally in case we need further information from you. We only require a name and address if the patient reference number and full postcode is not known.

For **Non-UK residents**, please provide a patient reference number (see above), date of birth and country of residence. If the country of residence is not known, please state the full postcode or address for the woman's temporary stay in England or Wales.

3a) **Patient's Reference**

Please enter the patient's hospital/clinic number or NHS number; only provide the patient's full name if the patient's hospital/clinic number or NHS number is not completed.

3b) **Date of Birth**

In all cases please enter the patient's date of birth. If an invalid date has been entered a prompt will appear at the end of this page. (*Place backslashes between the day, month and year, e.g. 01/01/1960*)

3c) **Postcode**

For **UK residents** please state the patient's full postcode. If the full postcode is not available, enter the patient's complete address in the box provided. If a message appears at the end of the section stating "invalid postcode", please enter the patient's full address.

For **Non-UK residents** please provide the country of residence. If the country of residence is not known, please state the full postcode or address for the woman's temporary stay in England or Wales.

3d) **Ethnicity**

Please select the patient's self-reported ethnicity¹ *where known* from the drop down menu provided. If the patient's self-reported ethnicity is not known please select "Not known"

3e) **Marital status**

Please select the patient's marital status *where known*. If the patient is "Single" but in a long term relationship and/or living with her partner, please select "Single (with

¹ From April 2001 the Department of Health and the NHS introduced a set of 16 ethnic categories developed for the 2001 population census by the Office for National Statistics in conjunction with the Equality and Human Rights Commission. Such information is also vital to addressing health inequalities and improvements in public health and commissioning functions.

partner)” from the drop down menu. If the patient is single and the partner status is not known, select “Single (not stated)”.

Please note that “Civil Partnership” has been added to the form (version Revised Sept 2006). A civil partnership is an arrangement granted under the Civil Partnership Act of 2005, which gives same-sex couples rights and responsibilities identical to civil marriage

If the patient's marital status is not known please select "Not known" from the drop down menu.

3f) **Parity**

For parity, please enter the total numbers of any previous pregnancies (resulting in a live birth and/or stillbirth over 24 weeks; spontaneous miscarriage and/or ectopic pregnancy or legal terminations) in each of the three boxes as appropriate e.g. “01 + 00 + 00”. If, for example, a patient has had one live birth and one stillbirth, please enter this as “02”.

Please then select "Next Page" for Section 4.

Section 4

Treatment details

The name of the terminating hospital/clinic will automatically appear at the top of this page.

Please select whether the abortion was NHS Funded or Privately Funded.

Feticide

Please complete the Yes/No option as to whether feticide was used and then select “Surgical” or “Medical” depending on the method used to evacuate the uterus and click “Next Page”. Select the date and method of feticide from the drop down menu. If the method is not listed, please click on “Other - Specify in Notes” and enter the method used in “Notes”.

Follow the instructions below for “Surgical” or “Medical” on how to complete the details for the evacuation of the uterus and then click “Next Page”.

Please note, if the treatment method was for a Selective Termination only, please select “Selective Only” and then click “Next Page” and ignore the error message.

Surgical

For surgical terminations, please click “Surgical” then “Next Page”. Then select the relevant dates and method used from the drop down menus and click “Next Page”. If the method is not listed, please click on “Other - Specify in Notes” and enter the method used in "Notes".

Where a cervical preparation is used before a surgical procedure, please select “Surgical” only.

An evacuation of retained products of conception is not a termination and should not be reported on an HSA4 form.

Medical

For medical terminations, please click “Medical” and then “Next Page”. Then select the relevant dates from the drop down menus.

If the termination cannot be confirmed, please leave the box blank. If subsequent to sending the form, it is found that the pregnancy has not ended, a letter must be sent to the Chief Medical Officer and the form will be cancelled.

If an overnight stay was required, please fill in the date of discharge at 4d) (iv). If the prostaglandin was administered at a different site to the address shown at 4a), please also select the name and address of the hospital/clinic from the drop down menu, otherwise leave this blank.

If other medical agents were used, please complete the relevant dates. If the agent is not listed in the drop down menu, click on “Other - Specify in Notes” and enter the agent in “Notes.”

General

Where a surgical or medical termination has failed (the fetus has not been expelled) and the procedure is repeated, please complete one form only, entering the dates for the failed abortion into “Notes”.

If the place of termination details are incorrect, please let DH know and we will amend the form accordingly.

Please then select "Next Page" for Section 5.

Section 5

Gestation

Please state the number of *completed* weeks e.g. “08” and then select "Next Page" for Section 6.

For pregnancies terminated during their 24th week only, please use the “Notes” section to specify how many weeks plus days the pregnancy was terminated at e.g. 24+0, 24+1 etc.

If gestation is 4 weeks please confirm this in the “Notes” section.

Section 6

Grounds

Please select the boxes showing the grounds as stated on the HSA1 form and click “Next Page”.

Then for

- **Ground A or B** - please state the main medical condition.
- **Ground C** - please select “Yes” if there was a risk to the woman’s mental health. If the risk was to the woman’s physical health, please select “No” and state the main medical condition.
- **Ground D** - please tick the box.
- **Ground E** - please state the fetal abnormality, and the method of diagnosis, or other reason for termination e.g. condition in pregnant woman causing suspected condition in the fetus
- **Ground F or G** - please state the main medical condition.

If the pregnancy was terminated after it had exceeded its 24th week, please give a full statement of the medical condition of the pregnant woman/fetus.

Please then select "Next Page" for Section 7.

Section 7

Selective Termination

Please only complete this section where the original number of fetuses was 2 or more and are reduced to 1 or more. All other relevant sections of the form also need to be completed.

Please enter as, for example, “02” reduced to “01” and then select "Next Page" for section 8.

Section 8

Chlamydia Screening

Please select “Yes” or “No” and select “Next Page” for section 9.

The “Yes” box should not be ticked if prophylactic treatment alone was offered.

Section 9

Complications

Please use this section to record any complications that occurred up until the time of discharge from the place of termination, using "Notes" to provide any extra information as necessary. Please select the boxes as appropriate and then click "Next Page" for section 10.

Please do not enter evacuations of retained products of conception or failed terminations as a complication.

Section 10

Death of woman

If a death occurs as result of the termination, please enter the date using the drop down menu and state the cause of death.

Please then select "Next Page" to get to the Summary.

Summary

This page displays the form ID. You may wish to make a note of this, as it will help you to identify the form later if needed.

If the form is complete, select "Save and Close Form". This will take you back to the add/edit page.

If any information is missing or incorrect, this page will show the relevant sections with a direct link to them. Alternatively, use the navigation buttons at the top of the page, select the section you wish to view or amend and click "Go". Alternatively, click "Save and Close Form" which will take you back to the add/edit page.

On this page, **administrators** also have the option of deleting a form (if, for example, the patient failed to turn up for the procedure) or re-assigning a patient to a different practitioner. The "Re-assign Patient" button will bring up a drop down menu of GMC numbers to select from.

Submitting the form

The form can only be submitted once all the relevant sections of the form have been completed.

Only a **practitioner** can authorise the form and submit it to the CMO.

To authorise a form, the practitioner should select a form from the add/edit page and click on "Authorise." All the submitted termination details will appear and should be checked. If any details need changing, please click on "Close Form" and then "Edit". Once the practitioner is content with the information given, the practitioner should enter the second password provided by the Department of Health and click on "Authorise Form". This information will then be submitted to the CMO and will no longer be accessible.

Any subsequent amendments will need to be put in writing to the CMO.

This final password is the equivalent of the terminating practitioner's signature. Therefore it is essential that the practitioner's username and passwords remain confidential.

Additional information

For medical abortions, where more than one doctor may be involved in the termination, the terminating practitioner is the doctor taking responsibility for the abortion, usually this will be the practitioner prescribing the mifepristone.

All forms should be electronically signed within 14 days of the termination. Doctors should therefore log into their accounts **at each clinic** to check and send their electronic forms to the Chief Medical Officer. A reminder will be sent to doctors who have forms awaiting their signature for more than two weeks. If forms are not electronically signed within 6 weeks of the date of termination they will be removed from the doctor's account and sent back on paper to be checked and for a written signature that the information provided is correct.

Dealing with unsigned electronic generates additional work for clinic staff and staff who process forms on behalf of the CMO, therefore please ensure forms are signed off promptly. Also, statistics for both abortions and conceptions are published quarterly and missing information affects the quality of these data outputs.

This collection has been approved as a statutory collection by the Review of Central Returns Steering Committee (ROCR) (reference number ROCR/OR/2095/FT6/001STAT). The current licence runs until 1 June 2013. The ROCR team are keen to receive feedback on central data collections from those who complete/submit returns – in particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form

<http://www.hscic.gov.uk/rocr/approvedcollections>

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