

Report on Termination of Pregnancy in response to Parliamentary Notice of Motion

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I Introduction

I.1 Background

For some years, Specialist Medical Centres Tasmania (SMC) was the only provider of low-cost surgical termination of pregnancy (STOP) in Tasmania. SMC was established by Dr Paul Hyland in 2001 and provided surgical pregnancy terminations in both Launceston and Hobart. The service model was a fly-in/fly-out model with the medical practitioner flying from Sydney. SMC's Launceston centre closed in May 2016 and its Hobart centre closed in December 2017.

Dr Hyland, the owner of SMC, cited the regulatory cost burden and diminishing market demand as contributors to his decision to close the centres. The regulatory cost burden relates to compliance with the National Safety and Quality Healthcare Standards (the Standards) developed by the Australian Commission on Safety and Quality in Health Care (the Commission). As part of accreditation against the Standards, services must meet AS/NZS 4187:2014, which establishes standards for sterilisation of equipment. AS/NZS 4187:2014 replaced AS/NZS 4187:2003 in December 2016.

Since the closure, in order to facilitate access to interstate services, Tasmanian Patient Travel Assistance Scheme (PTAS), has been provided to assist both public and private patients to pregnancy termination services interstate and intrastate. Where clinically appropriate, this includes subsidies for patient escorts as consistent with the PTAS policy. In order to improve uptake of PTAS, General Practitioners are now able to refer their patients interstate under PTAS. Prior to this, referrals were only accepted from non-GP specialist practitioners. In addition, the Department has been working closely with the four Prescribed Health Services to improve options for women. These actions include encouraging more GPs and organisations to gain accreditation to prescribe medical termination, and developing a health pathway to provide GPs with referral options.

The Department is also exploring options to facilitate the entry of a new low-cost provider of surgical termination of pregnancy into the Tasmanian private sector. A provider has been identified and is currently in commercial discussions with a day procedure centre in Hobart within which the procedure could be undertaken. The service model would initially be fly-in fly-out.

On Wednesday 13 June 2018, Parliament moved a Notice of Motion that called on the Government to "provide advice from the Department of Health and Human Services, following consultation with relevant stakeholders including the Royal Australian College of Obstetrics and Gynaecology, general practitioners and other stakeholders on the provision of adequate resourcing to deliver statewide surgical terminations in the public and/or private system by 3 July 2018."

This report is the Department's response to this motion.

I.2 Consultation process

Given the specific wording of the motion agreed by Parliament, including also the tight timeframe it sets, the Department focussed its consultation on the organisations and stakeholders named, and interpreted the other relevant stakeholders to include the Prescribed Health Services and others with knowledge and perspectives to assist the Department in formulating its advice.

Stakeholders were asked to provide their:

"...views on what is necessary for a safe, effective and accessible surgical termination of pregnancy service for Tasmanian women".

In addition, stakeholders were asked to provide, if able, evidence or data that may assist in assessing any change in demand for surgical terminations.

Due to the limited timeframes, stakeholders were emailed a letter from the Secretary and asked to provide advice by Friday 22 June 2018. Stakeholders included:

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, both the National Branch and the Tasmanian Regional Committee. A response was received from the Tasmanian Regional Committee.
- Tasmanian Health Service Obstetric and Gynaecology Stream Leads and Directors of Nursing (asking that they include consultation with relevant staff.) Submissions were received from a North West Staff Specialist, Royal Hobart Hospital (RHH) clinicians (combined) and Launceston General Hospital (LGH) clinicians (combined).
- General Practitioners through the THS GP Liaison Officers, who have as part of their role to liaise with and garner the views of the GP community, and through Primary Health Tasmania. It is understood that the information gathered by the GP Liaison Officers was incorporated into the Tasmanian Health Service submissions.
- Private providers of Specialist Obstetrician and Gynaecologist services identified through the Primary Health Tasmania Health Directory. Emails were sent to the practices/organisations where the identified providers are employed. Submissions were received from two private providers.
- Providers of pregnancy counselling and other support services. Submissions were received from the Prescribed Health Services and Pregnancy Counselling & Support (Tasmania).

See Appendix I for a full list of the stakeholders contacted.

2 Consultation feedback

Stakeholders were consulted for advice on the provision of surgical termination of pregnancy in the public and/or private health system in Tasmania and specifically to provide their views on what is necessary for a safe, effective and accessible surgical termination of pregnancy service for Tasmanian women. In addition, stakeholders were asked to provide any available evidence or data that may assist in assessing any change in demand for surgical terminations.

All stakeholders identified that timely and equitable access to services is required based on need, not on socioeconomic status or where the woman lives. This was in relation to counselling regarding the full range of pregnancy options, the termination service itself and the provision of reliable contraception as an essential adjunct. It was noted that there are many barriers to accessing reproductive services, particularly for vulnerable populations. Many stakeholders highlighted the need to ensure that financial assistance and other supports are accessible, including those already provided by the community sector and PTAS, particularly for these populations.

The need for clarity regarding what services are provided in the public sector, referral pathways and eligibility criteria for access was strongly highlighted. It was also acknowledged that the availability of surgical terminations also ebbs and flows making it difficult to accurately quantify services in response to requests for information. Access to information regarding providers of medical terminations was also identified.

While it is noted that some women may prefer to fly to Melbourne (or elsewhere interstate for services), most stakeholders were of the view that services must be available in Tasmania.

Multiple stakeholders identified that access to surgical terminations requires a multi-faceted approach and should not be considered in isolation but within the other services and components of a broader sexual and reproductive health strategy. In particular, it was identified that there is also a need to couple improved access to surgical termination services with:

- investment in safe reliable and accessible medical termination services
- clinical review, follow up and monitoring of health outcomes and any complications
- investment in education and health promotion programs to increase knowledge about sexual and reproductive health, particularly in vulnerable communities
- access to information about services that support women experiencing unplanned pregnancy who wish to explore pregnancy options, free from coercion
- accessible services that provide information and support to women who decide that they do not want to continue with a pregnancy both pre and post termination
- timely access to appropriate medical services following any complications, and
- improved access to contraception, particularly Long-Acting Reversible Contraceptives

While the potential addition of a new local private provider in the community was welcomed there was concern about the affordability, long term viability and the safety of such as service. Further, if the provider is at one site only the need for intrastate travel was also identified as both a barrier for women and a cost to the Government.

Most stakeholders identified that the public system has a role in the provision of surgical termination services whether wholly or as part of public/private partnership. Barriers to access highlighted included availability of staff (including appropriate counsellors and nurses/midwives), guaranteed access to theatre time within the public system, and funding.

The inability to separate terminations of pregnancy in the coded data from other similar procedures was considered to be a barrier to planning for service delivery and demand integral to the development of a safe service. Multiple stakeholders identified that no clear or credible data is available on the current numbers of termination of pregnancy in Tasmania, challenging the ability to estimate costs for this service. Further, there is no standardised national data collected on unplanned pregnancy and termination of pregnancy within Australia. It was suggested that to ensure good governance there is a need to establish a system of recording and reporting on terminations of pregnancy episodes. It was further recommended that a register be developed to ensure accurate reporting of all terminations of pregnancy for both medical and surgical episodes akin to the SA model which is considered to be the Gold Standard within Australia.

3 Conclusions and Advice to Government

The motion passed by the House of Assembly of the Tasmanian Parliament on 13 June 2018 “Calls on the Government to provide advice from the Department of Health and Human Services, following consultation with relevant stakeholders including the Royal Australian College of Obstetrics and Gynaecology, general practitioners and other stakeholders on the provision of adequate resourcing to deliver statewide surgical terminations in the public and/or private system by 3 July 2018.”

In the first instance I would like to express my thanks to the stakeholders who were consulted and who provided detailed thoughtful submissions in a highly compressed timeline.

On consideration of the feedback from stakeholders, the following principles emerged consistently as being necessary for a safe, effective and accessible surgical termination of pregnancy service for Tasmanian women:

- 1 **Patient-Centered.** Services are shaped around the health needs of individual patients, their families and communities.
- 2 **Equitable.** Equitable access to essential services for women recognising women as competent and conscientious decision makers and recognising a women’s right to exercise self-determination, sexual and reproductive freedom and sexual equality.
- 3 **Accessible:** Equitable access to services, regardless of geographic location, where possible minimising the need for patients to travel for services.
- 4 **Affordable.** Affordable services for all women regardless of their socioeconomic status.
- 5 **Timely.** Access to services is timely, minimising restriction of termination options as the gestation period advances.
- 6 **Safe.** Procedures are provided by appropriately qualified and trained medical staff in suitable premises, safeguarding women’s health and reducing mortality and morbidity as a consequence of unsafe and illegal termination.
- 7 **Appropriate.** By the right person, in the right place, at the right time for better health outcomes for the community. Data about numbers of terminations is collected.
- 8 **Transparent.** Information about what services are provided in the public system, referral pathways and eligibility criteria for access is provided by the Tasmanian Health Service to both referrers and the public.
- 9 **Holistic.** Termination services are considered within a broader sexual and reproductive health framework, including education and health promotion, testing, counselling, acute review and post procedure follow-up and appropriate contraceptive services.
- 10 **Targeted.** Public health services are a scarce resource, meaning that services are limited. This requires targeting of services to the most vulnerable patients, based on clinical assessment.
- 11 **Consistent.** Services are consistent with current Tasmanian Law – *the Reproductive Health (Access to Terminations) Act 2013*.
- 12 **Sustainable.** Recognition that both public and private health providers have a role to play in the provision of services as One Health System.

In considering the advice I provide I am mindful of these principles as well as the Medicare Principles that underpin the Australian health care system and in particular the principle that services be provided in accordance with clinical need.

In summary, my advice is that the provision of adequate resourcing to deliver statewide surgical terminations in the public and/or private system is best provided through maintenance of the policy and funding position that has applied for over 10 years.

In terms of changing current policy to provide increased service in our public hospitals this is more than a simple issue of providing increased funding. As stated above, access to services in public hospitals is based on clinical need and our health service staff must balance the needs of all patients on that basis. This is why the clinical staff at one of our hospitals developed “vulnerability criteria” to assist referring medical practitioners as well as hospital staff assess the “clinical” need of the patient and weigh these against the needs of other patients.

While most surgical terminations of pregnancy under 14 weeks can be safely carried out in a clinic setting away from a hospital environment, there are women who need the higher level of clinical support that can only be provided in a hospital setting. It is critical we ensure that hospital services are available for those with higher clinical needs, where they can be treated safely.

This access also needs to be balanced against the high level of demand on our public system for acute health services, which is a matter of public record. Given the consistent feedback of the need for termination services to be timely, this is not possible to guarantee for all women in a busy hospital environment. Further, while the advice of the private providers identified a small number of procedures being performed every week it is also the case that this demand was not regular, consistent and therefore not predictable. In that respect establishing a hospital based clinic for these procedures regardless of the acuity (clinical needs) of the patient could result in problems of underutilisation of resources on some occasions while due to demand pressures across the board, a lack of timely access on others.

In addition, there is the issue of providing choices for women who may not wish to access these procedures in a busy public hospital environment for legitimate reasons of privacy and others.

My advice therefore is that adequate resourcing is best provided as follows;

- Services should continue to be provided in public hospitals where clinically necessary supported by a clinically developed referral pathway for medical practitioners
- Appropriately licensed private providers should continue to be supported to provide choice and access when it is not available in the public system and, in order to ensure access to that alternative consideration should be given to providing financial support to a provider on appropriate terms.
- Where necessary, and consistent with long-standing policy, PTAS should be provided to patients whose medical practitioner refers them to services interstate only for services that are unavailable in Tasmania.
- Once a private provider has been re-established in Hobart, PTAS should be provided in accordance with current policy to support the travel and accommodation of patients travelling intrastate.
- Where a woman has determined that she wishes to access a surgical termination of pregnancy, and is not assessed as being appropriate for the public hospital system or otherwise chooses to access this service privately but requires support, this should continue to be provided through the Prescribed Health Services.

- In order to ensure reliability of service and choice for women, my advice would be to include a significant notice period as a condition of license such that should a private provider wish to withdraw, adequate time is provided to identify an alternative private provider or for other local arrangements to be developed subject to the principles set out above.

Appendix I. List of Stakeholders Contacted

Name	Position/organisation
Ms Nicola Dymond	COO, Tasmanian Health Service
Mr Eric Daniels	Executive Director of Operations - North/North West
Ms Susan Gannon	Executive Director of Operations – South/ Executive Director of Nursing and Midwifery
Dr Sean Beggs	Clinical Director Women's and Children's Services, THS
Ms Sue McBeath	Director of Nursing and Group Manager Women's, Adolescent and Children's Services, THS
Ms Jeanette Tonks	Nursing Director - Women's and Children's Services
Dr Anatoly (Toly) Pavlov	Staff Specialist - Obstetrician and Gynaecologist LGH
Ms Mandy Compton	Co-Director Nursing and Midwifery NW
Dr Deb Hickling	Staff Specialist - Obstetrician and Gynaecologist NW
Dr Amanda Dennis	Staff Specialist - Obstetrics & Gynaecology North
Dr Kim Dobromilsky	Visiting Medical Specialist - Obstetrics and Gynaecology (THS) Private Specialist
Ms Liz Webber and Ms Annette Barratt	GP Liaison Officer South
Mr Keith McArthur	GP Liaison Officer North West
Dr Lindsay Edwards	Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Tasmanian Regional Committee Chair
Professor Stephen Robson	National President RANZCOG
Mr Phil Edmondson	Chief Executive Officer Primary Health Tasmania
Mr Cedric Manen	CEO Family Planning Tasmania
Ms Celina Sargent	Manager – Pulse Youth Health Service (South)

Mr David Perez	The Link Youth Health Service
Ms Jo Flanagan	Women's Health Tasmania
Ms Rosie Barry	President Pregnancy Counselling and Support Tasmania
Private Obstetrics and Gynaecology Practice	Hobart Ob-Gyn
Private Obstetrics and Gynaecology Practice	Tasmanian Obstetrics and Gynaecology Specialists
Dr Brett Daniels	Brett Daniels Private Specialist
Private Obstetrics and Gynaecology Practice	Hobart Women's Specialists
Private Obstetrics and Gynaecology Practice	Fertility Tasmania
Private Obstetrics and Gynaecology Practice	Tasgynae
Private Obstetrics and Gynaecology Practice	Launceston Obstetrics and Gynaecology