AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Auckland DHB
Chief Executive's Office
Level 12
Building 1
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Ph: (09) 630-9943 ext: 22342
Email: ailsac@adhb.govt.nz

9 February 2021

[redacted]

Re: Official Information Act request – Communications re Abortion Services

I refer to your Official Information Act request dated 15 December 2020 requesting the following information:

1. **All communications relating to location of abortion services for people living in the Waitematā, and Counties Manukau DHB catchments, between 1 January 2017 and 31 December 2019.**

2. **All communications relating to the establishment of a steering group in response to concerns about the geographical location of abortion services within the Auckland region, between 1 January 2017 and 31 December 2019.**

Communications could be in the form of reports, memos, emails, letters, notes, draft documents and any other communications.

The information sought in this request is to be used as part of a report by RNZ into abortion services in the South Auckland / Counties Manukau area. As the information will be used to ensure a greater understanding of the issue, I ask that any fee is waived.

It is understood elements of the requested information might not be considered public information. If this is the case, I would ask each element is considered separately, described as best it can be and reasons for any information being declined being set against the information sought.

I would like to register my desire to have the information provided electronically.

Our Response

The Planning Funding and Outcomes unit (Waitematā DHB and Auckland DHB) has led a review of the configuration of termination of pregnancy services in metro Auckland on behalf of the three metro Auckland DHBs. As listed in the terms of reference, one of the principles of this group included closer to home service delivery. We consider the Review documentation, where it relates to the location of services is relevant to this OIA.

We have therefore included:

- the paper presented to the Northern Region DHB Regional Executive Forum (REF) regarding the establishment of the review group, and the associated correspondence regarding submission of this paper to the REF group.
- Agenda and minutes for the review group meetings which were held on the following dates;
    - 4th December 2018
    - 18th February 2019
    - 18th March 2019
    - 27th May 2019
    - 17th June 2019
    - 19th August 2019
    - 23 September 2019

- associated relevant documents which include;
    - terms of reference
    - Model of Care with improvements diagram
    - Service specification for first trimester service

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

a Claire

Ailsa Claire, OBE
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Northern Regional Alliance
He Hononga o te Raki

To	Regional Executive Group
From	Debbie Holdsworth, Director Funding Auckland and Waitemata DHBs
Date	20 September 2018
Subject	Termination of Pregnancy Services

Recommendations

It is recommended that the Regional Executive Group

- **Notes** the Report of the Abortion Supervisory Committee 2017 report is highly critical of the centralisation of abortion services in metro Auckland, specifically in relation to access for women resident in Counties Manukau and recommends that services should be available 'closer to home'.
- **Notes** that the first trimester abortion service is currently provided by ADHB at Greenlane Clinical Centre for services to approximately 40% of CMH, 30% to each of ADHB and WDHB women. Second trimester services are vulnerable and purchased individually by each of the three DHBs.
- **Note** the Minister of Justice has requested advice from the Law Commission to be provided late October 2018, in support of the Labour-led government's proposed policy shift to treat abortion as a health issues. A political process will be under-taken after the Minister has received this advice.
- **Approve** establishment of a metro Auckland steering group to oversee the development of a new service configuration that delivers first trimester abortion services 'closer to home' and considers how best second trimester services are provided.
- **Approve** outputs of the work programme including service principles, specifications and standards, quality monitoring and the commissioning methodology. The work programme excludes tendering for services, though a tender process or processes may occur after the group has agreed the preferred service delivery model.
- **Approve** the draft Terms of Reference (provided in the Appendices) for the steering group, including membership.
- **Agree** the project sponsor/s.

Background

This paper seeks support to;

1. obtain regional agreement on progressing a programme of work which will ultimately deliver high quality abortion services closer to home for women across metro Auckland.
2. commit staff time in support of the programme of work.
3. determine whether Northland DHB has a role in this programme of work.

Current State of Abortion Services

Epsom Day Unit (EDU) provides a regional first trimester termination service to women resident in Auckland, Waitemata and Counties Manukau DHBs from the Greenlane Clinical Centre site. A small number of women domiciled in other DHBs also access services from EDU. The service is very large by volume of terminations, compared with other centres.

In 2016, 12,823 women in New Zealand had a termination. Of these, 3,787 were performed at Epsom Day Unit (EDU) and 1,164, funded privately, at Auckland Medical Aid Centre (AMAC) (based in Dominion Road). That is, nearly 40% of all terminations nationally were provided in the Auckland region, all within the Greenlane/Mt Eden area. EDU is extremely large by number of procedures performed. The number of terminations in other main centres was 822 (Waikato), 1,695 (Wellington), 1,581 (Christchurch) and 584 (Dunedin). Based on this, it is assumed that a smaller service is financially viable.

The volume of services has decreased over the last decade though numbers appear to be stabilizing. It appears unlikely that there will be any significant increase in demand for termination services in the foreseeable future. (The decrease is considered to be the result of improved access to Long Acting Reversible contraceptive options).

The centralisation of services within metro Auckland has attracted comment from the Abortion Supervisory Committee (ASC). The 2017 Abortion Supervisory Committee Report raised concerns about service in the greater Auckland region. Specifically,

> *"ASC has ongoing concerns about access to abortion services in the greater Auckland region. … with only one main public service located at the Epsom Day Unit … The ASC believes it would be beneficial to Auckland residents, in particular those living in Counties Manukau, to have a service closer to home. …The current situation is unacceptable and untenable" (p5).*

Standards of care

The National Standards (2018) set the expectation that services will be women-centred and include elements of choice, access and quality.

- Standard 6.2.2 states that women should have access to services within their own DHB.
- Standard 6.2.5 states that DHBs should ensure access to both medical and surgical abortions.
- Standard 6.2.8 states that Services should be structured to minimise delay.

"Medical termination of pregnancy (MTOP) …. is safe and effective" (ADHB ACR, p 201). Nationally, about 15% of terminations were medically induced (based on 2017 ASC). At EDU, about 8% were medically induced (ACR 2017). Consumers were surveyed in 2016. The author concluded that a third of women did not know where to go for a termination and a quarter had more than three appointments before being seen at EDU (Sygrove 2016). The National Women's Annual Clinical Report suggests that three quarters of women would prefer a same day service, but "two appointments on separate days are the norm for most women accessing the service (p.201)."

Law reform

Abortion law reform is anticipated. This could result in changes to who is involved (agencies/certifiers) and the steps that need to be taken (potential reduction in number of certifying consultants/certification rules and funding from MoJ). Changes could be expected to create differences in how services need to be provided within a 3 – 5 year window. Arguably, any service change should be delayed till such time as the impact of law change is understood. However, this is not the preferred option as access is known to be a barrier now. Any developments should be shaped in such a way they can adapt to changes in the legal framework.

Proposed approach

It is proposed that a metro Auckland steering group is formed under the sponsorship of a lead CE and a lead CMO. It is recommended that the lead CEO is Ailsa Claire, and the lead CMO is from one of the other DHBs. A Steering Group will guide the work programme and report to the lead CE and CMO through ADHB/WDHB Planning and Funding.

The proposed membership of the steering group is:

ADHB – Director Women's Health (Dr Peter van de Weijer)
ADHB – Service Clinical Director (Dr Gillian Gibson)
ADHB – Director Provider Services (Jo Gibbs)
WDHB – General Manager Children's and Women's Health (Stephanie Doe)
WDHB – Service Clinical Director (Dr Diana Ackerman)
CMH - Service Clinical Director (Dr Sarah Tout)
CMH General Manager Children's and Women's Health (Nettie Knetsch)
CMH – General Manager Integration (Carmel Ellis)
Planning, Funding and Outcomes Unit – Funding Manager Child, Youth and Women (Ruth Bijl)
Planning, Funding and Outcomes Unit – Hospital's Group (Lorraine Bailey).

Public Health Physician (Dr Catherine Jackson)
Equity advisor - TBC
Consumer Representative – George Parker (TBC)
Secretariat (Ex officio TBC) Ex officio

A project manager will need to be appointed. At this time, ADHB will cover the cost of project management.

The proposed scope of the project is:

- Publicly funded first trimester services currently provided by Epsom Day Unit (ADHB).
- Publicly funded second trimester services currently obtained by WDHB, ADHB and CMH.
- First trimester and second trimester Abortion Services Specification.
- Model of care inclusive of the provision of after care and provision of long acting contraception options to women accessing the service.
- Medical and surgical terminations.

Out of scope:

- Commissioning termination services. (If required, this review will inform procurement. Procurement will be managed by relevant Funder/s.)

Proposed principles

The following principles for the steering group and project are proposed:

- Closer to home service delivery
- Sustainable, women-centred, safe abortion services
- Equity.

Some measures of success include:

- Increased patient satisfaction
- Reduced gestation at termination
- Increased proportion of medical terminations
- Increased proportion of 'one-day' services
- Reduced reliance on O&G work-force

Conclusion

This paper proposes initiating service change for abortion services. The current service configuration has been publicly described as "*unacceptable and untenable*" in relation to accessibility, particularly for women living in Counties Manukau. It is proposed that a steering group and project is established to progress a re-design. A number of principles are proposed, the first being 'closer to home service delivery'. It is recommended that two Project Sponsors are appointed and work begins this calendar year. The group is asked to endorse the Terms of Reference for the Steering Group.

Appendices

Draft Terms of Reference

Northern Regional Alliance
He Hononga o te Raki

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Terms of Reference

Background

A regional first trimester termination service has been provided at Epsom Day Unit, Greenlane Clinical Centre, for some decades. Second trimester services have been sourced by individual DHBs. There are identified issues with the sustainability of delivery of second trimester services. In 2017, the Report of the Abortion Supervisory Committee (ASC) raised significant concerns regarding the configuration of first trimester services particularly regarding the impact of centralisation on access. The centralisation of services within metro Auckland has attracted comment from the Abortion Supervisory Committee (ASC). Specifically,

> *"ASC has ongoing concerns about access to abortion services in the greater Auckland region. … with only one main public service located at the Epsom Day Unit … The ASC believes it would be beneficial to Auckland residents, in particular those living in Counties Manukau, to have a service closer to home. …The current situation is unacceptable and untenable" (p5).*

While the comment is particularly about access for South Auckland women, similar issues will be experienced by other women, including those living in the West and North. Consequently it has been agreed that a new service configuration that delivers services 'closer to home' needs to be developed and agreed between metro Auckland DHB and women's health leadership.

Purpose

To oversee the review of, and agree a first and second trimester termination services configuration which:

- improves access for women across metro Auckland, and
- ensures the sustainability of services.

Principles

The following principles for the steering group and project are proposed:

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Scope

In scope:

- Publicly funded first trimester services currently provided by Epsom Day Unit (ADHB).
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Project organisation and Steering Group Membership

A lead CEO and lead CMO for this project will be identified by the Northern DHBs Service Review Group. The Service Review Group will be informed of project progress, and key decisions endorsed by the regional Executive Group, and individual DHB Board Committees in line with DHB's delegation policies.

It is recommended that the lead CEO is Ailsa Claire, and the lead CMO is from one of the other DHBs. A Steering Group will guide the work programme and report to the lead CE and CMO through ADHB/WDHB Planning and Funding. The Steering Group will include:

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Meeting requirements

Members may not delegate attendance. All meeting papers are confidential. Meeting papers will be provided 5 working days in advance of scheduled meetings. Meetings will be held at least monthly for 2 hours. Attendees may attend remotely via Video Conference, Zoom or teleconference. Planning, Funding and Outcomes Unit will Chair and provide secretariat support to the meeting. The project manager will report to the Chair.

Deliverables and key milestones

The potential for change in legislation is noted – this may impact time-lines.

Phase 1: Service Specification (Dr Gillian Gibson has agreed to lead development of a Specification) – draft by end October 2018; final draft by end November 2018

Phase 2: Model of care - March 2019

Phase 3: Options for providers and settings (to inform procurement) – June 2019

Phase 4: Final write up of documentation to inform procurement plan if required – September 2019, including associated Board papers as required for endorsement.

Debbie Holdsworth (WDHB)

From: Debbie Holdsworth (WDHB)
Sent: Monday, 24 September 2018 16:23
To: Ailsa Claire (ADHB)
Cc: Sharon McCook (ADHB); Ruth Bijl (ADHB); Karen Bartholomew (WDHB)
Subject: FW: Regional Executive Group TOPS 20180906.docx
Attachments: Regional Executive Group TOPS 20180906.docx

Hi Ailsa

Are you okay with this going to REF?

Sharon – if possible could this be uploaded to CELT agenda for us to discuss tomorrow if we havent done beforehand.

Regards
Debbie

From: Ruth Bijl (ADHB)
Sent: Thursday, 20 September 2018 1:22 p.m.
To: Debbie Holdsworth (WDHB); Karen Bartholomew (WDHB)
Subject: Regional Executive Group TOPS 20180906.docx

Paper on abortion services for your review/approval – do you want to send it past Ailsa too, before it goes to REG?

Northern Regional Alliance
Hā Hononga o te Raki

To	Regional Executive Group
From	Debbie Holdsworth, Director Funding Auckland and Waitemata DHBs
Date	20 September 2018
Subject	Termination of Pregnancy Services

Recommendations

It is recommended that the Regional Executive Group

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Phase 4: Final write up of documentation to inform procurement plan if required – September 2019, including associated Board papers as required for endorsement.

Debbie Holdsworth (WDHB)

From: Debbie Holdsworth (WDHB)
Sent: Tuesday, 25 September 2018 13:34
To: Ailsa Claire (ADHB); Joanne Gibbs (ADHB)
Subject: Fwd: Regional Executive Group TOPS 20180906.docx
Attachments: Regional Executive Group TOPS 20180906.docx; ATT00001.htm

Hi both

REF paper as discussed. There is time to update it if required.

Regards
Debbie

Begin forwarded message:

> **From:** "Debbie Holdsworth (WDHB)" <Debbie.Holdsworth@waitematadhb.govt.nz>
> **Date:** 24 September 2018 at 16:22:47 NZST
> **To:** "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
> **Cc:** "Sharon McCook (ADHB)" <SMcCook@adhb.govt.nz>, "Ruth Bijl (ADHB)" <RBijl@adhb.govt.nz>, "Karen Bartholomew (WDHB)" <Karen.Bartholomew@waitematadhb.govt.nz>
> **Subject: FW: Regional Executive Group TOPS 20180906.docx**
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> Hi Ailsa
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> **Sent:** Thursday, 20 September 2018 1:22 p.m.
> **To:** Debbie Holdsworth (WDHB); Karen Bartholomew (WDHB)
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Northern Region Executives Forum - Minutes

Date	Friday 16th November 2018	**Time**	9:30am - 11:00am
Location	Kea Meeting Room, NRA Penrose		
Details	**Telephone Conference**	**Video Conference**	
	Access number: From a landline: 08 30 38 From a mobile: 0800 633 866 When prompted, enter the conference code: 67908 37590#	Please dial **754915** to connect	
Attendees	**WDHB:** Andrew Brant, **ADHB:** Ailsa Claire (Chair), Margaret Wilsher, **CMH:** Margie Apa, Gloria Johnson, **NDHB:** Meng Cheong, **NRA**: Tony Phemister		
Invitees	Item 2: Chris Hood, Selwyn Wong Item 4: Myles Ward Item 5: Matt Hannant		
Apologies	Nick Chamberlain, Mike Roberts, Dale Bramley		

Minutes

Item	Agenda Item
1.	**Commencement** • **Apologies** o Apologies were noted from Nick Chamberlain, Mike Roberts, Dale Bramley • **Minutes** o Minutes of the Regional Executives Forum Meeting held on 21st September 2018 were adopted: • **Matters Arising** o *The contents of this section has been redacted.* • **Additional items for the Agenda** o *The contents of this section has been redacted.*
Items for Discussion	
2.	**CM Health Business Case for Expansion of High-Dependency Dialysis & Cardiac Catheterisation Laboratory Services** *The contents of this section has been redacted*
3.	**October REF Email Approvals** **3.1 Termination of Pregnancy Services** The paper was taken as read • **Reconfirmed** the October emailed endorsements of this paper's recommendations, namely: o **Agreed** establishment of a metro Auckland steering group to oversee the development of a new service configuration that delivers first trimester abortion services 'closer to home' and considers how best second trimester services are provided. o **Agreed** outputs of the work programme [should] include: ▪ service principles, ▪ specifications and standards, ▪ quality monitoring and ▪ the commissioning methodology. ▪ **Noted**: The work programme excludes tendering for services, though a tender process or processes may occur after the group has agreed the preferred service delivery model.

Item	Agenda Item
	○ **Agreed** the draft Terms of Reference (provided in the Appendices) for the steering group, including membership. ○ **Agreed** Ailsa Claire as CEO sponsor. Also at this November REF • **Agreed** Gloria Johnson as CMO sponsor for this work
4.	**healthAlliance Updates** **4.1 CEO Update** *The contents of this section has been redacted*
	4.2 ISSP - Update Regional Information Systems Governance Arrangements *The contents of this section has been redacted*
5.	POAC *The contents of this section has been redacted*
6.	Proposed joint commissioning arrangements for the Northern Region DHBs *The contents of this section has been redacted*
7.	**NRLTIP** *The contents of this section has been redacted*
8.	**Labs Update** *The contents of this section has been redacted*
9.	**Schedule 10 Implementation Update** *The contents of this section has been redacted*
10.	**Climate Change and Health Opportunities (referred back to REF from RGG)** *The contents of this section has been redacted*
11.	**Workforce** *The contents of this section has been redacted*
General Business	
12.	*The contents of this section has been redacted*

Meeting Closed @ 11:00am

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

4 December 2018, 3.00 – 4.30 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Peter van de Weijer
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: TBC

Apologies/Non attendance:

Joining by phone:
Joanne, Peter

Item	Topic	Lead	Time
1.	Welcome and Introductions	Ruth	10 mins
2.	Purpose and Terms of Reference (attachment 1)	Ruth	30 mins
3.	Overview of current arrangements	Gillian	15 mins
4.	Proposed approach – work streams and nomination of participants i. Services specifications (first and second trimester) (attachment 2, 3) ii. Workforce iii. Service options Note: each to include flexibility to adapt for law reform (attachment 4)	Ruth	30 mins
iv.	Any other business and next meetings	Ruth	5 mins

Attached papers

1. Paper endorsed by CEOs including draft ToR
2. Abortion Standards
3. Service specification example
4. Law Commission Report – Alternative Approaches to Abortion Law - Ministerial Briefing Paper

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

4 December 2018, 3.00 – 4.30 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Peter van de Weijer, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: TBC

Apologies/Non attendance:
Shayne Wijohn

Joining by phone:
Joanne Gibbs, Peter van de Weijer, Joy Farley, George Parker

Item	Topic	Lead	Time
1.	**Welcome and Introductions** Chair introduced the paper prepared for the Executive group and the request to bring this group together to complete a service review. Confirmed that Pauline Fakalata was the nominated Pacific equity advisor for the group and that Maori equity advisor is still to be confirmed but discussion is ongoing with Aroha Haggie, Riki NiaNia and Shayne Wijohn. Additional items for the Agenda were invited.	Chair	10 mins
2.	**Purpose and Terms of Reference (attachment 1)** Noted that it's likely the legal reform process going on at present will result in some change in context. Noted that the draft Terms of Reference would require some adjustment.	Chair	30 mins

	The TOR were reviewed a number of amendments made – see attached copy. Once circulated to the group, Chair will return these to CEs noting amendments. Note key points in the paper to the Regional Executive Group (circulated). Terms of Reference as appended to main paper was reviewed and adjustments agreed as per discussion below. Please see attached updated paper. Scope of the review was discussed. Specifically the scope does not include any procurement, although recommendations regards procurement may eventuate. Recommended that implementation of recommendations is out of scope (this has been included in updated TOR paper). In scope: First trimester abortion Second trimester abortion Service specifications Model of care, inclusive of aftercare, LARCs, Medical and Surgical termination options. Discussion: ADHB opportunity for re-design of the service is important. Physical limitations of existing site are challenging and re-development will be required, therefore the outcomes of this review will be important to inform further development for ADHB. Outcomes would be sought by September 2019 so as to allow ADHB to proceed with planning change process required in existing service around facility. Question regarding source of quotation. Quote from ASC 2017 report 'current configuration is untenable' as noted earlier in paper. Surprise that this review has eventuated in this way, rather than coming through the Women's Health regional forum. Acknowledged that this was unfortunate. It was		

	acknowledged that the process for bringing about the group was limited by the circumstances of the request from Executive Leadership. Noted that for some participants raising the issues first with the Regional Women's Forum would have been appreciated. Question regarding the outcomes of the previous EDU review which included considerable redesign work include considerable engagement with consumers. Information to be sourced (see paper attached to email) Principles in paper – suggestion to separate out the second point into separate bullet points thus: • Closer to home service delivery • Sustainable • Women-centred • Safe • Equity Comment that first trimester service is regional, provided by EDU. Second trimester surgical service is not regional, service considered vulnerable in context of small number of professionals involved in delivering specialized surgery. (Changes reflected in revised Terms of Reference – attached to email).		
3.	**Overview of current arrangements** Powerpoint presentation around the current configuration of services. (attached to email) - Criteria are stricter after 20 weeks. - 2 visits is the usual practice. - Constraints in the facility to increase from the current schedule of surgeries. - Emergency medical abortion (RU-486) is available <9 weeks. - Further treatments can be required – for incomplete abortion for example. This may require more misoprostal, which could be provided by GP or clinic, or a surgical procedure may be required. - On-call nursing support is available 3-4 days a week for EDU to support MTOPS process (completion at home).	Gillian	15 mins

	- Law change is required in order to take the doses of medication for MTOPs at home. - "Women on the Web" resources worth looking into. Questions: What is Dunedin doing differently? Laws to the effect that medication must be taken on licensed premises - Abortion license - Not a GP or similar, although, organisations can apply. - FPA is a key provider of abortion services in Tauranga where only EMA are available. Ultrasounds - Referrals - No option to self refer - Dating ultrasound is currently required - Blood test - Swabs (which currently cause the biggest delay). - Self-referral and scan on site would help. Questions: Request for breakdown by ethnicity by DHB? Action: Request data from Marjet Pot/Lynn Saddler DHB/age/ethnicity/quintile (secretariat) Private provider volume: Around 1000 pa in AMAC clinic Dominion Road. Proportion of MTOPs vs. STOPs. Comment re: timeliness – if access could be sooner, then access to MTOPs could be improved. Previous review of EDU included work with the Patient experience team and interviews with women. The report was collated. This included a good coverage of women from South Auckland and an analysis of satisfaction with the service. Positive satisfaction scores are evident for EDU, however, a caution is noted around those conclusions as women are very grateful to have had the service available. Positive feedback specific to the interpersonal care. Very negative feedback regards the physical space and negotiating women's lives. Space and layout in the current facility is very difficult		

	to manage and the shortcomings are acknowledged. Access challenges. Waiting rooms are inadequate Surgical rooms are not fit for purpose Significant change to physical environment is needed. Where the services are being provided at present. 2018 ASC report has just been released – attached to email. Gillian happy to take further questions later.		
4.	Proposed approach – work streams and nomination of participants i. Services specifications (first and second trimester) (attachment 2, 3) ii. Workforce (sustainability/training) iii. Service options - Map several options - Model of care Agreed to prioritise model of care work prior to service options. Model of care changes will be driven to some extent by law changes. Propose a matrix option analysis: Status quo, plus with each of the 3 options outlined by the law commission. Need flexibility to adapt for law reform (attachment 4). Note feedback that option 3 may be most likely favoured politically. Changes would include options around medication at home and certifying consultants. Gather some information about how other services are working. There may be options to shift after hours on call into gynae or another acute service for example. Sub-group regards the Model of Care A rep from each DHB Catherine Gillian Sarah Diana George Lisa	Chair	30 mins

	Pauline Lorraine Ruth Jesse Check with Shayne Workforce and facilities are especially important given the current state of EDU.		
iv.	Any other business and next meetings Communications plan: Noted that there is already a signaled change in the law. Joined up approach to communications with staff and the sector is required. Both internal and external. Agreed that no one is authorised to speak for this review group at this stage and it's important to be very mindful of speaking to internal stakeholders. Group to remain confidential and communications plan to be developed. Proactive communications plan required for: - Media - Staff - Internal stakeholders Volume increase: Ruth noted latest report indicates an increased rate of abortions. Any thoughts or insight? Keep watching this trend. Meetings: 1st Tuesday of the month – likely best although challenging for Diana. Doodle to identify best date. Delete previous invitation for 21 Jan.	Chair	5 mins

Attached papers

1. Paper endorsed by CEOs including draft ToR
2. Abortion Standards
3. Service specification example
4. Law Commission Report – Alternative Approaches to Abortion Law - Ministerial Briefing Paper

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

12 February 2019, 1.00 – 2.30 pm

Venue: Mt Eden Room, G16 L1 45, Greenlane Clinical Centre

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherwin, Joy Farley, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: TBC

Apologies/Non attendance:
Shayne Wijohn

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	5 mins
2.	**Minutes of previous meeting**		5 mins
3.	**Matters Arising from previous minutes**		10 mins
4.	**Review Terms of Reference (attachment 1)** Noted that it's likely the legal reform process going on at present will result in some change in context. The TOR were reviewed in previous meeting and a number of amendments made – see attached copy. Once agreed by the group, Chair will return these to CEs noting amendments.	Chair	15 mins
5.	**Model of care discussion**	Chair	45 mins
6.	**Any other business**	All	10 mins
7.	**Confirm meetings**	Chair	

Attached papers

1. draft ToR including amendments from the group
2. Abortion Standards
3. Service specification example
4. Law Commission Report – Alternative Approaches to Abortion Law - Ministerial Briefing Paper

5. Previous EDU review report (2012)
6. Abortion Supervisory Committee 2018 report
7. Auckland Regional 1st trimester TOP service presentation from previous meeting

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

18th February 2019, 2.00 – 3.30 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Stephanie Doe, Nettie Knetsch, George Parker

Joining by VC:
Joanne Gibbs, Rob Sherwin, Joy Farley, Megan Tahere

Item	Topic	Lead	Time
1.	**Welcome and Introductions** Chair welcomed everyone to the meeting including those attending via video conference from ADHB. Welcomed Megan Tahere as the new Maori advisor on the group and Dr Rob Sherwin as the Director of Women's Health ADHB. Introductions were completed. Additional items for the Agenda were invited.	Chair	10 mins
2.	**Minutes of previous meeting** Accepted as a true record of meeting: Diana Ackerman 1st and Catherine Jackson 2nd.		
3.	**Matters arising from the minutes** • TOR – Catherine, Diana and Sarah approved that these were an accurate reflection of what was agreed at the meeting. • Additional items suggested for addition to TOR: Phase 5, implementation.		

	Under principles add 'legal' These will be added to TOR. ○ **Ruth** will provide updated TOR to CEs group. ○ Volume data for the termination service was requested, volume data as reported in the ADHB Annual Clinical Report for National Women's was circulated (also attached as an excerpt of full report at end of minutes). ○ Assume that this data is sufficient at this stage, if further analysis is required at a later date we can request this.		
4.	**Model of care discussion** • Two documents tabled which describe steps in current model of care and simple diagram (see end of minutes for docs). • Some discussion of current model of care steps. Necessary to review what is required clinically, not simply what is currently in place in order to determine appropriate model of care options. Discussion included: • Several opportunities for improvement, ie, single day MTOP process. • On site scanning options • Discussion regards the level of scan required. Agreed that the scan offered should be at least equivalent to that which is offered in the community scanning locations. • Scan is seeking to confirm pregnancy, gestation if dates not known. For higher risk women, it is important to confirm no ectopic, scar ectopic etc. • Noted that although EDU experience is that most people know their dates, CMH find that women who are pregnant often don't know their dates. Variable experience. • Discussed having a scan from a women's perspective, mixed views on the positive and negative aspects of this experience. • Question around the need for results of blood tests and swabs prior to procedure – depends on the procedure, more required for STOP than MTOP although opportunity for usual health checks also important. • Agreed results of scans & bloods shouldn't hold up the referral process. - **Ruth and Jesse** to check process at FPA.	Chair	30 mins

	- **Sarah** to check with GPs in CMH. • Where a GP is seeing a woman for a 1st certification, are they screening for different procedures (MTOP/STOP etc). • Quality assessment is required to determine the safest option for women. • Anesthetics review required for some options. • Opportunities for self referral were discussed, noted that the law requires that 'a woman must be referred by a medical practitioner'. However, some services seem to get around this by having a GP within the service to make a referral after initial enquiry by women. • Dunedin service performs significantly more MTOP. Number of factors including university town influence on population. Self- referral is in place. Agree that **Ruth and Jesse will support Gill** to develop a model of care and a best practice options. This should outline options for best practice under the current legal framework and areas where there may be further anticipated change in the face of potential law change. This will be reviewed by clinical leads in the group from each DHB and Catherine Jackson and George Parker. Gill can review service spec alongside. And mark up draft. Jesse and Ruth will then progress this.		
5.	**Any other business** Communications plan • Expect that there are likely OIAs and potentially people will hear about the review and want to know more. • Agreed that the communications plan should be led by ADHB. – **Ruth** to contact Rachel Lorimar • Brief MOH – Ruth has been in touch previously, will contact to update. • Action required to alert all Boards and Executive. • **Ruth** will go back to REG to request advice as to how they would like to go back with communications • ELT process – draft an ELT paper for each Board. Ruth will work on this with Carmel, Debbie and Jo Gibbs. • Information paper prepared for ELT		15 mins

	• Communications team at ADHB will communicate with metro DHB comms teams. • Agree that the same response from all DHBs, potentially a joint letter or similar for enquires is preferred. • Consumer communications will be included in brief • Communications for Women's Health teams at CMH and WDHB • Timeframes in the communications for the staff (especially in ADHB existing service). • Timeframes in respect of implementation • Delays in legislation change – might still want to implement model of care changes in delivery of service under existing legislation. Procurement • No process required for scenario where DHB is provider (service change) • External agencies would require a process within the applicable rules of sourcing • Any qualified provider could apply • Conflict of interest forms should be completed for the group - in order to manage any interests - recommendations from this group would go to the Boards, this might include a range of options such as: - lead provider - hub and spoke model - each DHB delivers • Options with pros and cons will need to go to the Boards.		
	Next meeting: 18th March 1.30pm – 3pm.	Chair	5 mins

Attached papers

1. Annual Clinical Report – National Women's Health Termination of Pregnancy section
2. Current steps in patient pathway
3. Simple diagram of patient pathway

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

18 March 2019, 2.00 – 3.30 pm

Venue: Mt Eden Room, G16 L1 45, Greenlane Clinical Centre

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Jesse Solomon, Dr Catherine Jackson.

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	5 mins
2.	**Minutes of previous meeting**		5 mins
3.	**Matters Arising from previous minutes**		10 mins
4.	**Model of Care** • **Patient Pathway of care** • **Service improvements**		30
5.	**Communications plan**		15
6.	**Any other business**	All	10 mins
7.	**Next meeting:**		

Attached papers

1. Current model of care pathway for patient
2. Model of care pathway with identified potential service improvements
3. Type of termination of pregnancy procedure by gestation

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

18 March 2019, 1.30 – 3.00 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Jesse Solomon, Dr Catherine Jackson, Stephanie Doe, Joanne Gibbs, Lisa Middelberg, Carmel Ellis

Joining by VC/Phone:
Rob Sherwin, Megan Tahere, Gillian Gibson, Pauline Fakalata, Nettie Knetsch

Item	Topic	Lead	Time
1.	**Welcome and Introductions** Chair welcomed everyone to the meeting including those attending via video conference from ADHB. Introductions were completed. Additional items for the Agenda were invited.	Chair	10 mins
2.	**Minutes of previous meeting** Accepted as a true record of meeting: Dr Rob Sherwin 1st and Dr Sarah Tout 2nd.		
3.	**Matters arising from the minutes** Comms plan – meeting held with Rachel Lorimar. Draft not yet prepared. MOH relationship manager also informed. MOH wanted to be kept up to date with what is happening. Regional executive group – information paper provided – Gloria Johnston confirmed as lead CMO; lead CEO is Ailsa Claire.		

4.	**Model of care discussion** • **Patient Pathway of care** • **Service improvements** What we ask women to do currently is to complex – need to improve this and make it more accessible and cost effective. Please see diagrams. To improve access a number of potential options have been identified, these are shown in the diagram on the left hand side (blue italic font). Barrier – multiple health practitioners involved. A woman usually does a home test then needs to see a GP – three investigations need to occur and return to GP. If women could access directly, would speed the process up. It is possible to fax forms to have bloods and testing done. On site scanning – aim for earlier abortion, counseling is required so need to know if women want this prior to their visit. Need to know what we can offer women who are not NZ residents? Pre deciding which pathway women can or would want to go down – it would be better if women know what their options are before they attend apt. Information could be provided on website/phone. EMA – want to see better up take of medical abortion - which aligns with international best practice. If we can see women before 9 weeks we can improve this. Significant number of women could have their surgical termination on the same day, except there is not theatre capacity to accommodate this. Provision of contraception – high LARC uptake 70% at EDU. Women going down the medical pathway don't have the option of LARC. Women have to go to clinics 2 weeks later. Many GPs don't supply LARCs. Need to have a solution for these women. CMDHB – regarding proposed improvement - let's just	Chair	30 mins

	do it, this would be an excellent service for women. Consumer's recommend scans being done by a dedicated abortion specialist service (different tone) otherwise happy with the proposed amendments to the pathway. Lorraine – the more we can streamline for women the better. Pathway information based on current practice and on current legislation. If the legislation changes will that make a difference? Gestation diagram – regardless of legislation this would still work. Agree that we get the first trimester sorted as this would make the biggest difference to the most women. Let's do what we can do now and hope it becomes easier with the legislation changes. For now, certifiers must be a Dr and have specialization (O&G) or a GP can get star status if they have been in the service for some years and are up to date. One of the certifying Drs must have star status (order in which seen doesn't matter). However, there is a work force issue. What do you have to do to get star certification? Can we find out? Should we get legal to find out? Gillian will follow this up with ASC by email so we can then forward to legal. Only 4 GPs at EDU with Star status. AMAC all drs have star status. AMAC provide about 1000 abortions a year. Medical and surgical. If we improve our service would that increase our volumes? If you have to pay for it would most likely be cheaper at AMAC. AMAC is mainly women not eligible for service as non-residents. Need for two theatres at ADHB for women to have same day surgical abortions. Constrained currently as there is only one theatre. Does either of the other 2 DHBs any theater capacity? Not at the moment at CMH. Some capacity at Waitakere. CMDHB – no capacity currently outsourcing. More theatres and even with full complement of anesthetists still no facility capacity .		

	In Auckland 40% of women come from CMDHB How do we increase CMDHB capacity? Next step: if we increase medical TOP will it increase capacity. Does CMDHB have capacity to do medical TOP? Need to do some modeling around numbers and work with Family Planning. Family Planning has limited capacity with women struggling to get appointments. Keep in mind they don't have huge capacity. Waitakere has space in theatre – Option of one list at Waitakere and one at North Shore. Because we want to improve access. Waitakere has limited services keep in mind, new facility development of elective service at NSHmedium to long term planning . If we can move to more medical TOP if frees up capacity. Are there differences by ethnicity with uptake medical vs surgical. The ADHB annual clinical report has been circulated which has some information. What is view of Pacific women on MTOP? In the early days there wasn't a large up-take of MTOP. The group that was less likely to have MTOP were Pacific, Maori. Pacific women are more likely to take up STOP – as they respect going into hospital. Privacy could be an issue for managing MTOP at home. George – PHD research was looking at maternity services, and services close to home came up as the most important and staying in area of domicile. Younger pacific women who are born in NZ have different views. BMI – as a limitation of STOP, then if women understand that, MTOP might be an easier choice. Need to do some Geo-mapping to get a more granulated view of where women are including by ethnicity. Early and accessible (5-6 weeks) will be a better options as less bleeding etc. Once the word is out there that it is easier to do this medically then should increase the up-take. One issue is women confirming pregnancy earlier, before 9 weeks. This will help them make their		

	decisions around care wider and have more time to make decisions. Is there away the service could facilitate this? Make pregnancy test free and available. Subsidies, pharmacies? Pregnancy test sticks (urine) are very accurate. This is all a dr would need to be sure a woman is pregnant – the scan is for dating (and maybe position eg eptopic). Need to encourage earlier identification and speed the process up. EDU – no facility to have a scan there. Need a different way for the service to deliver this for example nurses' scanning? 70% of women were under 9 weeks when referred it was just the process that caused the delay. For a website on abortion , can browsing history be blocked as with family violence. – Ruth will follow up. UK – Website and phone number 24/7 Licensed facilities – Middlemore and NSH are both licensed. Annual renewal easy. Community scanning – access is a big issue, usual delay is about a week. Often a co-payment, Horizon doesn't charge this. Scanning – Greenlane no current facility. Could change nurse practitioners? This could be something that could be developed, may be some previous work in this area. Legal point of view +ve pregnancy test, still needs to see to Dr (one of whom has Star certification). Referral has to come from a medical practitioner. Referral has to be a person who is not preforming the service. It is common for Nurse Practitioners in the UK to scan. Closer to home – means we need to look across the region. Positive test – happy to accept referral; take a woman at her word. A paper referral is possible (don't need to actually see a Dr).		

	MTOP – 24hr back up required - what does this look like and how do we manage this? Back up - AMAC one Dr remains contactable and on refers to DHB. EDU one nurse remains on call. Currently not many calls after 11pm. DHB of domicile is where they are on referred to in secondary gynae. If we increase MTOP what does this mean for services. 5% requiring further assistance up 10% if done on the same day. (Requires a further dose of Meds). Should we just have the one STOP service (still at GCC)? But get MTOP out to each DHB? **Sarah** will get in touch with Tauranga to understand how they provide a more community based service and get round access barriers. Capacity in the broader community via engaging community providers. (Family Planning) would have to go through a procurement process. Another example is a roving Dr in other parts of the country. Family Planning open to conversation. **Actions** Modeling patients by ethnicity and geography (Lynn/PFO) - **Ruth/Jesse** ASC – certifying dr and the 'rules' **Gillian** (to then share with legal). Earlier pregnancy confirmation - Pulling the time back – to increase medical TOP (5-6 weeks). Look for options for free pregnancy test sticks via pharmacy. **Jesse** Browsing History follow up re family violence - **Ruth** Tauranga Family Planning – discuss what their role is – **Sarah** to follow up with their CD Sarah to consider options with Simon Snooks (eg. 1st CC by phone). End point – September but still depending on legislation		
5.	**Communications plan** Pending		

	Next meeting: April	Chair	5 mins

Attached papers

1. Annual Clinical Report – National Women's Health Termination of Pregnancy section
2. Current steps in patient pathway
3. Simple diagram of patient pathway

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

27 May 2019, 1.00 – 2.00 pm

Venue: VC Meeting - NRA (Kea Room);
ACH Radiology Meeting Room Level 5, Building 32 - Small Meeting Room

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout, Katarina Komene
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies:
Katarina Komene

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	2 mins
2.	**Minutes of previous meeting**	Chair	3 mins
3.	**Matters Arising from previous minutes**	Chair	5 mins
4.	**First trimester care:** a) 9 - <14 weeks medical and surgical services b) Necessity of scanning/scan location (Standards say if scan required, should be offered as part of the service). c) How best to integrate services with general women's health while maintaining medical/surgical choice for women	Chair/Gillian	40 mins
5.	**Communications plan – sign off**	Jesse	5 mins
6.	**Any other business**	All	5 mins
7.	**Next meeting: 17 June**		

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

5th May 2019, 1.00 – 2.00 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Joanne Gibbs, George Parker

Joining by VC:
Rob Sherwin, Joy Farley, Megan Tahere, Lisa Middelberg, Pauline Fakalata, Lorraine Bailey

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	10 s
2.	**Minutes of previous meeting** Accepted as a true record of meeting: Catherine Jackson 1st and Sarah Tout 2nd.		
3.	**Matters arising from the minutes** Actions: • Sarah to confirm with Bay of Plenty with regards to referral pathway to FPA for MTOP and also Simon Snooks • Jesse to investigate the availability of obtaining free pregnancy testing via pharmacy.		
4. a	**First trimester care:** **a) 9-<14 weeks medical and surgical services** Clarify the question - Should we be offering access to MTOP after 9 weeks? This is not currently offered routinely, usually STOP is	Chair	30 s

	offered for women between 9 and 14 weeks gestation. RCOG guidance from 2015 does not exclude MTOP for after 9 weeks. For some women, there are medical reasons (eg physiological such as bi-cornate uterus or others) that an MTOP is recommended rather than an STOP at this gestation. In these instances, current practice in ADHB is to admit them to hospital due to frequent requirement for multiple doses of misoprostol (which must be administered on a licensed premise). Service specifications should perhaps note that MTOP option between 9 - <14 weeks is available in the necessary circumstances. – General agreement by lead clinicians that this is appropriate. Note that ASC Standards indicate that both MTOP and STOP be available to women <14 weeks. This agreement would dictate that women's choice of method be available <9weeks but that after that, medical preference indicates STOP 9<14 weeks.		
4 b	**b) Necessity of scanning/scan location (standards say if scan required, should be offered as part of the service)** According to the ASC standards scanning is not required in advance. In New Zealand, standard practice is for scanning to be completed. This allows for comfort of clinician that gestation is identified and that complexity such as c-section, bi-cornate uterus and scar ectopic amongst others can be identified. Current practice is that scanning occurs in the community. Although this is funded, it is not free (public funds) and it is not free to women as a co-payment exists. In addition to logistics this constitutes a barrier to care. "Standard 8.4.2: Gestational should be verified and documented. This may be done by clinical means (a bimanual exampination which agress with the LMP dates) or ultrasound scan. Quantitative hCG measurement may be helpful but should not solely be used as a measure of gestational age." (ASC Standards 2018: 29). The standards also prescribe that an option for women not to view the scan should be provided. It is questionable as to how well this is provided in		15 s

	the community at present. UK guidance is that the scanning should be part of the overall service. Lead clinicians agreed that integrating scanning into the service is the best option. Noted that even under selected circumstances (criteria) the proportion of scans would be quite high due to issues such as elevated BMI, previous cesareans section amongst others. Gestation is also quite critical to determining the timing for MTOP. Question then is this a should/must in the service specs? Discussed the nature of the scanning – ie, the current community service is a full diagnostic scan. The scanning required in this instance is quite specific. Who can complete the scan and what credentialing is required was discussed. Currently, RANZCOG level of certification would be sufficient to complete the scan. Group discussed that Nurses could be trained to complete these scans and that some examples exist. Such as echo scans for rheumatic heart disease and fertility nurse scans for eggs and similar (although these are done under direct supervision of Doctor at ADHB). A process would be required to determine the appropriate credentialing processes but it is understood by the group to be possible. Actions to look at options: • Pauline and Lisa will check with Nursing Council and will look at the 2018 application for extended scope of practice for nurses in fertility services. • Gill will talk with Professor Peter Stone regards the training and credentialing that he completes with nursing staff about options • Gill will also talk with Cindy Farquahar regards current options in place in Fertility Service. Question is raised about the arrangements for scanning and the impact that this may have on the ability to deliver services closer to home. Does integration of scanning services within the termination services impede ability to deliver closer		

	to home? Also consider the planning and sustainability required for delivering the service in this manner, ie, number of nurses who need to be trained in order to provide a sustainable service which is not dependent on a small number of nurses with the appropriate credentials. Are women prepared to assume a risk? Medical risk makes us cautious, but we need to consider whether some women would prefer to be able to access the services more readily, and assume a level of risk (as we all must in everyday life). Example, being sent home from other hospital procedures.		
4 c	**c) How best to integrate services with general women's health while maintaining medical/surgical choice for women** General principles: Early termination may belong in primary care MTOP/STOP options can be linked well through pathways. Current models exist that offer STOP and MTOP outside the hospital services. STOP can quite appropriately be integrated with secondary gynae services in local DHBs Stand alone services can be more of a target for protest. STOP needs to have procedures for complications. Can be integrated with general women's health. Good website access with quality information about the options can assist women to determine which option is appropriate for them. ADHB is sharing health pathway information to GPs to facilitate improved information and discussion prior to accessing the termination service. Question regarding the sustainability of service and size – currently all DHBs offer an evacuation of retained products. Even if 50% of the volume went to MTOP, then at least 10 women a week per DHB is likely. CMH currently has no capacity to see women in secondary care. Several options exist for delivery and procurement of the service is outside of the scope of this review. Establishing the principles is key. Model of care needs to be developed. Then we can		

	identify as close to home as possible can we safely deliver the services. (according to law and clinical guidance). What is possible now? What is possible in the future? A staggered roll out is most likely. No current timeline at present to cease delivering the service at GCC. Question regards participation of primary care representation. Orna McGinn has been invited to this meeting, she is unable to attend on a Monday, but does receive the discussion documents for comment. Alternative representatives were suggested including Sue Tutty and Stuart Jenkins. • Ruth will contact Sue and Stuart to discuss.		
5.	**Communications plan** Rachel Lorimar from ADHB communications has prepared the draft communications plan (circulated). Comments regarding omissions, content and tone were invited: Question as to the intended audience was raised. – understood to be a reactive plan for general consumer audience. And staff. Comments: Driver for the work is the ASC comment – this should be included. Choice of nomenclature. Group generally prefers Abortion rather than Termination of Pregnancy, as this is what is being used in the media. RANZCOG recently took a decision to use this language. In the UK they are going the other way. In the US there is differentiation between spontaneous and therapeutic abortion. • Seek feedback from George (consumer rep) regards language Add breakdown of % users by DHB to add clarity for the 1st parargraph. How many is many is not clear (total volume and breakdown as above). Intention to provide increased MTOP is not included Currently this could be read to mean that services would be immediately devolved. This is not the intention, needs to be clarified (e.g. staff audience). Noted that it is increasingly uncomfortable maintaining confidentiality about the undertaking of		

	this review group. Need for a communications piece that includes a clear statement for internal communications. This should include: o Review is being undertaken o Primary focus is 'closer to home' o This will not result in an immediate implementation of termination services within the existing DHB gynae services. o Options for delivery will be worked through. o Discussions of model of care are being considered first. Talking to our own internal stakeholders will be determined once this part is included and agreed in communications plan. • Ruth to confirm CMO with Debbie		
6.	No other business was tabled.		
7.	Next meeting: tba	Chair	5 mins

Referred papers:
Standards of care for women requesting abortion in Aotearoa New Zealand – Report of a Standards Committee to the Abortion Supervisory Committee January 2018.

Attached papers:

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

17 June 2019, 1.30 – 2.30 pm

Venue: VC Meeting - NRA (Kereru Room);
ACH A02 L3 3106 - Video Conf Meeting Room

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg, Dr Orna McGinn
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout, Katarina Komene
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl, Dr Stuart Jenkins
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies:
Gillian Gibson

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	2 mins
2.	**Minutes of previous meeting** (Attachment)	Chair	3 mins
3.	**Matters Arising from previous minutes**	Chair	5 mins
4.	**Draft First Trimester Abortion Services Specification** (Attachment)	Chair	35 mins
5.	**Communications for staff – sign off** (to be provided)	Jesse	5 mins
6.	**Any other business**	All	5 mins
7.	**Next meeting: 17 June**		

Attached papers

1. Draft minutes of May meeting
2. Draft First Trimester Abortion Services Specification
3. Initial Communications for Staff

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

17th June 2019, 1.30 – 2.30 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg, Rachel Lorimer
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl, Dr Stuart Jenkins
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Joanne Gibbs, Joy Farley, Megan Tahere, Stuart Jenkins, Sarah Tout.

Joining by VC:
Nettie Knetsch, Catherine Jackson, Rob Sherwin, Lisa Middelberg, Pauline Fakalata, Orna McGinn and Katarina Komene.

Item	Topic	Lead	Time
1.	**Welcome and Introductions** Welcome Rachel Lorimer ADHB Director of Communications. Welcome to Orna McGinn attending her first meeting as a representative for primary care. Note that Nettie will be finishing as GM for Women's Health and the new GM Mary Burr will be invited to the next meeting.	Chair	10
2.	**Minutes of previous meeting** Accepted as a true record of meeting: Catherine Jackson/ Rob Sherwin.		
3.	**Matters arising from the minutes** Actions: • Sarah to confirm with Bay of Plenty with regards to referral pathway to FPA for MTOP and also Simon Snooks – **Ruth** to follow up		

	this action • Jesse to investigate the availability of obtaining free pregnancy testing via pharmacy. – **Jesse** clarifying funding currently. • Pauline – discussed with Simon and Peter Stone regarding training for nurses in abortion services. Has requested detail on credentialing required for scanning. **Pauline** to bring back. • CMO lead for this review has been confirmed as Gloria. • Ruth has updated Gloria and Ailsa about where the review is up to. • Primary care – Orna is here today, welcome. Stuart Jenkins has also been included in the distribution list but could not attend this meeting. • George fed back that abortion language is considered appropriate by consumers.		
4.	**First trimester abortion service draft service specification document.** Clarification discussed around the measure of success pertaining to LARC that this should demonstrate a 100% offer of contraception (inc. LARC) and that % uptake is monitored. Noted comments: • deliver vs. provide • making safe the 1st priority • typos • p3 service location – clarify meaning. Ie, does FPA contribute? Private providers? - No, noted that there are no options excluded in the document as it currently stands. • Note that CMH would like to maintain a high level of flexibility – is it possible to licence other providers. - Abortion Supervisory Committee (ASC) recommends that services are integrated with other women's health services. - ASC are the organization that must licence premises. - George is comfortable with this description as proposed. • Question from clinician to clarify what is meant by a 1-day service.	Chair	30 s

	- Response is: There are currently many steps to complete. A 1 day service is possible. - Appropriate triage for MTOP would assist this. - Suggest a footnote with examples for both STOP and MTOP with a one-day service pathway. • P5 suggested change from 'district' to 'local' • Other general comment to be emailed through to Ruth please. • George noted equity as a consideration. Also that women centred care and safe abortion care were important language and that ASC has clarified some definitions around these. • Tension as a challenge of the project: Closer to home – more timely and accessible, however, abortion is still stigmatized and it is important to ensure that the workforce are embedded in a pro-choice environment, providing safety and quality in the workforce. Culturally supportive and accepting of abortion as a valid choice etc. • How do we ensure that all abortion services are respectful, compassionate and non-stigmatised and understand that for many people, abortion carries stigma socially. • It is important not to lose these quality aspects in pursuit of a more accessible service. • Gendered language: ASC has a footnote regarding gender diversity and the need to provide 'culturally' appropriate services for the trans population too. • Setting expectations for these quality considerations remains important. • Feedback regarding relational care within EDU has been very positive. • Being aware of the value that we have in this service and working to ensure we don't lose this as access and timeliness would not be an appropriate trade off for quality of care. • KPIs for patient experience should be included. • Question regarding placement of a LARC at a later date? Removal of LARC? **Group** was thanked for their valuable feedback and		

	input and requested to provide additional input via email. **Ruth** will review and incorporate, and re-circulate. The draft service spec from this group will then go up to the CEOs and CMOs to review and will assume that due diligence is complete. (**Ruth**)		
5.	**Communications plan** Two communications documents were tabled including specific communications to staff. Rachel Lorimer from ADHB communications introduced these as a starting place for feedback. Proposed as a single communication for everyone, but can then be split up for different groups. Nettie noted that as it is the first formal communication to staff it can be quite generic. Nettie will provide some specific feedback - mainly notes around providing version specific information for things like EAP. Suggested stepping back from 'impact' as at this stage the information is only high level and flow on is not known. Rachel invited any further feedback to be sent through to her and she will work toward a shorter more regional communication piece with feedback from Nettie and others. Next step will partly be determined by feedback from staff. **All** to feed back to Rachel and communication can then be agreed by email. Larger communication document – communications plan. This is for external stakeholders and is quite generic in nature. Need to work through some additional resources and language if we later move into more community engagement. This provides a generic framework. Comments around language such as 'many women' suggested to be more specific. Catherine and Nettie		

	offered to provide some specific feedback to Rachel.		
6.	No other business was tabled.		
7.	Next meeting: August, details to follow. Acknowledged difficulties with distance conferencing.	Chair	5 mins

Referred papers:
Standards of care for women requesting abortion in Aotearoa New Zealand – Report of a Standards Committee to the Abortion Supervisory Committee January 2018.

Attached papers: (see agenda)

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

19 August 2019, 1.30 – 3.00 pm

Venue: VC Meeting
NRA (Kereru Room)
ADHB A02 L3 3106 - Video Conf Meeting Room
CMH – TBC (see calendar invite for details)

Invitees:

WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg, Rachel Lorimer, Orna McGinn
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout, Katarina Komene, Mary Burr
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl, Stuart Jenkins
Consumer: George Parker
Maori: Megan Tahere
Pacific: Pauline Fakalata

Apologies:
Katarina Komene (moved to new role); Nettie Knetsch (move to new role, Mary Burr replacing).
Diana Ackerman, Sarah Tout, Joanne Gibbs

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	5 mins
2.	**Minutes of previous meeting**	Chair	5 mins
3.	**Matters Arising from previous minutes**	Chair	5 mins
4.	**Second trimester care** a) Medical vs surgical b) Workforce considerations c) Local vs regional	Chair/Gillian	45 mins
5.	**Communications plan**	Jesse/Rachel	15 mins
6.	**Any other business**	All	5 mins
7.	**Next meeting: 16 September**		

Attachments:

Minutes of previous meeting

Background paper: Surgical Abortion in the Second Trimester

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

19 August 2019, 1.30 – 3.00 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg, Dr Orna McGinn, Rachel Lorimer, Joanne Gibbs
CMH: Carmel Ellis, Mary Burr, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Jesse Solomon, Ruth Bijl, Dr Stuart Jenkins
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Joanne Gibbs, Joy Farley, Megan Tahere, Sarah Tout, Pauline Fakalata, George Parker, Stephanie Doe, Rachel Lorimer, Mary Burr.

Joining by VC/TC:
Carmel Ellis, Rob Sherwin, Lisa Middelberg, Orna McGinn and Gillian Gibson.

Item	Topic
1.	**Welcome and Introductions** Welcome everyone. Meeting proceeded with a teleconference link rather than VC for participants.
2.	**Minutes of previous meeting** Accepted as a true record of meeting: Lorraine Bailey/Ruth Bijl
3.	**Matters arising from the minutes** Actions: • Sarah to confirm with Bay of Plenty with regards to referral pathway to FPA for MTOP and also Simon Snooks – **Ruth** reported that Sarah has shared a pathway from FPA (attached below). However Sarah is still trying to contact Simon Snooks. • Jesse reported that it is currently possible for primary health care, including pharmacies to order pregnancy tests at no cost. However it is not usual practice for pharmacies to provide these freely to women. Most pharmacies sell pregnancy testing kits retail. Advice from the Primary care team pharmacy specialist is that the provision of pregnancy tests for free at pharmacies could be achieved and we can

	explore further if desired. Noting that although the test itself is funded through national means, the pharmacies may perceive a consultation cost is implied. Further, this question originally came out of question relating to improving the pathway for women into an abortion service. • Pauline – discuss with Simon and Peter Stone training for nurses in abortion services. Has requested detail on credentialing required for scanning. **Pauline** to bring back. **Jesse** to follow up with Pauline for an update on this action. • Feedback on the draft service specifications has been received and incorporated. The service specification has been shared with the sponsors CEO Ailsa Claire and CMO Gloria Johnson who responded positively. • **Jesse** will follow up with Rachel on feedback on the communications plan and will re-circulate to the group with a view to approve urgently so that stakeholders can be advised.
4.	**Second Trimester Care.** **a) Medical and surgical options** Feedback from George was sought in advance of the meeting as she couldn't be present. In addition to considering consumer views, George completed a literature review for papers considering patient experience in relation to Medical and Surgical termination options second trimester. George will provide a brief synopsis but a verbal update given by Jesse included: • Surgical termination was preferred by many women - 'getting it over with' was a feature of this preference. • Enabling a genuine and informed choice for women to consider and decide which option is preferable for them was considered a supportive process in and of itself regardless of which option was selected. • The preference expressed for Surgical termination didn't imply that medical termination experiences were negative. However, they were much like induction of labour and consequently, women benefit from labour support such as they would get from a midwife in maternity services. Waitematā and Auckland DHBs fed back that such support is available in their services, **Carmel** to enquire in CMH and feedback on support for CMH women undergoing a second trimester medical abortion. Gillian provided information from a clinical point of view: • Each of the three DHBs have a medical termination service for >14 weeks. This is provided in gynaecology <20 weeks and maternity >20 weeks. • Surgical abortions are provided by 3 contracted senior obstetricians. This service is delivered at Greenlane but is not formally a regional service. Each DHB contracts independently (and DHBs outside metro Auckland also use this contract option). • ADHB view is that it is important to maintain a surgical service as the

literature shows that women have a preference for surgical abortion.

- Abortion providers nationally indicate that surgical abortion services >14 weeks are vulnerable. Currently the service is only provided in Auckland, Wellington and Dunedin.
- In the UK, 75% of second trimester abortions are surgical. There are also high proportions in both the US and Australia.
- For ongoing provision of the service in Auckland, succession planning is required and feasibility of this will need to be worked through.

Factors that need to be considered in developing a service include:

- Small number of providers and need to have a sufficient caseload to maintain skill.
- Funding
- Stability
- Training and
- Succession planning

Meeting decision: Unanimous agreement that both medical and surgical options need to be offered to women.

b) Workforce considerations

The plans of the current contracted providers have not been explored (ie, timelines for ongoing delivery of the service).

There is no capacity to train within the current arrangement

A new service would therefore need to be set up from scratch.
Considerations include:

- Safe number to maintain skill (caseload) and in order to train – needs further exploration.

- How long training needs to be – depends on available caseload, availability of trainer and trainee and what is required. Training usually follows a gradual increase in gestation approach. Some practitioners from around NZ could be available to support training.

- Approximately 300 women per year use the service – what number of practitioners' does this support? Around 4-5 probably (also considering leave requirements and cover).

c) Local vs regional

The size of the service means that some regional aspect will be required. Even if this is delivered 'locally'. Regional coordination or a fully regional service would be required to mitigate vulnerability in staffing and skill levels.

A regional service could offer some outreach perhaps. However, it was noted

	that the whole theatre team needs to be appropriate and skilled in the procedure which contributes to view that service needs to centralized in one location to ensure that all the participating staff are specialized in this service. For these reasons, it is appropriate to host one service in metro Auckland. **Meeting decision: There was unanimous agreement that one regional surgical service for gestations from 14 weeks to 17+6 would be provided (with each DHB continuing to provide a medical service for women domiciled in their DHB).** Following further discussion and agreement by all, Auckland DHB committed to look at the options for providing a second trimester surgical abortion service considering staffing, the model and funding. The ADHB operations team will begin to scope up with members of PFO. Noted that it would be worthwhile to consider how a regional service would support local clinicians from the point of view of skills being shared across the wider gynae services. **Ruth's PFO team to work with Cathie Lesniak and Gill to scope up a regional surgical abortion service for gestations of 14 weeks to 17+6.**
5.	**Communications plan** **Jesse** to follow up with Rachel as to whether feedback has been received. Will re-circulate the plans for comment and agreement via email. Urgent to enable communication to stakeholders. Noted also that the current three clinicians providing the second trimester service are key stakeholders.
6.	No other business was tabled.
7.	Next meeting: 16 September 2019 The meeting will be face to face at NRA only.

Referred papers:
Draft Service specification for first trimester abortion services metro Auckland.

Communications plan documents

Attached papers: (see agenda)

Attachment – referral pathway Tauranga

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Agenda

23 September 2019, 1.00 – 3.00 pm

Venue:
NRA (Kereru Room)

Invitees:

WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Joanne Gibbs, Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg, Rachel Lorimer, Orna McGinn
CMH: Carmel Ellis, Nettie Knetsch, Dr Sarah Tout, Katarina Komene, Mary Burr
PFO: (ADHB/WDHB): Lorraine Bailey, Dr Catherine Jackson, Jesse Solomon, Ruth Bijl, Stuart Jenkins
Consumer: George Parker
Maori: Megan Tahere
Pacific: Pauline Fakalata

Apologies:
Pauline Fakalata, Sarah Tout, Nettie Knetsch, Katarina Komene.

Item	Topic	Lead	Time
1.	**Welcome and Introductions**	Chair	5 mins
2.	**Minutes of previous meeting**	Chair	5 mins
3.	**Matters Arising from previous minutes**	Chair	5 mins
4.	**Regional Executive Paper draft paper** • discussion • ongoing work-streams	Chair	55 mins
5.	**Communications**	Rachel	15 mins
6.	**Any other business**	All	5 mins
7.	**Close meeting**		

Attachments:

Minutes of previous meeting
Communications Plan

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Meeting Minutes

23 September 2019, 1.00 – 3.00 pm

Venue: Kea Room, Level 2, NRA, 650 Great South Rd

Invitees:
WDHB: Dr Diana Ackerman, Stephanie Doe
ADHB: Dr Gillian Gibson, Dr Rob Sherman, Joy Farley, Lisa Middelberg, Dr Orna McGinn, Rachel Lorimer, Joanne Gibbs
CMH: Carmel Ellis, Mary Burr, Dr Sarah Tout
PFO: (ADHB/WDHB): Lorraine Bailey, Jesse Solomon, Ruth Bijl, Dr Stuart Jenkins
Consumer: George Parker
Pacific: Pauline Fakalata
Maori: Megan Tahere

Apologies/Non attendance:
Joanne Gibbs, Joy Farley, Megan Tahere, Pauline Fakalata, George Parker, Rachel Lorimer, Mary Burr, Carmel Ellis, Lisa Middelberg, Dr Stuart Jenkins.

Item	Topic
1.	**Welcome and Introductions** Welcome everyone.
2.	**Minutes of previous meeting** Accepted as a true record of meeting: Rob Sherwin/Lorraine Bailey
3.	**Matters arising from the minutes** Actions: • Sarah to confirm with Bay of Plenty with regards to referral pathway to FPA for MTOP and also Simon Snooks – **Complete.** • Nurse credentialing for scans. Jesse to follow up with Pauline and Peter Stone if necessary and get confirmation in writing as to the status of credentialing process, ie, where is this with regards to approval from Nursing council, governance etc. • Communications plan was circulated again electronically. Affirmative responses received and approved. Rachel Lorimer will continue to lead this work and ADHB will liaise with Rachel and HR to plan for communication with their team to advise that a review is being undertaken, as per comms plan.
4.	**Discussion Draft Regional Executive Forum paper** Next steps process was explained by Ruth – once this draft paper is agreed by

	the group, it will be presented to the Regional Executive Forum. The REF will consider the recommendations and make decisions about how it will proceed. This may include a request to take a paper to each of the three District Health Boards. They may ask for further information or take other decisions. Note all need to feel comfortable to sign off the paper as the recommendations go to REF on behalf of the group. Agreed that the group would take a little more time to consider the paper and come back to Ruth/Jesse by Monday 30 September with final feedback (including approval if no suggested changes). Several changes were dicussed including: Amendment on p5 to indicate that ADHB would need to scope or explore the feasibility of providing an 'in-reach' service to other DHBs. Discussion regards the provision of 1st trimester surgical abortion services as per agreed service specification. The service specification recommends that services are provided to women up to 13 weeks and 6 days, consistent with the Royal College of Obstetrics and Gynaecology guidelines. However, it was felt that there are a number of surgeons currently operating who may not be confident up to this gestation, and who currently provide the surgical procedure up to 12 weeks, 6 days. Volumes for the service between this 13 – 14 week period are quite small. To date, the second trimester service has accepted women from 13 weeks. The group agreed that some flexibility would be introduced into the service specification to enable women to be referred to the second trimester service if clinically indicated, but allow for the first trimester service to be provided if the credentialed clinician and equipment was appropriately available. Noted that referral pathway from 1st trimester service to 2nd trimester service should consider patient convenience, minimize wait and so forth. Noted also that work to smooth pathway and enhance access to the services should bring the timeframe forward for many women to be able to access the service at an earlier gestation. Noted second trimester scoping work ongoing – no service specification for this service has yet been devised and may not be required if it is to be hosted by one DHB (clinical guidance is sufficient). However, if requested by REF it could be worked up. Clinical governance and credentialing would be provided by host DHB.
5.	**Workstreams** Brief discussion of outlined workstreams: Service improvement and pathways – ADHB lead Communications – Rachel Lorimer lead Service change and commissioning – Lorraine lead and potentially other PFO

	on commissioning. These will be considered by the REF and confirmed subsequent to REF decisions.
6.	**Communications plan** As per matters arising. Rachel continues to lead, planned to meet with Rob and Gill on Friday this week to prepare for communications to HR and ADHB service. Noted that care was needed. No timeline is currently available on any changes to service, and these are unlikely to pre-date any law change process, but consideration is being given to preparing for these in advance remains key message. Business of the meetings and papers remains confidential.
7.	No other business was tabled.
8.	Next meeting: Feedback via email. No further meeting scheduled at this stage.

Referred papers:
REF draft paper.

Draft Service specification for first trimester abortion services metro Auckland.

Communications plan documents

Review of the Configuration of Termination of Pregnancy Services in metro Auckland

Steering Group Terms of Reference

19 February 2019

Background

A regional first trimester termination service has been provided at Epsom Day Unit, Greenlane Clinical Centre, for some decades. Second trimester services have been sourced by individual DHBs. There are identified issues with the sustainability of delivery of second trimester services. In 2017, the Report of the Abortion Supervisory Committee (ASC) raised significant concerns regarding the configuration of first trimester services particularly regarding the impact of centralisation on access. The centralisation of services within metro Auckland has attracted comment from the Abortion Supervisory Committee (ASC). Specifically,

> *"ASC has ongoing concerns about access to abortion services in the greater Auckland region. ... with only one main public service located at the Epsom Day Unit ... The ASC believes it would be beneficial to Auckland residents, in particular those living in Counties Manukau, to have a service closer to home. ...The current situation is unacceptable and untenable" (p5).*

While the comment is particularly about access for South Auckland women, similar issues will be experienced by other women, including those living in the West and North. Consequently it has been agreed that a new service configuration that delivers services 'closer to home' needs to be developed and agreed between metro Auckland DHB and women's health leadership.

Purpose

To oversee the review of, and agree a first and second trimester termination services configuration which:

- improves access for women across metro Auckland, and
- ensures the sustainability of services.

Principles

The following principles for the steering group and project will be observed:

- Closer to home service delivery
- Sustainable
- Women-centred
- Safe abortion services
- Compliant with legal requirements

- Equity.

Some measures of success include:

- Increased patient satisfaction
- Reduced gestation at termination
- Increased proportion of medical terminations
- Increased proportion of 'one-day' services
- Reduced reliance on O&G work-force.

Scope

In scope:

- Publicly funded first trimester services currently provided by Epsom Day Unit (ADHB).
- Publicly funded second trimester services currently obtained by WDHB, ADHB and CMH.
- First trimester and second trimester Termination of Pregnancy Services Specification.
- Model of care inclusive of the provision of after care and provision of long acting contraception options to women accessing the service.
- Medical and surgical terminations.

Out of scope:

- Commissioning termination services. (If required, this review will inform procurement. Procurement will be managed by relevant Funder/s.)

- Implementation of recommendations.

Project organisation and Steering Group Membership

A lead CEO and lead CMO for this project will be identified by the Northern DHBs Service Review Group. The Service Review Group will be informed of project progress, and key decisions endorsed by the regional Executive Group, and individual DHB Board Committees in line with DHB's delegation policies.

The lead CEO is Ailsa Claire, and the lead CMO is from one of the other DHBs. A Steering Group will guide the work programme and report to the lead CE and CMO through ADHB/WDHB Planning and Funding.

The Steering Group will include:

ADHB – Director Women's Health (Rob Sherwin)
ADHB – Service Clinical Director (Dr Gillian Gibson)
ADHB – Director Provider Services (Jo Gibbs)
WDHB – General Manager Children's and Women's Health (Stephanie Doe)
WDHB – Service Clinical Director (Dr Diana Ackerman)
CMH – Service Clinical Director (Dr Sarah Tout)
CMH – General Manager Children's and Women's Health (Nettie Knetsch)
CMH – General Manager Integration (Carmel Ellis)
Planning, Funding and Outcomes Unit – Funding Manager Child, Youth and Women (Ruth Bijl)
Planning, Funding and Outcomes Unit – Hospital's Group (Lorraine Bailey)

Public Health Physician (Dr Catherine Jackson)
Equity advisor – Maori (Megan Tahere)
Equity advisor – Pacific (Pauline Fakalata)
Consumer Representative – Women's Health Action (George Parker)
Secretariat – Ex officio (Jesse Solomon)

Meeting requirements

Members may not delegate attendance.

All meeting papers are confidential. Meeting papers will be provided 5 working days in advance of scheduled meetings.

Meetings will be held at least monthly for 2 hours. Attendees may attend remotely via Video Conference, Zoom or teleconference.

Planning, Funding and Outcomes Unit will Chair and provide secretariat support to the meeting. The project manager will report to the Chair.

Deliverables and key milestones

The potential for change in legislation is noted – this may impact time-lines.

Phase 1: Service Specification (Dr Gillian Gibson has agreed to lead development of a Specification) – draft by end March 2019; final draft by end April 2019

Phase 2: Model of care (first draft) – end March 2019; final draft May 2019

Phase 3: Options for providers and settings (to inform procurement) – June 2019

Phase 4: Final write up of documentation to inform procurement plan if required – September 2019, including associated Board papers as required for endorsement.

Phase 5: Implementation: From October 2019.