

Publication Report



Termination of Pregnancy Key Clinical Indicator (KCI)

Year ending 31 December 2010

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

Percentage of termination of pregnancy procedures taking place at less than nine completed weeks (i.e. 63 days) gestation per NHS Board.

Important note:

This KCI was modified in the 2009 publication (reporting on 2008 data) to reflect standard 6.1 from the NHS Healthcare Improvement Scotland (formerly Quality Improvement Scotland (QIS)) sexual health standards and this is the third successive year of reporting the indicator as such. Data from this report are comparable with the 2010 and 2009 publication but not any of the publications prior to these. See Appendix A1 for details of the modification.

Evidence Base

There is a wide variation between NHS boards in the gestation at which termination of pregnancy procedures are performed. There is evidence that organisational change can improve access and efficiency.

All women need time to consider their position and seek counselling as necessary. For some women, undertaking the procedure as soon as possible may not be beneficial, but for women in general, the earlier the procedure is performed, the less physical complications and psychological distress experienced (*The Care of Women Requesting Induced Abortion Guideline, Royal College of Obstetricians and Gynaecologists, September 2004*).

The indicator seeks to promote optimal quality of care for this group of women, by helping to remove delays or inefficiencies that can increase distress and also reduce the possibility of complications that are more likely with increasing gestation.

It is recognised that a small minority of women may need longer to make a decision, present late or delay the decision; this is however a small proportion of women and will not substantially affect a board's performance. It is intended that this indicator will help to decrease the amount of time a woman has to wait to access advice or have the procedure once she has made her decision.

Data Collection

No additional data are required over and above that already collected in accordance with the 1967 Abortion Act. The data are analysed by age and deprivation category to help identify potential inequalities in opportunities to access services associated with poverty.

Key points

- The proportion of early terminations has been rising steadily in more recent years, with 65.2% of all terminations performed at less than 9 completed weeks gestation in 2010. This figure has risen by 3.0 percentage points from 2009 making it the highest it has been for the past decade.
- In 2010 there was a 7.5 percentage point difference between access to early abortions by the least deprived category and the most deprived category which suggests that deprivation continues to have an influence on whether women access services rapidly.

Results and Commentary

Data for 2010 by NHS Board of Residence

The proportion of early terminations has been rising steadily in more recent years, with 65.2% of all terminations performed at less than 9 completed weeks gestation in 2010. This figure has risen by 3.0 percentage points from 2009 making it the highest it has been for the past decade.

The use of medical methods for termination procedures continues to increase, with medical methods used in 82.6% of all terminations performed at less than 9 completed weeks gestation in 2010 (17.4% were carried out surgically). These figures were 81.3% and 18.7% respectively for 2009. Since 1999 the use of medical methods has seen a 25.1 percentage point rise (57.5% to 82.6%).

Table 1.1 Percentage of all women having terminations performed in Scotland¹ at less than 9 completed weeks of gestation, by NHS board of residence, 2009^f and 2010^p.

NHS Board of Residence	% at less than 9 completed weeks*	
	2009 ^f	2010 ^p
Ayrshire & Arran	57.8	53.4
Borders	76.0	66.3
Dumfries & Galloway	59.7	55.2
Fife	62.5	60.5
Forth Valley	60.0	60.1
Grampian	68.0	65.2
Greater Glasgow & Clyde	62.3	64.8
Highland	53.3	65.0
Lanarkshire	67.8	75.3
Lothian	62.2	70.2
Orkney	74.1	54.5
Shetland	71.0	50.0
Tayside	54.9	61.7
Western Isles	34.8	66.7
All Areas	62.2	65.2

Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.

* Under 63 days gestation

¹ Refers to therapeutic abortions notified in accordance with the Abortions Act 1967.

^f Revised

^p Provisional

In 2010, seven of the fourteen boards (50%) showed an increase in the percentage of terminations performed at less than 9 completed weeks gestation.

Between 2009 and 2010 the greatest increases in early terminations were seen in

- NHS Western Isles (+31.9 percentage points)
- NHS Highland (+11.7 percentage points)
- NHS Lothian (+8.0 percentage points)
- NHS Lanarkshire (+7.5 percentage points)

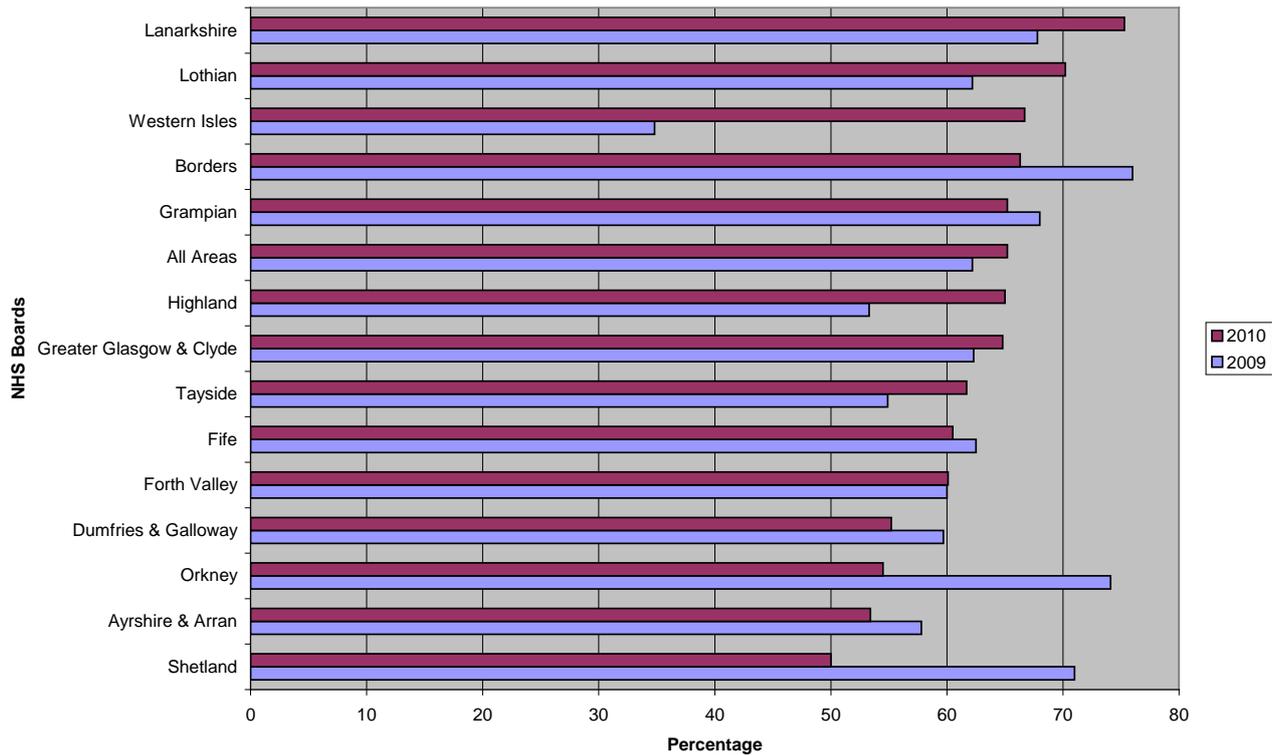
Decreases in the percentage of early terminations between 2009 and 2010 were seen in 7 NHS boards. The largest decreases were seen in

- NHS Shetland (-21 percentage points)

- NHS Orkney (-19.6 percentage points)
- NHS Borders (-9.7 percentage points)

The large increase and decreases noticed in the three NHS Island boards suggest that performance against the indicator is vastly affected year on year by the relatively small number of procedures carried out in these areas.

Figure 1.1 Percentage of all terminations at <9 weeks* completed gestation by NHS board of residence, 2009^r and 2010^p



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
 * Under 63 days gestation
^r Revised
^p Provisional

- NHS Lanarkshire had the highest percentage of early terminations in 2010 at 75.3%, an increase of 7.5 percentage points from 2009.
- Of the mainland boards NHS Ayrshire and Arran had the lowest percentage of early terminations in 2010 at 53.4%, a decrease of 4.4 percentage points since 2009.
- Of all the boards, NHS Shetland had the lowest percentage of early terminations in 2010 at 50%, a decrease of 21 percentage points from 2009 which is most likely due to the overall low number of terminations performed in this area.

Termination of Pregnancy by Age and Deprivation

In 2010, the total number of terminations was 1827 in SIMD 5 (the least deprived) compared to 3571 in SIMD 1 (the most deprived).

The percentage of these terminations performed at less than 9 completed weeks gestation were 69.1% in SIMD 5 (the least deprived) and 61.6% in SIMD 1 (the most deprived).

For further information on termination of pregnancy by age and deprivation category in Scotland see:

[Table 1.2: Abortions performed in residents in Scotland in 2010 by deprivation, estimated gestation in weeks and age group.](#)

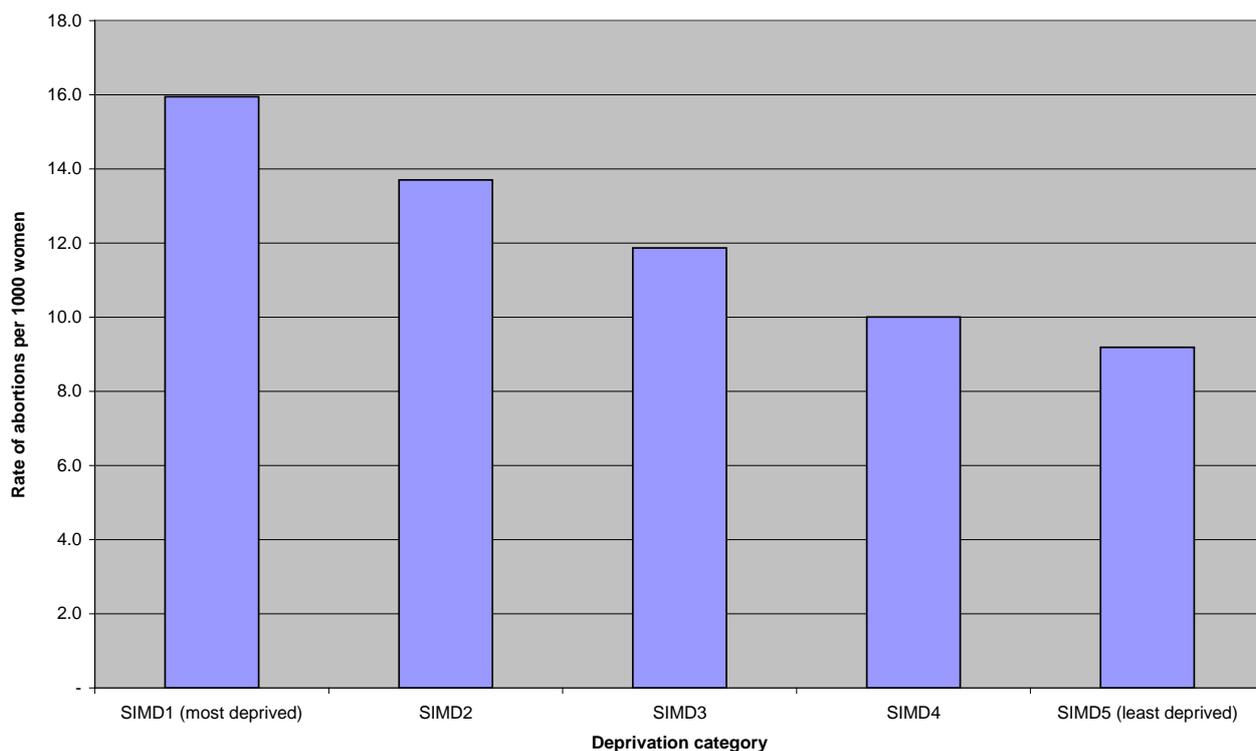
Table 1.3 Terminations performed at <9 completed weeks gestation by deprivation, 2009 and 2010

	SIMD1 Most deprived	SIMD2	SIMD3	SIMD4	SIMD5 Least deprived
2009	58.5	62.0	63.2	62.7	67.5
2010	61.6	63.9	67.7	66.7	69.1

Access to early abortions increased for women in all the deprivation categories from 2009 to 2010.

In 2009 there was a 9 percentage point difference between access by the least deprived category and the most deprived category. This difference decreased in 2010 to a 7.5 percentage point difference, which suggests that deprivation continues to have an influence on whether women access services rapidly.

Figure 1.2 Rate of all terminations¹ in Scotland by deprivation category, 2010^p



Source: Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967

¹ Refers to therapeutic abortions notified in accordance with the Abortion Act 1967

^p Provisional

The rate of abortions in SIMD1 (most deprived) for 2010 is 16.0 per 1000 women compared to 9.2 for SIMD5 (least deprived). This indicates that women in the most deprived areas are more likely to use termination services than those in the least deprived areas.

Data for HIS Sexual Health Standards

Table 3.1 shows the performance of the NHS boards against HIS standard 6.1 which states “70% of women seeking termination of pregnancy undergo the procedure at 9 weeks gestation or earlier”.

No additional data is required to monitor progress against this standard.

Conclusion

The percentage of abortions performed at an early gestation (less than 9 weeks completed gestation) across Scotland continues to increase.

Total terminations remain consistently higher in deprived areas and data for 2010 show that deprivation may have had an influence in whether women accessed services rapidly.

It should be noted that small numbers might affect a board’s performance in the data above, particularly with the NHS Island boards.

Further data on abortions can be obtained at the [ISD website](#).

Glossary

HIS

ISD

KCI

Termination of Pregnancy

Healthcare Improvement Scotland

Information Services Division

Key Clinical Indicator

Abortion

List of Tables

Table No.	Name	Time period	File & size
1.1	Percentage of all women having terminations performed in Scotland at less than 9 completed weeks of gestation, by NHS board of residence	2009 and 2010	Excel [750kb]
1.2	Terminations performed in residents in Scotland at <9 weeks completed gestation by deprivation and age band	2010	Excel [750kb]
1.3	Terminations performed at <9 completed weeks gestation by deprivation	2009 and 2010	Excel [750kb]

List of Charts

Table No.	Name	Time period	File & size
1.1	Percentage of all terminations at <9 weeks completed gestation by NHS board of residence	2009 and 2010	Excel [750kb]
1.2	Rate of all terminations in Scotland by deprivation category	2010	Excel [750kb]

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Further Information

Further information can be found on the [ISD website](#)

Appendix

A1 – Details of change to TOP KCI

In previous years' reports (on data for 2005 until 2007 inclusive) the KCI for termination of pregnancy reported on terminations at 'under 10 weeks' where this was taken to be procedures performed up to and including 69 days gestation (9 weeks and 6 days gestation i.e. less than 10 completed weeks).

In the 2009 publication of the report, on 2008 data, the KCI was amended to reflect HIS (formerly QIS) sexual health standard 6.1 which is concerned with women seeking a termination at 9 weeks gestation or earlier. This was accepted to be procedures carried out up to and including 63 days gestation.

It should be noted that all data on termination of pregnancy, including gestation, are taken from notification of abortion forms. The information on gestation is recorded as number of completed weeks only. These data are then aggregated to allow for reporting of procedures performed at under 9 completed weeks, under 10 completed weeks etc. Therefore it is not possible to report on those procedures performed exactly at 63 days (9 weeks) gestation.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Termination of Pregnancy Key Clinical Indicator (KCI)
Description	Annual update on the percentage of termination of pregnancy procedures taking place at less than 9 completed weeks (i.e. 63 days) gestation per NHS board.
Theme	Health and Social Care
Topic	Sexual Health services
Format	Word document supported by Excel workbook.
Data source (s)	Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967.
Date that data is acquired	Data extracted from the AAS database at end April for previous calendar year.
Release date	08/06/2011
Frequency	Annual
Timeframe of data and timeliness	Calendar year, data generally complete by mid April. Generally no delays.
Continuity of data	Baseline data first established in 2005 for this particular indicator.
Revisions statement	Data are noted as provisional, in case of receipt of late returns (expected late returns generally <30). The data are then revised at following year's update.
Revisions relevant to this publication	Table 1.1 and Figure 1.1 show 2009 and 2010 data for the percentage of all terminations performed at <9 weeks completed gestation. For some NHS boards the 2009 data has been revised and this has affected the overall percentage for Scotland (by 0.1%). The impact on the NHS boards data varies from (0.1% to 0.8%).
Concepts and definitions	
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of services, assessing impact of policies/initiatives and monitoring progress against QIS (now Healthcare Improvement Scotland) sexual health standards
Accuracy	Information on forms is clerically checked, with additional validation on data entry. Data are also compared to previous year's figures.
Completeness	Considered complete. There may be a very small number of late returns received and data would be revised at following year's release.
Comparability	Scottish data are directly comparable with data for England and Wales which is available online at (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116039). Scottish abortion data are regularly provided to ONS, Department of Health for contribution to both UK and International reports/databases e.g. UK Health Statistics, Annual Abstract, European Health for All database. In these comparisons, data are provided only at national (Scotland) level or may be aggregated to UK..
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. See attached link for further

	details: http://www.isdscotland.org/About-ISD/Accessibility
Coherence and clarity	Abortion tables and charts are accessible via the ISD website http://www.isdscotland.org/Health%2DTopics/Sexual%2DHealth/Key%2DClinical%2DIndicators/
Value type and unit of measure	Percentages and rates presented
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed: http://www.isdscotland.org/Products-and-Services/Data-Protection-and-Confidentiality
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority.
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