The Lord Moylan

20th January, 2025

Ed Humpherson, Esq.,
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By e-mail to regulation@statistics.gov.uk

Dear Mr Humpherson,

I refer to your letter dated 19th December conveyed to me by way of Lady Twycross's reply to my Parliamentary Question for Written Answer HL3549 tabled on 17th December, 2024. Thank you for the trouble you have taken in responding.

To be clear at the outset, my interest is specifically in statistics concerning complications arising from abortion and my purpose in writing to you is to ask you to consider a formal assessment of these statistics as to whether they comply with the Code of Practice for Statistics.

The statistics for complications arising from abortion currently published by the Department for Health and Social Care are drawn from the HSA4 form that abortion providers are required to return. 80% of abortions are carried out by NHS-contracted independent providers. I am not disputing the accuracy of the information entered onto HSA4 forms by these providers. I am, however, saying that they are only likely to capture complications occurring within the clinic. Complications occurring later, normally within the days immediately following the procedure, are likely to result in the women's presenting to an NHS resource, be it a GP, 111 or an A&E Department. These complications will not be captured by form HSA4 except in the unlikely event that the clinic is promptly made aware of them.

Moreover, since the abortion statistics were last assessed for compliance in 2012, there have been important changes in practice. I highlight two:

1. the growth of medically induced abortions: in 2012 when the statistics were last assessed for compliance with the Code, only 48% of abortions were medically induced (as opposed to surgically delivered); currently about 85% of abortions are medically induced, that is by taking a sequence of pills, often (since 2018) at home; in fact, the official statistics for 2022 show that medically induced abortions completed at home now account for 75% of all abortions across England and Wales; in its *Guide to abortion statistics in England and Wales 2019* the DHSC acknowledged that, as a result, "complications may be less likely to be recorded on the HSA4".
2. the measure introduced temporarily (in response to the COVID pandemic) in March 2020 but made permanent in the Health and Care Act 2022 whereby a woman may be prescribed the necessary pills for consumption at home without an in-person

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consultation with a doctor (provided there has been a telephone conversation or e-consultation).

With that background, the publication of the Office of Health Improvement and Disparities' November 2023 report assessing abortion complications on the basis of data drawn from Hospital Episode Statistics was very significant, since it showed that a practical route was available to produce better and more accurate statistics on complications. As I understand matters, their report does not give a complete picture (since it does not cover incidents dealt with only by a GP, for example). Nonetheless, the improvement in data is clear.

Unfortunately, this report appears to have been a "one-off" and there are no plans for the work to be repeated. Moreover the Government has not found itself able to support my Private Member's Bill mandating the annual publication of a similar report or to give a formal undertaking to repeat the OHID work. It would appear that the Government intends to continue producing complication statistics drawn exclusively from form HSA4, despite acknowledging (in the 2019 *Guide* referred to above) that "It is not possible to fully verify complications recorded on HSA4 forms and complications that occur after discharge may not always be recorded."

This seems to me, from a statistical point of view, to be a deeply unsatisfactory situation. We have officially published statistics that are known to be inadequate and are caveated as such. We have from an official source a practical alternative that shows markedly different rates of complication. Yet the Government appears to be taking no steps to improve their admittedly inadequate numbers.

Much has changed since these figures were last assessed by the UK Statistics Authority for compliance with the Code and I note from your letter that abortion statistics have not formed part of the conversations you have been having with the DHSC about their statistics. It is in this context that I should like to hear if you are willing to undertake a new assessment of compliance.

I look forward to your reply.

Yours sincerely,