

Note of meeting with Nadine Dorries and Frank Field, 7 July 2011

Attendees

Anne Milton MP, Parliamentary Undersecretary of State for Public Health (PS(PH))

Frank Field MP

Nadine Dorries MP

██████████ plus one other, Right to Know Campaign

██████████, DH

Mark Bale, DH

██████████, DH

██████████, DH

██████████ DH

Nadine Dorries (ND) set out the reasons for the amendments. The intention is to financially separate the provision of abortion from the provision of pre-abortion counselling – she considered that at present the organisations that provide counselling have a vested interest in the woman having an abortion. In addition, under the current system, women have to be identified as needing counselling, i.e. to ask for it – it is not offered.

DH officials explained that the amendments previously laid have some technical flaws, eg under the reforms abortion would be commissioned by local authorities (LAs) not primary care trusts (PCTs).

PS(PH) suggested that the aim (to ensure that all women seeking an abortion are offered independent counselling), which DH agrees with, could be achieved without primary legislation. DH officials explained how this might work, but added that the counselling would have to have a health benefit.

ND said that she had received advice that it was harder to challenge primary legislation and so having this set out in primary legislation rather than secondary legislation would make it more secure. There was some discussion about this.

Frank Field (FF) accepted that the detail is normally set out in secondary rather than primary legislation, and understood that this could be achieved through regulations. He would expect such regulations to be affirmative. DH officials confirmed that they would also expect them to be affirmative.

FF said they wanted a debate at report stage, and they would like the government to set out at report stage what they would do on this. PS(PH) understood this. There was some discussion about this, so PS(PH) asked FF to provide a note setting out their proposed approach – which he agreed to do.

PS(PH) said she would take any debate on this if it comes up.

There was some discussion about

- Pathways to abortion (i.e. through GPs, sexual health clinics or through self referral).

- the definition of independence. ND was clear that this meant independent of the abortion provider. DH officials stressed that this would need to be carefully thought through, and explained that proposals could be consulted on as part of developing secondary legislation. DH officials explained that the NHS and independent abortion providers would still need to assess whether there are grounds for abortion under the Act and undertake clinical assessments
- At what point counselling should be offered. DH would look into care pathways to explore this.
- Monitoring of counselling arrangements
- Whether abortion figures would change as a result of independent abortion counselling being offered
- The definition of counselling – it was generally agreed that counselling was non-directional and its purpose was to allow women space to think through their options

All agreed that it was of paramount importance that any change did not delay or limit access to abortion.