Committee for Justice

OFFICIAL REPORT (Hansard)

Marie Stopes International: Compliance with Criminal Law on Abortion in Northern Ireland

10 January 2013

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Paul Givan (Chairperson)
Mr Raymond McCartney (Deputy Chairperson)
Mr Stewart Dickson
Mr Alex Easton
Mr Tom Elliott
Mr William Humphrey
Mr Seán Lynch
Mr Alban Maginness
Ms Rosaleen McCorley
Mr Patsy McGlone
Mr Jim Wells

Witnesses:

Ms Dorcas Crawford	Edwards and Company Solicitors
Dr Paula Franklin	Marie Stopes International
Ms Tracey McNeill	Marie Stopes International
Ms Dawn Purvis	Marie Stopes International

The Chairperson: We move on to the briefing by representatives of the Marie Stopes private clinic in Belfast on how it is complying with the criminal law on abortion in Northern Ireland. The relevant papers are at tabs 11, 12 and 13 of your meeting folder. Other papers were circulated separately, some of which contained confidential legal advice and, therefore, are restricted and not for release unless the Committee decides to do so.

I welcome Dorcas Crawford, a solicitor from Edwards and Company; Dawn Purvis, programme director; Tracey McNeill, vice-president and director; and Paula Franklin, medical director for Marie Stopes International (MSI). The evidence session is being reported by Hansard and the transcript will be published on the Committee's web page. I invite representatives from the clinic to outline how it will comply with the criminal law on abortion in Northern Ireland. I hand over to Ms Purvis or to Tracey.

Ms Tracey McNeill (Marie Stopes International): I thank Committee members for inviting us. We are delighted to be here, and we look forward to reassuring the Committee that the Marie Stopes clinic in Northern Ireland is fully compliant with the law here in Northern Ireland. We will introduce ourselves and explain who we are, and briefly describe what we do for Marie Stopes International. I am the vice-president and director of Marie Stopes UK and Europe. My background is one of regulation compliance, working in the past with the Department of Health and the previous Care Quality

Commission. I am a healthcare professional and have been involved in healthcare in the UK for 30 years.

Ms Dawn Purvis (Marie Stopes International): Many of you will know me from a previous life, but I am now programme director of Marie Stopes Northern Ireland. I manage our centre in Belfast and ensure that the men and women who need our services have access to them.

Dr Paula Franklin (Marie Stopes International): I am the global medical director at Marie Stopes International. I am a UK-registered medical practitioner trained in public health and I have responsibility for the quality of the clinical services that are offered by Marie Stopes across the world.

Ms McNeill: I will begin by reading our briefing and the statement that we forwarded to you and that I know you all have copies of.

As many of you may know, Marie Stopes Northern Ireland is part of the large global sexual and reproductive health charity that is Marie Stopes International. Our very clear vision is of a world in which every birth is wanted. Millions of the world's poorest most vulnerable women trust Marie Stopes International to provide them with quality sexual and reproductive healthcare. We have been delivering contraception, safe abortion and mother and baby care for over 30 years, and we work in over 40 countries around the world. I am proud to say that last year we cared for over seven million of the most vulnerable women around the world. By providing these high-quality services where they are needed most, we prevent unnecessary deaths and make a sustainable impact on the lives of millions of people every year.

I now turn to the UK and to the specifics of why we are here today. Marie Stopes International is the UK's leading provider of sexual and reproductive healthcare services. Last year, our UK network of sexual health clinics treated and cared for over 100,000 men and women. Those men and women came to us for information, advice and professional care. We are a trusted provider and proud of it. We are committed, every single day of the year, to enable those clients to make informed choices about their health. We do so in a non-judgmental, confidential and caring environment. Marie Stopes in the UK is the provider of choice. We work in partnership with the Department of Health and key stakeholders. I am pleased to say that Marie Stopes's compliance record is unparalleled in the UK for the provision of termination of pregnancy. MSI was selected to be the health sector representative of the provision of termination of pregnancy on a national sexual health forum — a group selected by the Secretary of State for Health to develop strategy and advise on national policy. In fact, I sit on that committee and represent the sector in the UK.

I turn to Northern Ireland. Interestingly, I was going through some records today, and it was January 2011 when I first came here and was asked to provide a service in Northern Ireland. So, for the past two years, we have been working in Northern Ireland in the very same professional and collaborative way with key stakeholders to develop our services for men and women in Northern Ireland. We have developed an advisory group of specialists in healthcare, social policy, politics and the law. We have had, and continue to have, consultations with organisations such as the Royal College of Midwives, the Regulation and Quality Improvement Authority (RQIA), the Royal College of Psychiatrists and the Family Planning Association in Northern Ireland (FPA). We have been overwhelmed by the amount of help that we have had from all those professional bodies to make sure that the Marie Stopes Northern Ireland centre meets the highest standards of care possible and all the legal and regulatory frameworks.

Although I am very clear about what we are focused on here today, it may be helpful to talk about some of the services that we provide. Our centre offers men and women a comprehensive range of services that include family planning and contraception. We provide short-term methods of contraception, such as the contraception pill, injections and condoms, and long-acting methods. We also do sexually transmitted disease and infection (STI) testing and treatment and HIV counselling and referral, when appropriate. We have a 24-hour helpline, and I think that that is of real significance in Northern Ireland, where we quite understandably cannot treat everybody whom we see but can provide 24-hour care, seven days a week. Our phone lines are manned by professional, trained individuals, as well as nurses and doctors. So, we have help available for men and women across Northern Ireland 24 hours a day. As you know, we provide medical termination of pregnancy up to nine weeks.

Turning to the real issue, which is why we are all here today — the termination of pregnancy in Northern Ireland — our mission is very clear, and it is very easy for us to live by that mission. Our

mission is children by choice not chance. Choice is fundamental to everything we do in Marie Stopes Northern Ireland. There is, as we all know, a lot of confusion among clinicians and women themselves around the legality of terminations of pregnancy in Northern Ireland. That often makes it difficult for women to access services. Our centre offers limited services around termination of pregnancy within the current legal framework.

The Abortion Act 1967, which allows for the termination of pregnancy in certain circumstances in Great Britain, was not extended to Northern Ireland. We are very, very clear about that. In Northern Ireland, the law relating to the termination of pregnancy is contained in sections 58 and 59 of the Offences Against the Person Act 1861 and section 25 of the Criminal Justice Act (Northern Ireland) 1945. Talking about Northern Ireland specifically, we also know that case law helps to explain how that legislation is applied today. The legislation has been interpreted and explained by the Northern Ireland courts in a series of cases in the 1990s.

Clearly, the 1861 Act applied in England, Wales and Scotland well before the 1967 Act, and was interpreted in the Bourne case of 1939, which I am sure you are familiar with. The Bourne decision — although again, we are quite clear that that was an English case — remains highly relevant to Northern Ireland and has been consistently applied in Northern Ireland.

In 2009, the Department of Health, Social Services and Public Safety issued the draft guidance: 'Termination of Pregnancy: The Law and Clinical Practice in Northern Ireland'. Consultation on that document has concluded, and apart from the issues of counselling and conscientious objection, its legality was confirmed by Lord Justice Girvan in November 2009. The guidance summarises the legal position as follows:

> *"it is lawful to perform an operation in Northern Ireland for the termination of pregnancy, where:*
>
> *it is necessary to preserve the life of the woman, or;*
>
> *there is a risk of real and serious adverse effect on her physical or mental health, which is either long term or permanent."*

It will always be a question of fact and degree whether the perceived effect of non-termination is sufficiently grave to warrant terminating a pregnancy in a particular individual case. The guidance goes on to say:

> *"In keeping with the law in Northern Ireland, it will always be for the medical practitioner responsible for the care of the woman to decide, as a matter of professional clinical judgement, whether the perceived effect of non-termination is sufficiently grave to warrant terminating the pregnancy."*

However, as we know, the guidance was withdrawn in 2009 because of two sections dealing with conscientious objection and counselling. It has yet to be reissued. However, Marie Stopes is providing services within the framework, which was found to be lawful and in line with NHS provision on the medical termination of pregnancy.

It has been, and it always will be, without question, our goal to work with the RQIA to become regulated by that body, to ensure that politicians and, importantly, the public can have confidence that our centre and our services provide the highest quality and standards of care within the law as it exists. I am pleased to announce to the Committee today that we have found a way forward with the RQIA, and have recently submitted an application for registration.

Finally, I would like to thank the Justice Committee for providing me and my colleagues with the opportunity to brief you on our centre and the services we provide. We are very happy to answer any of your questions or concerns or to assist you in any way. If it helps, I suggest that I field questions from you and delegate them to either of my colleagues. Thank you, Mr Chairman.

The Chairperson: I think that members will have a number of questions. I have quite a few. I intend to ask some of them and then open the meeting to Committee members. If all the questions are not covered by other members, I will come back to my questions.

Your opening comment was that your mission is children by choice, not by chance. Do you accept that the law in the Northern Ireland is very clear, and that we protect all children whether by choice or chance?

Ms McNeill: Yes. We are clear about the law in Northern Ireland.

The Chairperson: You are not here to change the law?

Ms McNeill: Absolutely not. I am glad that you raised that very early on; I think that that is a really important point. The three of us are healthcare providers. We are not here to change the law or the regulations. We are clear about the legal framework. We want to be allowed to continue to offer the service to men and women in Northern Ireland.

The Chairperson: Why does your website say that you want to extend the 1967 Act to Northern Ireland?

Ms McNeill: My role and purpose is not to extend the 1967 Act to Northern Ireland. I have never said that, and that is not something that we hope to achieve. That is for politicians and regulators to decide.

The Chairperson: You are obviously aware of the different Acts, and you mentioned the Bourne case. Clearly, you have taken the view that that case is applicable to the Marie Stopes clinic. When the judge in that case was making his statement, he said that the defence for carrying out the abortion was applicable because the doctor was operating:

> *"in one of our great hospitals...as an act of charity".*

He continued:

> *"we may hope and expect that none of them would ever lend themselves to the malpractices of professional abortionists."*

The Marie Stopes clinic is not a hospital. It does not carry out these acts as a charity, but for a financial incentive. Are you sure that the 1939 case and the judgement made in it are applicable to the Marie Stopes clinic?

Ms McNeill: Absolutely. Marie Stopes International is a charity. We have charitable status and work all over the world as a charity.

The Chairperson: Is the Belfast clinic a hospital?

Ms McNeill: The Belfast clinic is part of Marie Stopes International, which is a charity. It is a clinic and a healthcare environment.

The Chairperson: Have you sought legal advice on the 1939 judgement and the context in which it was given?

Ms McNeill: As I mentioned earlier, I came here with a team of professionals from Marie Stopes. I first sought legal advice from a legal counsel in Northern Ireland around February or March 2011.

The Chairperson: The clear advice that you got was that the 1939 judgement was applicable, even though you are not a hospital and act for financial reward?

Ms McNeill: We do not act for financial reward. I reiterate that we are a charity and have charitable status. I am very clear from the legal advice that I got and the way in which we have worked with other statutory authorities in Northern Ireland that we operate within the law.

The Chairperson: So, the services provided at the clinic are free?

Ms McNeill: The services —

The Chairperson: There is no monetary value attached to anything that is provided?

Ms McNeill: As a charity, we charge fees, but we are a not a profit organisation. We are a charity and have charitable status.

The Chairperson: The NHS provides everything here completely free. Why is there a need for the Marie Stopes clinic?

Ms McNeill: I am sorry: the services that are provided for men and women in Northern Ireland are provided free at the point of delivery, but they are funded through the health system here. We are a charity and will always be a charity.

The Chairperson: A charity that received £99 million last year and spent around £87 million. How can you reconcile —

Ms McNeill: May I be clear? I think that the monetary amounts that you are quoting are moneys that were received from donors. Donors, including governments all over the world, provide Marie Stopes with funding to deliver services to women all over the world.

The Chairperson: Since you opened in Belfast, how many terminations have you carried out?

Ms McNeill: I will begin the answer to that question, and then I will defer to some of my colleagues. We need to be very clear that we provide the services that we provide in Northern Ireland because men and women come to us, and they absolutely trust us; we are a very trusted provider. So, we will not be releasing any figures or numbers around the number of men and women we have seen in our clinic.

Mr Wells: How would revealing the overall figures of the number of people who come through your clinic and the number of terminations breach anyone's confidentiality?

Ms McNeill: Northern Ireland is a small place; there is only one clinic. We want to maintain confidentiality and the trust of the men and women and the clients we see. In England, we release statistical information and figures on a national basis. If the law changed within Northern Ireland and we were asked to do that, we would absolutely co-operate fully.

The Chairperson: The Department of Health indicates that around 60 to 80 people are provided with an abortion in Northern Ireland each year because they meet the test, apparently. If it is able to tell us that there around 60 to 80 each year, why can the Marie Stopes clinic not tell the Committee how many there are?

Ms McNeill: Again, we are absolutely determined to maintain the trust and confidence of the clients and the men and women who come to us. If there were to be a change in the law and legal framework, we would be very happy to work with those regulators and release those figures. We would do so, if there were a legal requirement to do so.

The Chairperson: So, you are very clear that there is no compulsion for that information to be released under the law as it is in Northern Ireland.

Ms McNeill: Yes, and we have spoken to the statutory authorities about that.

The Chairperson: Can you tell us how many people work in the clinic and give us a breakdown of how many qualified nurses, doctors and other professions there are, without giving us any names? We are not asking for names; we want only the staff complement.

Ms McNeill: We have a range of healthcare professionals working with us, as you would imagine. We have a small handful of nurses and doctors.

The Chairperson: Are there any other professions? Is it purely nurses and doctors?

Ms McNeill: We have a range of healthcare professionals. We have counsellors, psychiatric support and a number of healthcare professionals and administrative staff supporting the service.

The Chairperson: Can you elaborate on what type of support the psychiatric support is?

Ms McNeill: It is as I have just described. Many of the men and women we see are extremely vulnerable, and they need a lot of help and support. We, therefore, have a range of services that we can offer them to help them through what is often an extremely difficult time.

The Chairperson: I asked that question because, obviously, in providing any defence that may be required if a case is taken to court, a suitably qualified person is required to have made the assessment for a termination to be carried out. It is only by way of a defence; there is no legal pathway for abortion in Northern Ireland. There is only a defence that may be supported by a jury.

Ms McNeill: Absolutely.

The Chairperson: Talk me through the procedure for carrying out that assessment. When someone comes into the clinic, how are they assessed to see whether they meet your criteria for an abortion within nine weeks? Who carries out that assessment?

Ms McNeill: I think that that is a very good question. Clearly, that is a clinical question for Paula.

Dr Franklin: We have to cover two areas if we are looking to see whether someone meets the criteria. The first criterion, clearly, is whether they are below nine weeks. We only offer a termination up to nine weeks of pregnancy, so we need to make that assessment. The second criterion has to be a consideration of that individual's circumstances, their medical condition and a decision about whether she meets the criteria, as we have described them, in Northern Ireland. That is carried out by doctors who work with us, who, obviously, are registered and appropriately qualified and experienced in sexual and reproductive health, obstetrics and gynaecology and in psychiatry. They make their assessment in full awareness and in the full knowledge of the legal framework, which Tracey described, and make a decision about whether the individual client or patient, with their particular circumstances, meets those criteria.

The Chairperson: OK. I did not understand any of that in respect of giving me the detail of exactly what your procedure is. Will you take me through a scenario from the very start in which someone comes to you? How does someone get assessed by a doctor on, to be more specific, the threat to the individual's life? That is one of the defences that may be given in a court. How is the assessment made that there is a threat to the person's life? Can you also talk me through how an assessment is made on the long-term mental impact that it may have on an individual?

Ms McNeill: There are two parts to your question. In the first part, you asked what our pathway is and how women access the services. Is that correct?

The Chairperson: Yes.

Ms McNeill: The second part of your question is on how the medical and healthcare professionals make the assessment in a clinical way in making a judgement on whether that woman is suitable within the criteria of the law in Northern Ireland. I suggest that we first deal with the pathway and how clients access the services. Dawn will speak about that.

Ms Purvis: Any woman who seeks to come to see us in our Belfast centre would call our One Call centre. They would be given information on the law as it exists, and they would be given a helpline number for the Family Planning Association in Northern Ireland. They can call that helpline and receive information, counselling and support around the very difficult issues that they are facing. They can then choose to call back to our One Call centre and make an appointment to come to see us in our centre in Belfast or they can choose to go elsewhere. If they call back, they would come to us, and we would start the process of counselling and consultation with them.

The Chairperson: In that consultation, which costs £80 I believe, is abortion counselling provided?

Ms Purvis: If they require it, yes.

The Chairperson: If they ask for abortion counselling, how does the clinic deal with that and what are the steps for providing that?

Ms Purvis: Most women, when they come to us, have already affirmed their decision. If any woman is unsure about her decision and her way forward, we either refer her to the Family Planning Association, whose counsellors provide a non-directive and non-judgemental counselling service in Northern Ireland and is the only provider that I am aware of, or we can offer our One Call counselling service. That is one-to-one counselling via the telephone.

The Chairperson: During that counselling, is a clinical assessment carried out?

Ms Purvis: I am sorry; I am unclear as to what you mean.

The Chairperson: In the judgement that Lord Justice Girvan made, he said that if a woman has approached a counsellor without first having had a clinical assessment, the appropriate course of action is for the counsellor to refer her for a clinical assessment. So-called non-directive counselling is not appropriate.

Ms Purvis: I think that there is a bit of misunderstanding about what non-directive counselling is in that statement. We try to ensure that counselling services are separate from the services that we provide, so there is no directive to the woman or the client concerned. That is why we refer her to the Family Planning Association, and we are very clear that, when women come to us, they have made their decision about what treatment option they want. I think that what Lord Justice Girvan was referring to was women who were going for a termination of pregnancy and were unclear or ambiguous about their decision. In that case, and in every case, a woman is referred for further counselling.

The Chairperson: When you say "unclear ... about their decision" and that they have “affirmed their decision”, put that into the context of our legal framework, where the only defence is the threat to the life of the mother or the permanent damage to their mental welfare. Elaborate on that.

Ms Purvis: If there is a threat to the life of a mother or a risk of serious long-term, permanent damage to her physical or mental well-being, the woman still has a choice of whether to continue with her pregnancy or to end it within that legal framework.

The Chairperson: Elaborate for me how that medical assessment of the threat to the mother's life or long-term permanent damage is made?

Ms McNeill: Before I hand over to Paula; to be clear, there are a lot of steps in the process before we get to the point at which the woman is seen by clinicians who make that clinical judgement, because we need to be absolutely sure that that is the right decision for that woman and that it is clearly her choice. Once we get to that point, we involve a clinical assessment, a healthcare professional and a medical professional. Paula, perhaps you want to explain that part of the pathway.

Dr Franklin: Absolutely. Two doctors who work with MSI would independently talk to the woman, take a history, look at any relevant medical history, conduct an examination and, if necessary, talk to other healthcare professionals, and make an assessment independently as to whether she meets the criteria in Northern Ireland.

The Chairperson: Is that the procedure for the mothers at risk of actually dying as a result of the pregnancy and those at risk of long-term, permanent damage? I think the legal framework defined it as "physical and mental wreck" in 1939.

Dr Franklin: An assessment has to be made of her physical and mental health conditions. I understand that we are talking about termination of pregnancy, but doctors make assessments of patients' physical and mental health conditions regularly. That is what they do, and in this situation, they are making that assessment against a particular defined framework for a particular reason.

The Chairperson: I am still not getting enough detail. Say it is around mental health. If someone threatens that they are suicidal as a result of pregnancy, is that something that is deemed to meet the criteria and a termination is then provided?

Dr Franklin: That alone is not enough information. That is why a complete assessment of the patient has to be carried out. There has to be an understanding of the full medical history, physical and mental, in order to come to a conclusion. That is why it is difficult to give a particular condition and a particular example and say what would or would not happen, because the situation has to be taken on an individual basis.

Ms McNeill: What is really important here is that we need to bring this back to the law. We employ healthcare professionals who are qualified and able to make those decisions as individual professionals. We have a pathway in place that we know complies with the law in Northern Ireland.

The Chairperson: I am not getting the detail on the procedures to satisfy me. I am not taking it away from what the criminal law is. That is what it is about. If your procedures are wrong, then you are breaking the law, so it is important that we get a proper, detailed explanation of what your procedures are. Have you provided those detailed procedures to the Department of Health?

Ms McNeill: Currently we have not, and cannot, provide those detailed documents to the Department of Health, but as we are going through the registration process with the RQIA, all of that documentation will be available to the appropriate statutory authority.

The Chairperson: Why can you not provide it to the Department of Health if it asks for it?

Ms McNeill: Because there is not a requirement to provide it to the Department of Health. The statutory body that we would provide that to, quite rightly, would be the RQIA. That is what we are in the process of doing.

The Chairperson: Has the Department asked for it?

Ms McNeill: I am not aware of that. The point is that our role is to work within the law and with those statutory authorities. That is why we have been meeting and working very closely and regularly with the RQIA. We want to be as open and transparent as possible. That is why we found a way forward. We will provide all that documentation to the appropriate statutory authorities for them to review.

The Chairperson: My understanding is that the Department has asked for it but that you have not given it to the Department.

Ms McNeill: We have provided all the required information and satisfied the statutory bodies that require confirmation and affirmation that we provide a completely legal service.

The Chairperson: In the interests of openness and transparency and in ensuring that we have confidence that you are not breaking the law, one would have thought that, having been asked for it, you would have provided it, despite not having a statutory duty to do so.

Ms McNeill: What is important is that the Department of Health delegates that statutory authority to the RQIA. The RQIA's role is to ensure that healthcare providers work within the legal framework. I believe that we are doing the right thing by working with the relevant statutory authority to which the Department of Health has delegated.

The Chairperson: I have a number of further questions, but I appreciate that I have been asking questions for half an hour. I will bring in other members and will come back to my questions.

Mr McGlone: Thank you for coming along. As you know, for a lot of people in our community, this issue — abortion and the matters that it raises for us — is very important.

You mentioned a range of services, and we touched on the process for abortion. I am conscious — perhaps you are not conscious of this — that, throughout, you said that you are doing what is required. However, there are other circumstances in which a bit more openness may be required; the Chair

referred to that. You are dealing with elected members for whom this is a very important issue. I presume that I will receive that openness from you.

You outlined some of the services that you provide, and one question immediately springs to mind. What are you doing, or what do you think that you are doing, that is not provided in the National Health Service?

Ms McNeill: We provide services for men and women, some of which are provided in the NHS in Northern Ireland. What we provide is an alternative — a place that men and women can go to at a time and place that suit them.

Mr McGlone: Sorry; I do not believe that that is an answer to my question. What are you doing that is different or that is not provided by the NHS?

Ms McNeill: I am not aware, as an example, that the NHS provides a 24-hour telephone help and support line to vulnerable men and women who might be in crisis because of their sexual and reproductive health.

Mr McGlone: Right. That is it?

Ms McNeill: No. We also provide a range of other services, so people can come to us as a one-stop shop. The centre has a range of healthcare professionals.

Mr McGlone: Perhaps I am not being clear enough but, unfortunately, I am not hearing clarity. My question is this: what are you doing that is not provided or cannot be provided in the NHS?

Ms McNeill: I gave you one example of something we provide that is not available in the NHS.

Mr McGlone: Maybe I bounced you with that. Your colleague sitting beside you will know that I will pursue an issue until I get a comprehensive answer. Maybe you want a wee bit of time to reflect on that or need time to come to the Committee with an appropriate answer to my question, because I am not hearing that.

Ms McNeill: Sorry, may I come back on that? You are asking very specific questions, and I am not trying to avoid them. We are here to help you and to ensure that the services that we provide are within the law. I think that that is the remit of this Committee.

One of the services that we provide that is not openly available is termination of pregnancy, provided people meet the legal criteria. Some of that is available on the NHS. What we provide is a completely holistic service, with 24-hour care and support, and dedicated healthcare professionals available at any time of the day.

Mr McGlone: With respect, I have heard all that. It is a very specific question. Perhaps we will wait to get clarification in writing from you.

You mentioned earlier that you are a charity. Where does the funding come from for your work in Northern Ireland? Specifically, does any of it come from any public source?

Ms McNeill: None of the funding comes from any public source.

Mr McGlone: Right. And the first part of the question?

Ms McNeill: Where does it come from specifically?

Mr McGlone: Yes.

Ms McNeill: We set up the service initially within Marie Stopes, so we part-subsidise it. However, the clients pay so the service will be self-funding as part of that charitable status.

Mr McGlone: So it comes from a range of donors?

Ms McNeill: No, it does not come from a range of donors. Our service is not for profit and does not come from donors or public funds.

Mr McGlone: Where does your money come from then?

Ms McNeill: In some of our services, we generate a surplus. Although we are a charity, in the UK, we generate a surplus, which we use to reinvest in services all over the world where those services are most needed.

Mr McGlone: Specifically, where does your money come from in regard to Northern Ireland?

Ms McNeill: Northern Ireland fits within those criteria. Some of our programmes are surplus generating, and we use some of that surplus to set up funds, as all charities do, for —

Mr McGlone: I am getting a general response to a specific question. Perhaps you do not have the detail in front of you, but, as a charity, I presume that you will have returns that show where your income comes from.

Ms McNeill: Yes.

Mr McGlone: I am sure that that can be made available to us.

Ms McNeill: We would be very happy to share MSI's financial accounts with you.

Mr McGlone: Good. That is what I was trying to get to.

Ms McNeill: It is a matter of public record, and they are available publicly.

Mr McGlone: It is good that we are making a bit of progress.

I listened very carefully to Dr Franklin about your complete assessment of patients. Two things immediately spring to mind, and it does not matter whether it is here or whether it is in another situation. I know that the assessment process may take longer in some cases, but how long would that assessment process take? Is there a quantifiable period of time? I realise that some other cases may take a bit longer, but can you take me through the way in which that process works?

Dr Franklin: I want to be clear about the question. Are you asking how long it might take to assess a patient who is presenting to request an abortion?

Mr McGlone: Yes. How long would the clinical assessment take?

Dr Franklin: It could take a matter of hours, or it could take days or weeks.

Mr McGlone: When a person is presenting, as was referred to earlier, and you are assessing the serious or adverse risk to their mental or physical well-being, in some cases, that would clearly not take a matter of hours.

Dr Franklin: In some cases.

Mr McGlone: In instances when there are mental health issues, is it a qualified psychiatrist who evaluates the woman who is presenting to you?

Dr Franklin: Yes.

Mr McGlone: Leading on from that, far be it for me to explain to you, but there must be co-operation, collaboration or a need for information, particularly with sensitive mental health issues, that could not be evaluated by a psychiatrist without the full knowledge of a GP's clinical notes. In some cases, there will inevitably be people presenting who have medical histories. What is the process at that evaluation between you and a general practitioner?

Dr Franklin: Our doctors are very clear that they have to operate within the law, within their own ethical frameworks and within the standards of their professional bodies. Therefore, they have to assure themselves without doubt that a particular patient fits within those criteria. As you can imagine, that is probably more present in their minds in the circumstances in Northern Ireland than, potentially, anywhere else. Therefore, they would not proceed if they did not have that assurance. The request for additional information can be made either to a patient's general practitioner or to another doctor from whom the patient has sought treatment in the past. The patient, of course, has to be aware of that. Everything that we do is with the consent of a patient unless, as in all circumstances in all areas of medicine, a doctor feels that the patient is in immediate danger or is an immediate threat to someone else. That is standard psychiatry. If a patient declines the contact with his or her other healthcare professional, and our doctor is not satisfied, therefore, that he or she has enough information with which to proceed, we will not proceed.

Mr McGlone: Thank you for that.

Ms McCorley: Go raibh maith agat, a Chathaoirligh. Thank you for your presentation. I want to say at the outset that this is not a trial. I hope that nobody feels that they are on trial here. I am grateful that you have come here to give me information.

Do you think that it would be helpful if the Department of Health were to issue clear guidance on how to proceed with the work in which you are involved?

Ms McNeill: I do not think that that is a question for us. We have made it clear that we are healthcare providers. We work within the legal framework here. We are very clear that we want to do so. If the Department of Health or anybody else wants to produce guidance, we should leave it to the regulators and politicians to decide. It is not for us to get involved in that.

Ms McCorley: Even though there is no legal requirement that you work with the RQIA, you have, nevertheless, done so. Today, you have reported that you have made progress on that, which is to be commended. Why did you think that that was important?

Ms McNeill: I am speaking very personally here. We were keen for the clinic to be regulated because that is how we work in the UK. I was surprised that we did not have to be registered. Despite our many attempts to try to have the clinic regulated, when we opened it a few months ago, it became clear that if we were regulated by the RQIA, it would help to assure and reassure you, other interested parties and the general public of Northern Ireland a lot about the fact that we work within the legal framework. That is why, subsequently, I have met very frequently, and am keen to work with, the RQIA so that we can open our doors and be transparent to the appropriate regulator.

Ms McCorley: I have read through your literature. I cannot find anywhere where it says that you intend to act outside the law. Would that be correct?

Ms McNeill: Absolutely.

Ms McCorley: I have one final question. How important is client confidentiality?

Ms McNeill: That is probably a good question for Paula.

Dr Franklin: It is absolutely paramount. As you can imagine, the services that we offer are very sensitive and personal. I have worked with MSI all over the world. I have never seen anyone, regardless of the legal framework of the country in which they live, for whom the decision on whether to continue a pregnancy is an easy one. It is always a very difficult decision. Very often, it is even a significant decision for a woman simply to enter a clinic. Therefore, client or patient confidentiality is absolutely paramount to us.

Ms McCorley: Thank you very much.

The Chairperson: Before I bring in Mr Elliott, I want to pick up on that point about the RQIA. Correct me if I am wrong, but my understanding of the regulation of the clinic by the RQIA is that it will entail such things as the nature of the built environment, record keeping, employment and regulatory arrangements for staff, and the procurement, storage and dispensing of medication. The RQIA does not regulate individual services that are provided or individual procedures that are undertaken by the

establishment. Earlier, in response to my question, you said that you would provide information to the RQIA on the detailed procedures that are followed in order to carry out assessments on whether you comply with the law before a termination is carried out, and that that is why you have not provided it to the Department of Health. Are you giving that undertaking that that detailed information will be given?

Ms McNeill: Yes.

The Chairperson: Is that necessary, or is it something that you have decided to do voluntarily? I am not clear that the RQIA requires it in order to assess whether you comply with the law. I do not believe that that is its role. That is a matter for criminal law.

Ms McNeill: The RQIA has a role as a regulator, which is delegated by the Department of Health. It will have a responsibility to come into the clinic to make sure that we are working within the legal framework, and we will be as open and transparent as possible and provide it with as much information as possible so that it has that assurance as part of the registration process.

The Chairperson: Does the RQIA make a decision that the medical clinical assessments comply with the law? Is it the role of the RQIA to consider each individual assessment and decide whether it believes that the clinic is complying with the law?

Ms McNeill: The RQIA is a regulator that has delegated authority from the Department of Health to make sure that healthcare providers operate within a legal framework and within the law. It comes in and inspects to make sure that that is happening. We welcome the RQIA coming to our centre as many times as it wishes to assure itself and others that we are fully complying with the law.

The Chairperson: I repeat: the RQIA does that for the built environment, record keeping, employment and regulatory arrangements for staff, and the procurement, storage and dispensing of medication. I asked a specific question: does the RQIA have a role in deciding whether a clinical assessment to justify a termination of pregnancy is within the law? Is it its job to say whether a doctor got it right?

Ms McNeill: There are two points. Clearly, the RQIA does not make the regulations; other bodies do that. We welcome the fact that the RQIA will, as you described, be able to make sure that the doctors and healthcare professionals are suitably qualified. It will be able to make sure that we have the proper governance arrangements and auditing in place and that we meet the law on the administration of drugs, which is specific to today's evidence session, for the medical termination of a pregnancy under nine weeks. I am satisfied that, by opening our doors to the RQIA, it will be able to make an assessment of the service that we are providing while working within the existing law, regulations and frameworks.

The Chairperson: All the issues that I mentioned do not relate to an assessment of whether the doctors have got their assessment right.

Ms McNeill: The RQIA makes an assessment of the doctors' clinical judgement and qualifications and that they are suitably trained, qualified and able to make those clinical assessments. That is the law at the moment, and that is what we are complying with.

The Chairperson: The RQIA will tell you that a doctor whom you have employed, the psychiatrist who has made an assessment or the nurses who are involved have their exams and are qualified. They will not then say whether a doctor's judgement is correct, only that he is qualified.

Ms McNeill: If you want the Department of Health or the RQIA to go beyond their statutory remit, that is not for MSI to get involved with.

The Chairperson: I want you to provide us with the answers to the questions. You are not telling us the exact procedures that are being followed. The Department of Health has asked you to engage with it. Sorry, let me get that right: the RQIA asked the clinic to meet the Department to outline and detail the exact assessment that is being carried out. In a letter of 11 April 2012, Maggie McDow, the director of quality assurance in your organisation, stated that the organisation had acquired its own independent legal advice, and in the absence of departmental guidance — that is the excuse that is given — MSI does not see any particular value in meeting the policy lead on the topic in the Department at present. As I understand it, you still have not met the Department.

Ms McNeill: Thank you for raising that point; it is really important. On 30 April, I wrote to Dr Michael McBride, who is the Chief Medical Officer, and requested a meeting with him, me and Paula Franklin because we wanted to go through some issues. The date of 30 April was well in advance of the opening of the clinic, and we wanted to talk to him because we felt that he was the appropriate person from the Department of Health to talk to about the clinic's opening and how we will work.

The Chairperson: Did he decline that?

Ms McNeill: I wrote several times, and, unfortunately, to this day, despite making several requests since we have been open, I have not been able to meet a representative from the Department of Health or Michael McBride. If they want that meeting now, I will be very happy to have it.

The Chairperson: That is because Michael McBride did not feel that he was the appropriate person in the Department. That did not mean that the Department was not asking for the information.

Ms McNeill: He did not refer me to anybody else.

The Chairperson: He did. I have the letter that he sent to you, in which he says to get in contact with John Compton.

Ms McNeill: He asked me to contact someone about commissioning services. I explained to him that we were not here to commission services through the Department of Health. I wanted to talk to him about the service that we would be offering, and he has not come back to me, despite several requests by me to meet him or any other departmental representative. We were not here to commission services on behalf of the health board of Northern Ireland.

The Chairperson: So when the Department asked the RQIA to ask you for detailed information about procedures and for you to meet the departmental lead on the subject, your response was that you did not feel that it was necessary because you had your own independent legal advice.

Ms McNeill: No. I have met RQIA representatives many times. All the information that was requested by the director of quality and the CEO of the RQIA has been given to them. If you write to the RQIA, it would be happy to affirm that we have been completely co-operative and that it has all the information that it requires.

The Chairperson: You have been completely co-operative in providing the bare minimum that you have to statutorily. That is the point that I am making. The RQIA asked you to meet the departmental lead on the subject. Perhaps you need to speak to the director of quality assurance in your own organisation, who sent the 11 April letter to Phelim Quinn, who is the director of regulation and nursing in the RQIA and is based in Belfast, that stated that you did not need to meet because you had your own independent legal advice. From the evidence that we have, I am clear on the way in which you have not engaged with the Department, despite what you are saying to the public.

Ms McNeill: That is not a matter of fact. I have met representatives from the RQIA many times, as have the team, and we provided all the information that they asked for. I am happy for you to approach the RQIA to ask whether it has been provided with all the information that it has requested from us.

The Chairperson: You are saying that, and in response to Mr McBride on 30 June, you expressed your disappointment that he would not meet you. You said that you would be providing services within a legal framework and fully understood the restrictive environment in which you would be working. You also said that you were very mindful that you needed to work with key stakeholders in a responsible way. Clearly, you do not view the Department as a key stakeholder, otherwise, when the RQIA asked you to provide the detailed procedures to the Department, you would not have said in response that you had your own independent legal advice and, therefore, did not feel it necessary to provide that to the Department.

Ms McNeill: As you quite rightly point out, we did not provide the information in April. We have subsequently worked very closely with the RQIA and have provided it with every piece of information that it requires. I am still waiting to have a meeting with Dr Michael McBride and the Department.

Mr Elliott: Thank you very much for attending. My questions are also about the regulation, much of which you have probed into, Chairman.

There was an indication that the RQIA had no remit in the regulation of the clinic. Has that changed, and has the Department given a remit to the RQIA on the regulation of your clinic?

Ms McNeill: Clearly, I am not privy to any discussions between the RQIA and the Department. I am very familiar with the conversations that we have had with the RQIA, and the RQIA has been working with the Department, so we have found a way in which we can work together to regulate and open a clinic to be assessed by the RQIA. We have submitted our application, and we are now working through the detail of that.

Mr Elliott: Has the RQIA asked you to register?

Ms McNeill: The RQIA did not require us to register. What I have been trying to do, because, as I explained to your colleague, we want to work in a transparent way, is to find a way in which we can interpret the current regulations so that we can be regulated. Strictly speaking, we do not have to be regulated. Our view, and MSI's view, is that we want to be regulated, so we are working to find a way to do that, and our application has been submitted. It is for the RQIA to work with the Department on the actual interpretation of the regulations.

Mr Elliott: Are there any other statutory bodies from which you require regulation or registration in Northern Ireland?

Ms McNeill: We have been working with other statutory bodies. We have been working with, and providing a lot of evidence to, Professor Mike Mawhinney on the administration of drugs. He is head of the relevant Northern Irish statutory agency. We are pleased to provide evidence in support of the fact that we are working within the current Northern Irish legal framework

Mr Elliott: This is not the only issue but, if you do not mind my saying, it just appears that there is a huge issue around community confidence in the regulation. There appears to be a huge gap. I assume that that is why the Chairman is pressing so strongly that, even though some of it may not come under your requirements at the moment, it would be helpful if you were to provide that information voluntarily.

My other question is around the termination of pregnancies, and it is pretty straightforward: have you refused any requests for termination of pregnancy in the Belfast clinic?

Dr Franklin: Yes.

Mr Wells: Mrs McNeill, you said that Marie Stopes International is a worldwide body with various components throughout the world. Does the name Paul Cornellisson mean anything to you?

Ms McNeill: Yes.

Mr Wells: Is he an employee of Marie Stopes International?

Ms McNeill: No.

Mr Wells: In what capacity would he speak on behalf of Marie Stopes International?

Ms McNeill: I believe that he spoke some years ago —

Mr Wells: I have not referred to anything yet. I was asking you who Paul Cornellisson is.

Ms McNeill: My understanding is that he was an employee of MSI, but he is no longer an employee of MSI.

Mr Wells: Sorry; he was an employee of whom?

Ms McNeill: Marie Stopes International.

Mr Wells: Are you aware that he spoke at a conference on abortion in London as an employee of Marie Stopes International?

Ms McNeill: Yes; I am aware of that.

Mr Wells: Are you aware that he said on camera that Marie Stopes International regularly carries out illegal abortions throughout the world?

Ms McNeill: I am aware of that. As you probably know, I have commented on that many times in the past. What my team and I are here to do today is to categorically and emphatically assure and reassure you that the services that we are providing in Northern Ireland are within the legal framework.

Mr Wells: Was he disciplined or sacked after commenting publicly that Marie Stopes regularly carries out illegal abortions throughout the world?

Ms McNeill: He no longer works for MSI. I am not aware of the detail. What is really important today is that —

Mr Wells: That you avoid my question.

Ms McNeill: No; I am really not avoiding your question. What is really important today is that we are here to talk about Northern Ireland and the legal framework in Northern Ireland. You asked us to come along to assure you that what we are doing in Northern Ireland is within the legal framework.

Mr Wells: That comment from one of your spokesmen hardly inspires confidence among the people of Northern Ireland, particularly the pro-life community. I also put it to you that he remained an employee of Marie Stopes International for a considerable period after making that statement at one of your conferences? It is on television.

Ms McNeill: Again, I want to assure this Committee and the general public that the service that we operate in Northern Ireland is within the legal framework. I have been a regulator. I would always ensure, and the healthcare professional sitting beside me would always ensure, that the service that we provide and for which I am responsible is within the legal framework. I give you that absolute categorical reassurance.

Mr Wells: Despite the comments of one of your leading spokesmen on camera several years ago.

Ms McNeill: Despite those, I give you my absolute assurance that what we are doing in Northern Ireland is within the legal framework.

Mr Wells: Action was taken only when that film clip was leaked. That is when Marie Stopes became embarrassed by what happened. Up until that point, you were perfectly happy with that public comment at one of your conferences. It was only when it was leaked to the media that you became embarrassed by it.

Ms McNeill: I have absolutely no idea of the history; that was way before I started. However, again, I want to make it absolutely clear that this service, which is what we are talking about today, works within the legal framework in Northern Ireland.

Mr Wells: You talk about being open and transparent with the people of Northern Ireland, many of whom have incredible difficulties with what you are doing. You have not reassured us, because you have refused to tell us the numbers. You have refused to reveal to the Department what is going on. I will ask you this straight question: have any abortions been carried out in the Marie Stopes clinic in Belfast since you opened? Answering that will not reveal anyone's identity. Has anyone had an abortion in the Marie Stopes clinic in Belfast since it opened?

Ms McNeill: It is really important that I reiterate, from our point of view, the importance of trust and confidence in the men and women of Northern Ireland. We will not be releasing any statistics on the

numbers of women or, indeed, men, we may or may not have treated. If the law changes and there is a legal requirement for us to do so, we will work absolutely with the regulators in order to do so.

Mr Wells: If the Health Department makes another request to you for that information, will you provide it to them? Yes or no?

Ms McNeill: If there is a legal requirement to do that —

Mr Wells: No. I am not talking about a legal requirement. If you are asked by the Minister of a Department to provide a yes or no answer as to whether any abortions have been carried out in that clinic since it opened, will you answer that question?

Ms McNeill: We will not betray the trust and confidentiality of the men and women who come to us. In England, we provide all the statistical information that is required within the law.

Mr Wells: How will revealing the straight fact of whether there has been a termination of a pregnancy in your Great Victoria Street clinic reveal the confidentiality of anyone? There are 1·8 million of us, remember, and half of them are women. How would stating yes or no reveal the confidentiality of any individual in Northern Ireland?

Ms McNeill: If the Department of Health, Social Services and Public Safety had a legal framework, as the English Department of Health does, for reporting that information in a confidential way and in a way in which we believed maintained the complete trust and confidentiality of those clients, we would enter into a dialogue with the Department as and when it was appropriate.

Mr Wells: So much for your transparency. I want to correct you on what you said. You said that the guidelines, which were published in 2009, had been published and that two criteria had been set aside, but you created the impression that the rest of those guidelines remained intact apart from the two issues concerned. I put it to you that, in fact, all the guidelines have been set aside. They do not apply and it is as if they never existed. Therefore, it is totally wrong of Marie Stopes to quote from guidelines that, in effect, have no import whatsoever.

Ms Purvis: Actually, Jim, you are right. The guidance was withdrawn.

Mr Wells: In total.

Ms Purvis: I think that the Department withdrew the guidance in 2010, but Lord Justice Girvan's High Court judgement, which confirmed the legality of those guidelines, still stands. I will quote from that judgement again:

> *"it is lawful to perform an operation in Northern Ireland for the termination of pregnancy, where:*
>
> *it is necessary to preserve the life of the woman;*
>
> *or there is a risk of real and serious adverse effect on her physical and mental health, which is either long term or permanent."*

So, even though the guidance was withdrawn, that High Court judgement still stands.

Mr Wells: That High Court judgement is simply a quoting of the law as it stands in Northern Ireland.

Ms Purvis: Exactly.

Mr Wells: It is not an underscoring or endorsement of anything in the guidelines because the guidelines, as we sit here, do not exist.

Ms Purvis: Exactly. It is a quote from the law as it exists in Northern Ireland.

Mr Wells: Therefore, you cannot quote anything from the guidelines to justify anything that Marie Stopes International is doing in Belfast.

Ms Purvis: We quoted that from Lord Justice Girvan's judgement.

Mr Wells: You quoted one line where he quotes the law. That does not justify using non-existent guidelines to justify anything.

Ms Purvis: Well, I had hoped that the guidelines would have remained in place, but obviously they did not. That is not a matter for us; it is a matter for the Health Minister. The High Court judgement still stands, however, and that is the legal framework within which we operate in Northern Ireland.

Mr Wells: I will go back to the very relevant questions that were put by the Chairperson. Nothing that has happened today has done anything to improve public confidence in what is going on in your clinic because you have been so elusive throughout the entire hearing.

I want to go back to RQIA registration, which you have heralded here as a great move forward. If a termination was carried out in your clinic outside the law in Northern Ireland, how would RQIA be involved in controlling that situation? What could it do to stop it, and if it discovered it, what could it do to bring you to book?

Ms McNeill: I think that that is a valid question, and I think that it is one that you should put to the RQIA. It is the regulator.

Mr Wells: Oh no; you will not get out of it that easily. You know, as the Chairman said, that RQIA is there to look at hygiene, the number of staff, whether the staff are properly appointed, etc. Once all those boxes have been ticked, it has absolutely no control over the clinical decisions that your staff make in that clinic. So, if you decided, as Mr Cornellisson clearly indicates that you are doing, to carry out an abortion outside the law in Northern Ireland, how could RQIA intervene under the present legislation, if at all?

Ms McNeill: If you would like Paula to go over it again, if it would be helpful to hear about how the clinical assessment is made and how that works within the legal framework, we are very happy to explain that to you again.

Mr Wells: I listened to that, but once RQIA has satisfied itself that you have met all the criteria, I do not see how it can then intervene and control what actually happens as far as the clinical assessments that are made. If your clinicians, as Mr Cornellisson has argued that you should do, step outside the law, what powers does the RQIA have to stop that happening?

Ms McNeill: Again, those are questions for the RQIA. The RQIA has statutory powers; it is a statutory body. It has powers to —

Mr Wells: To control hygiene, staffing levels, parking, etc, but it has no control over the clinical decisions that your doctors and psychiatrists make in that clinic.

Ms McNeill: Unfortunately, we are a healthcare provider and we cannot insist and make the regulations for the RQIA to work under. If the Committee has a problem with the way in which the RQIA works, I suggest that that should be discussed with the RQIA.

Mr Wells: Why would the people who are pro-life in Northern Ireland feel any more reassured today, learning that you have now registered with the RQIA, than they would yesterday? What has changed by RQIA registration that would reassure many people in Northern Ireland that you are going to carry out terminations of pregnancy within the law? What is this magic bullet of the RQIA? What has that achieved in moving that forward?

Ms McNeill: I believe, and Marie Stopes International believes, that it is a good step forward. It is a significant and important step forward. It means that the regulator, which the Health Department in Northern Ireland allows to go into healthcare facilities, will come into our facility and will inspect the standards, policies, procedures, processes and healthcare professionals that we have in place. We welcome that step.

Mr Wells: But it has no role whatsoever in the interpretation, implementation or sanctioning of the law on the termination or pregnancy — none whatsoever.

Ms McNeill: It has a role in ensuring that a healthcare facility operates in a professional and clinically appropriate way, that it has the proper governance and audit arrangements in place, and that the healthcare professionals employed are qualified and suitably trained to make those judgements about anybody's health. That applies to us.

Mr Wells: You could carry out an illegal abortion in that clinic and still tick all those boxes, because that is not the RQIA's role — it is not to control the clinical judgement of the healthcare professionals in that clinic.

Ms McNeill: I think that we are in danger of straying way, way beyond the role of the RQIA and its statutory powers. Again, our role today is to try to assure both you and the public that we are categorically working within the law and that we are working with the statutory authorities that we are required to.

Mr Wells: The location of the new clinic is interesting; just across the street is the train and bus station, where, of course, a large number of trains and buses come in from the Irish Republic. Is one of your roles to encourage women to come up from the Irish Republic for terminations to be carried out in Northern Ireland?

Ms McNeill: I was not very involved in the location of the clinic, so, Dawn, it is probably better for you to talk about that and the local geography.

Ms Purvis: The location of the centre was paramount when I was looking at sites in Belfast because, yes, I was thinking of clients from all over the island coming to avail themselves of our services. I wanted to ensure that good transport routes were available to the centre, that there was parking and disabled access and that it was in a multipurpose and multi-use building to afford as much confidentiality to the clients as possible. So, yes, we looked very carefully, and I looked very carefully, at the siting of the centre. Any clients who come from the Republic of Ireland or elsewhere have to be assessed within the legal framework of Northern Ireland.

Mr Wells: So, the business model was based upon a significant number of women coming across the border to avail themselves of your services.

Ms Purvis: The business model was initially based on Northern Ireland. To answer Mr McGlone's earlier query about the gaps in service provision that exist in Northern Ireland, you may know from your experience with the Health Committee that our family planning services and sexual health services are not integrated here in Northern Ireland. In fact, the only organisation that provides integrated family planning and sexual health services is the Brook centre. So, we realised that there was a gap there and a need for those services, from family planning right through to reproductive healthcare. So, the initial business model was based on looking at the gap in services in Northern Ireland.

Mr Wells: You are aware that we have obviously taken extensive advice on this issue. We are obviously not going to quote from any of that, but I am interested in and concerned about the fact that the abortion will be carried out using drugs up to nine weeks. According to the Human Medicines Regulations 2012, the handling and administration of drugs must be done by a person who is regulated to administer those drugs. How could a clerical officer or nursing staff within Marie Stopes be qualified to order and administer those drugs?

Ms McNeill: I will start by answering your question, Mr Wells, and then I will hand over to Paula. Again, the whole process around drug administration and the evidence for that has been provided to Professor Mawhinney, and he is completely satisfied about the processes that we have in place and the way in which we use healthcare professionals in those policies. So, I think we have satisfied the regulator around those points. I do not know, Paula, whether you have anything to add.

Dr Franklin: It is doctors who prescribe and administer the drugs.

Mr Wells: Just to help, perhaps, members who are not on the Health Committee, define Mr Mawhinney or Dr Mawhinney's status.

Ms Purvis: Professor Mawhinney is head of the medicines regulatory group within the Department of Health, Social Services and Public Safety.

Mr Wells: In Northern Ireland.

Ms Purvis: Yes.

Mr Wells: So he has been consulted about the use of those drugs?

Ms Purvis: Yes.

Mr Wells: And he has written back to say that he is content.

Ms Purvis: He has not raised any concerns about the supply.

Mr Wells: That is somewhat different. He may not be fully aware of what you intend to do.

Ms Purvis: No, he is fully aware. We informed him of our —

Mr Wells: How does he know?

Ms Purvis: Because we provided it in writing to him.

Mr Wells: How do you then physically acquire those drugs?

Ms Purvis: Through a supplier.

Mr Wells: A private supplier?

Ms McNeill: Again, I think it is really important to make it very clear that we have provided all that information to the regulator. There was a series of correspondence over many weeks, and we fully satisfied both the Medicines and Healthcare Products Regulatory Authority and the RQIA that we fully meet the legal requirements in Northern Ireland.

Mr Wells: Who physically orders those drugs on behalf of Marie Stopes?

Ms McNeill: The doctors.

Mr Wells: And who administers them?

Ms McNeill: The doctors.

Mr Wells: That is quite telling and quite interesting. That is all I have, Mr Chairman.

The Chairperson: I just want to pick up on some of those points. Mr Wells touched on where the clinic is in Belfast and the connections with the South. Ms Purvis, you talked about being aware of all the issues in terms of what women need across the island of Ireland. You are on the board of a clinic down South in Dublin as well. What is the relationship between your role on that body and your role in the Belfast clinic? How are those connected?

Ms Purvis: I am a director of Reproductive Choices in Dublin, as are a number of other people. It is a company director role.

The Chairperson: What does that entail?

Ms Purvis: Ensuring that the company meets its company rules and compliance and looking at governance arrangements within the clinic.

The Chairperson: Is the company in Dublin linked in with the services in Belfast and are the two working together?

Ms Purvis: Reproductive Choices in Dublin provides information and support services for women seeking termination of pregnancy. They would make referrals or provide information to all termination-of-pregnancy service providers throughout the UK.

The Chairperson: So when I read section 6 of the Regulation of Information Act 1995, which forbids Irish counselling services from having direct or indirect links to abortion providers abroad, you are satisfied that you are complying with the Irish Republic's law in respect of this.

Ms Purvis: Absolutely. I have noted its interpretation of interest, and Reproductive Choices has no direct interest. Reproductive Choices refers and provides information on all abortion providers throughout the UK, including the British Pregnancy Advisory Service, Marie Stopes and others.

The Chairperson: Reproductive Choices has nothing to do with MSI?

Ms Purvis: There is clearly a linkage in the personnel who are on the board of Reproductive Choices.

The Chairperson: Which is you and Ms McNeill?

Ms McNeill: Yes. It is a separate entity. We provide support and advice as board members.

The Chairperson: Not that I want to stray into how the Irish Republic investigate that, because, from reading the article by Rory Fitzgerald, it seems the gardaí are investigating it. Have they contacted any of you in respect of that?

Ms McNeill: No.

The Chairperson: Interesting. Those are the links between Dublin and Belfast. How does Belfast link in with MSI across the United Kingdom?

Ms McNeill: Our clinic in Belfast is no different to any that we have in England. Women and men come and freely access those services within our mission of children by choice not chance. They come to us and freely avail themselves of those services, and they have the opportunity to choose.

The Chairperson: So how does the Belfast clinic link in with the rest of the United Kingdom? What are the connections that Belfast will have with the other clinics that operate across the UK?

Ms McNeill: It is part of the Marie Stopes International family group of clinics, and so it benefits from things like the healthcare experience, policies, procedures, guidelines and management support in the same way that our clinic in Manchester or our clinic in Bristol does.

The Chairperson: So, when someone comes into the Belfast clinic, in what way are they referred or connected to any other UK clinic?

Ms Purvis: We do not make direct referrals to our clinics in England. If a woman comes to us for an unplanned pregnancy consultation and she does not meet the criteria for Northern Ireland, we give her all the information on her travel options, but we do not make appointments for her and we do not directly refer her. She makes that decision for herself.

The Chairperson: What do you mean by travel options?

Ms Purvis: She can choose to travel to a centre in England.

The Chairperson: How is that facilitated by the Belfast centre?

Ms Purvis: We do not facilitate it.

The Chairperson: But you advise them of how they can do that. You advise them of how to go about doing that.

Ms Purvis: We give them the information that they need on the other providers in England, and they can make that telephone call, make the appointments, book flights and make whatever other arrangements are necessary for themselves.

The Chairperson: Helping to procure an abortion is prohibited by section 59 of the Offences Against the Person Act 1861.

Ms McNeill: We do not help women to procure a termination of pregnancy. Women have to make their own choice and their own decision in their own time. We are there to provide support and counselling and to provide terminations in Northern Ireland within the legal framework here.

The Chairperson: But if what Ms Purvis is saying happens, the travel arrangements, appointments and things like that —

Ms Purvis: We do not do that. Let me reiterate: we do not do that. The woman does that for herself. That is what I said.

The Chairperson: No; what you said was that you advise them of all the different options that are there.

Ms Purvis: No. I said about the travel options. They have —

The Chairperson: No, you did not. You said "providers".

Ms Purvis: We give them the information about abortion providers in England; that is the other centres.

The Chairperson: Your definition then is that even though you give them information about abortion providers in England, you are confident that, under the definition of the 1861 Act, you are not helping them to procure an abortion?

Ms Purvis: We are providing information and support and advice. The women who come to see us appreciate that they can get that information.

The Chairperson: I did not ask that question, with respect. I asked whether you were satisfied that what you are doing is not helping to procure an abortion.

Ms Purvis: I am absolutely satisfied that we are working within the law as it exists in Northern Ireland.

The Chairperson: You have taken legal advice in that respect?

Ms Purvis: I am absolutely satisfied.

The Chairperson: OK. That is interesting.

Mr Easton: My colleague mentioned Paul Cornellisson and comments that he made at a conference with Marie Stopes. It was said that he mentioned that Marie Stopes had performed illegal abortions in different countries around the world. Do you know which countries those were?

Ms McNeill: No, I do not.

Mr Easton: Were any of them England, Scotland or Wales?

Ms McNeill: No. I am the vice-president and director of Marie Stopes UK, and I am responsible for England, the UK and Europe. I can absolutely and categorically assure the Committee that we operate totally within the law.

Mr Easton: Mr Cornellisson contradicted what you are saying. How do you know that some of those illegal abortions did not happen in England, Scotland or Wales?

Ms McNeill: I absolutely know that they do not. I am personally responsible for the UK and Europe. All the clinics that we have across England are inspected regularly by the Care Quality Commission, and we have a 100% compliance record.

Mr Easton: In some of the countries that Mr Cornellisson referred to, have there been any police investigations into these illegal abortions?

Ms McNeill: I have no idea at all what countries Mr Cornellisson was referring to, but, again, I want to absolutely reassure the Committee — we are here today to talk about Northern Ireland — that we absolutely work within the legal framework in Northern Ireland, and we have been able to demonstrate that to those statutory bodies that require it.

Mr Easton: No police force in England, Scotland or Wales has come to ask Marie Stopes about Paul Cornellisson's comments about illegal abortions?

Ms McNeill: Absolutely not.

Mr Easton: OK.

The Chairperson: Just to pick up on that: why, then, in July, was it reported in a Zambian newspaper that that country's Government had issued an indefinite ban on your organisation carrying out abortions?

Ms McNeill: Again, our organisation is working in Zambia. It has a big programme there, and we work closely with the Minister of Health. There has not been an investigation into our clinics. Again, in the same way as we work anywhere in England, we absolutely work within the law in Northern Ireland. I can categorically reassure you about that.

The Chairperson: There has not been an indefinite ban put in place in Zambia? That report was inaccurate?

Ms McNeill: Yes. So, we have a very large service up and running for very vulnerable men and women in Zambia, and that service is running as we speak today.

The Chairperson: OK.

Sorry, continue Alex.

Mr Easton: Thank you. I am curious about how you operate things for people coming in. We touched on it, but I do not think that we got too far. You deal with women of different ages coming in for advice or whatever on possible abortions. Do you get young ladies under the age of 16 coming to you for advice?

Ms McNeill: There are two parts to that question.

Ms Purvis: Yes, we do. We provide counselling, information and support for any woman who comes to us, but even if they meet the legal criteria, we do not treat anyone under the age of 16.

Mr Easton: So, if somebody under the age of 16 comes to you, how do you assess their age? How do you know that you have not treated somebody under age?

Ms Purvis: Everyone who comes to the centre is required to provide photographic ID.

Mr Easton: Photographic ID. OK. If somebody under the age of 16 arrives, do you need to speak to parents or anything like that? I do not know how it operates. I am just wondering whether you ask to speak to the parents of someone under age, or is that all hush-hush?

Ms Purvis: They would usually be referred. If they ring our One Call line, which is usually the first point of call for anyone who contacts us, they would be referred to the FPA for counselling, information and support.

Mr Easton: Say a young lady comes to you who is obviously upset because she has found out that she is pregnant. She is not happy and may be very upset. How do you distinguish between somebody who is upset and somebody who may have serious mental health issues?

Dr Franklin: Are we now talking about somebody over the age of 16?

Mr Easton: Yes.

Dr Franklin: The doctor makes a clinical assessment in the same way that clinical assessments are made regularly around deciding the psychiatric health of patients in all areas of medicine. The doctor will take a history, look at the family history and do a clinical examination, as doctors do in all areas.

Mr Easton: So, one doctor would assess the mental health side of things.

Dr Franklin: If mental health is considered to be a contributory factor.

Mr Easton: Do you feel that one doctor assessing mental health is enough to decide?

Dr Franklin: No, I do not. If the first doctor who examines and talks to the patient believes that the patient does meet the criteria in Northern Ireland, then the second doctor is involved independently; they make an assessment of the patient independent of the view of the first doctor. So, the second doctor does not know the findings, if you like, of the first doctor. All they know is that this doctor believes that this patient may meet the criteria.

Mr Easton: OK. Obviously, you are a charity, but, obviously, you need to make money to keep it going. You need to make money to operate it and to pay your salaries and costs.

Ms McNeill: Yes.

Mr Easton: So, it is in your interest for people to come into your clinics.

Ms McNeill: I will let you finish before I respond; sorry.

Mr Easton: It is in your interest to try to encourage as many people as possible to come into your clinics so that you can meet the costs of running your clinics, paying your salaries and whatever else.

Ms McNeill: No. I run the UK and Europe. It is one part of Marie Stopes International where we generate a surplus, so we are able to part-subsidise services. For instance, some of the surplus that we generate goes to parts of the world where there is no donor funding and where we believe that some of the most vulnerable women should access services. So, we provide a surplus to be able to do that. It does not matter whether we are working in a clinic in England, Northern Ireland, Ethiopia or anywhere else in the world. We have no vested interest in getting as many women as possible to come into our clinics to have a termination of a pregnancy. When women want to freely access a service, and it is the right choice for them, we will be there for them. That is no different in Northern Ireland than it is anywhere else in the world.

The Chairperson: On that point, you are aware then of the individual who was your administrator in, I think, the Raleigh centre in Brixton and the comments that she made in 2005 in respect of the financial motivations for your organisation. Maria Georgiou — I am not sure if that is the correct pronunciation of her surname —

Ms McNeill: Mr Chairman, I apologise, but I have absolutely no idea what you are referring to. I think you said that you were going back to 2005, so I have no idea.

The Chairperson: It was 2005. I will enlighten you. As reported in 'The Mail on Sunday', your former administrator, who operated in Brixton, said:

"Everything is geared to getting as many people in for terminations as possible."

She claimed:

"When I started in July 2004, the branch was performing between 20 and 30 surgical abortions a day, but we were told that Essex was doing 50 a day and that we were underperforming, so they called a meeting last November at which we were told our bonuses were being withheld until we caught up."

Does that bring back any memories of that story?

Ms McNeill: You raise a number of points. First, I have been with the organisation for three years, so I was not around in 2005. With Paula, I am a global medical director responsible for the standards, the throughput and the way in which we run our clinics throughout the whole of the UK, and the statement from 2005 that you have just read out does not resonate with me or the way in which MSI or I run the UK.

The Chairperson: If I quote further, it might start to come back to you. She said:

"We had two wards upstairs —"

Ms McNeill: Sorry, it cannot come back to me because I was not around; I was not there.

The Chairperson: This is an organisation that you joined. Maybe if you had known that this was what was happening, you might have decided not to join.

She said:

"We had two wards upstairs, and it was like a car production plant. When I started, people would be given a few hours to recover, but by the end they were waking them up within half an hour and getting them out. The bonuses acted as a sales incentive as if you were working on a perfume counter in a department store. The more people you got booked in for terminations, the better your bonuses would be."

That was said by a member of your staff.

Ms McNeill: That is completely and utterly foreign to the way in which I, as the vice-president and director of MSI UK and Europe, run the UK and Europe. I am hearing something for the first time. I had no idea that that existed. I am completely responsible for the UK, and we do not manage matters in that way. We are here today to provide assurance and information to the Committee about working within the legal framework here in Northern Ireland.

The Chairperson: That question and that quote is relevant because if you are depending on the 1939 judgement of R v Bourne, it was very clear that that was applicable to someone working in one of our great hospitals as an act of charity. Your organisation is financially driven. Therefore, I put it to you that if you are financially driven and people are paying in order to get services, are you sure that you are covered to carry out your services within the law?

Ms McNeill: Absolutely and categorically; yes.

The Chairperson: OK.

Mr Easton: Now that we have started on that topic, do you receive bonuses?

Ms McNeill: I receive a salary, and we have a system whereby individuals — team members — get a small bonus, but it is a small bonus and that is part of the way that we work within MSI internationally. Our accounts are available and they are completely transparent.

Mr Easton: Are the small bonuses that you get anything to do with how many clients you put through the clinics?

Ms McNeill: No.

Mr Easton: What are they to do with?

Ms McNeill: Each person has a set of key performance indicators. For example, a key performance indicator would be a requirement to run a clinic within our governance framework and to report on that to ensure that the clinic meets all the requirements of the Care Quality Commission.

Mr Easton: Is there anywhere in your workforce where there is bonus-related pay in respect of how many people go through the clinics, not necessarily in regard to abortion?

Ms McNeill: We do not provide bonuses to people on how many people go through our clinics; no.

Mr Easton: What do you provide bonuses for?

Ms McNeill: I set the bonus criteria, and those criteria are around clinical quality and meeting governance arrangements. We look at how we provide the service, and we look at meeting regulations. We have a whole range of criteria —

The Chairperson: Do you need a bonus to incentivise —

Ms McNeill: Customer feedback. Sorry, Paula has just pointed that out. Thank you, Paula. We carry out client satisfaction surveys, so one of the criteria is meeting a certain percentage in client satisfaction levels.

The Chairperson: Do you need a bonus system in your organisation, which states that it is acting out of charity and in the best interests of the mother? Why do you need a bonus system to motivate your staff to carry out that service?

Ms McNeill: We have to work alongside other healthcare organisations, and most healthcare providers, including public bodies, provide some form of additional subsidy at the end of a financial year. The NHS provides it in the UK, and healthcare professionals get incremental increases as well as inflationary increases. We have a system in place that means that we are able to competitively recruit the best quality staff that we can.

Mr Easton: So you have no bonuses around the number of abortions?

Dr Franklin: Absolutely not.

Mr Easton: Do you set your staff targets?

Dr Franklin: In terms of the doctors? No, absolutely not.

Mr Easton: Do you set targets for Marie Stopes clinics?

Dr Franklin: That is a question for Tracey, but no, we do not.

Ms McNeill: We have a business plan for each clinic, because we have to be sensible and wise with the funding that we get from the Department of Health, and 95% of the women that we treat in the UK come via the Department of Health, and that treatment is paid for by the Department of Health. We have to produce statutory accounts and financial information to those statutory bodies.

Mr Wells: There were only 41 abortions carried out legally in Northern Ireland last year. On the basis that the vast majority of women in that position will still go to the National Health Service, you are probably talking about single figures for the number of possible clients that will go to Marie Stopes, and the only way that your business model will stack up is if you increase the number of clients. The only way that you can increase the number of clients is to encourage the women to step outside the law when having abortions. At the moment, there is not a blanket ban on abortion in Northern Ireland. There were 41 people who were either in danger of dying if they continued with their pregnancy or

there were long-term and permanent risks to their mental or physical health. Those people had an abortion free of charge within the National Health Service, so how can your business model be sustained unless you encourage additional trade? That can be done only through getting more women to step outside the law or by encouraging women to come from other parts of the world.

Ms McNeill: There are two points on your question. First, it is really important to remember that we do not just provide abortions; we provide a full range of sexual and reproductive health services, as we talked about before. On your point about us running a business, if we were to treat one woman who had nowhere to go, who met the legal criteria and we were able to support her, I would feel that we had done a very good job. This is not about numbers. This is about being there for the one or two or very few women who meet the legal test and the legal criteria, and being there to help and support them. That is what we are about.

Mr Easton: You have business plans, and, obviously, your business plans will have projections about what you are aiming for in your clinics. Is that correct?

Ms McNeill: I have been very honest, open and transparent with you in talking about business plans. I would like to understand how that fits with the fact that we are here to demonstrate that the clinic works within the legal framework as it exists in Northern Ireland. Can you answer that question for me?

Mr Easton: With all respect to you —

The Chairperson: I will answer that. It is so that we are satisfied that you are not breaking the law. Financially driven decisions would be in breach of the law.

Ms McNeill: We are not breaking the law.

The Chairperson: We are here to ascertain the issues around the business plan and whether there is financial motivation, so it very clearly links into it. If it did not, I would have ruled Alex out of order. I will decide whether that question is relevant.

Mr Easton: You set business plans for each clinic. Obviously, that is to plan for the future, and you obviously need to have enough money coming into each clinic to make them viable. Is that correct?

Ms McNeill: No.

Mr Easton: So you are saying that you are operating your clinic in Belfast and that it is not viable.

Ms McNeill: Throughout the world, MSI operates thousands and thousands of clinics. We provide services, as we do in Northern Ireland, to men and women as and when they need them. In some instances, those clinics generate a surplus and, in others, we have to fund them.

Mr Easton: What is your business plan for your Belfast clinic?

Ms McNeill: Our business plan is available as part of our statutory accounts and returns, as it is with any of our other clinics.

Mr Easton: What is it? You have not told me.

Ms McNeill: It will be available as part of that statutory process, and we will —

Mr Wells: Can we have a copy?

Ms McNeill: It will be available as part of the statutory process.

Mr Wells: Can we have a copy of your business plan for your Belfast clinic?

Ms McNeill: It will be available as part of our financial returns, and, interestingly, one of the criteria that the RQIA looks at is the financial viability of a clinic. We have provided the RQIA with our

business plan and our financial information as part of the registration process, so we have made it available.

Mr Easton: As part of your business plan, do you have a projection of how many people you feel you will be seeing over the next financial year?

Ms McNeill: No. We have a high-level business plan, and it has been submitted to the statutory authority, the RQIA. It is available for that body to review.

Mr Easton: So you have no projections of how many people you want to treat?

Ms McNeill: No. We have absolutely no idea. It is very hard for us to judge. What we do know is that it will be very, very low numbers because of the legal criteria here.

The Chairperson: Obviously, the medical staff are covered by insurance in case of any malpractice. Are they indemnified?

Dr Franklin: Yes, they are.

The Chairperson: Who indemnifies the medical staff?

Dr Franklin: They are indemnified through whichever is the normal indemnity organisation that they obtain the normal malpractice insurance through.

The Chairperson: Have the medical staff who are working for the clinic advised the insurance companies of the work that they are now doing?

Dr Franklin: Yes.

The Chairperson: Obviously, then, I am assuming that the insurance companies have said that they are covered.

Dr Franklin: Yes.

Mr McCartney: Thank you very much for your presentations and your tolerance — dare I say — this afternoon. I want to ask a couple of questions. Some things that I have not heard before came up in the course of the conversation. Mr Wells referred to a former employee who made a very serious allegation, and you have said that you were not questioned by the police as to the nature of that allegation that he made.

Ms McNeill: No, I was not.

Mr McCartney: Do you know whether the person concerned was questioned by the police after making a very serious allegation that someone had broken the law?

Ms McNeill: Not to my knowledge, no.

Mr McCartney: One would expect that if someone made that type of allegation against an organisation —

Mr Wells: That was about Zambia.

Mr McCartney: It does not matter. I am sure that it could be done through international law. He said Marie Stopes International. He did not say Zambia. We are only now being informed that it was Zambia.

Mr Wells: And Libya.

Mr McCartney: It may be one of those named countries. That is not what you said when you were putting the allegation to our witnesses. If a person made a serious allegation and was not questioned by the police, and neither were you, I think that says something about the substance of the allegation.

In relation to your contact with Dr Mawhinney, if, anywhere along the process, Dr Mawhinney had told you that you were not capable of or responsible for administering drugs, would you have continued?

Ms McNeill: No.

Mr McCartney: You took Dr Mawhinney's endorsement or regulation as meaning that what you are doing is right and proper. That is straightforward enough. There is no suggestion that you did that only as an aside to the work you were carrying out. You saw that as part of your responsibility to do what you were doing within regulations and within the law.

Ms McNeill: Absolutely.

Mr McCartney: You operate in over 42 countries?

Ms McNeill: Yes.

Mr McCartney: Have you ever been held in breach of the legal framework in the countries in which you operate?

Ms McNeill: Have I been involved in that? I certainly have not, no. We have not.

Mr McCartney: I think you said today that 95% of your clients are referred from the Department of Health in England, and the finance comes along with it.

Ms McNeill: Yes.

Mr McCartney: Has it ever taken any case against you or said that you were acting outside the regulations or outside the law?

Ms McNeill: No. In fact, it has gone a step further, which is why MSI and I actually represent the industry with the Department of Health in complying with the law.

Mr McCartney: There are aspects of this that relate to the guidelines, and I know that you feel that it is not proper for you to have an opinion on that, which is fair, but as a Justice Committee, we have to be satisfied. You said in your presentation that you take care to ensure that you have the highest standard of regulation and you work within the law. That should be our interest. That is all I have to say today.

Mr A Maginness: The problem at the moment is that there is no regulation. Is that not right? If there is no statutory regulation, it is very difficult to create public confidence.

Ms McNeill: It is, but part of being here — we have come here voluntarily and very willingly — is that we want to do whatever we can to try to help you and the public to have confidence in what we are doing.

Mr A Maginness: Yes, but the problem is that there is no regulation, because you are a private establishment. There is no regulation of your type of private establishment here in Northern Ireland. That is a serious problem, is it not?

Ms McNeill: There is, I believe, through working with the RQIA, regulation of private establishments within Northern Ireland.

Mr A Maginness: But they are under no statutory obligation, and you are under no statutory obligation to deal with them. That is a fact, is it not?

Ms Purvis: You are absolutely right, there was no requirement for us to be regulated.

Mr A Maginness: I will just reiterate the point I am making. That is the core of the problem. There is no regulation.

Ms Purvis: We recognised that fact very early on in our engagement with the RQIA, which is why we have worked with it to find a way to become regulated.

Mr A Maginness: But that is a voluntary thing. Even if you were to enter into a voluntary agreement, you could scrap it tomorrow, because it does not have the force of law.

Ms Purvis: It is not a voluntary thing.

Mr A Maginness: It is voluntary if there is no statutory basis for it.

Ms Purvis: We have found a statutory basis within which to become regulated.

Mr A Maginness: Right. Maybe you could give us some information on that. I do not mean now, but perhaps after the meeting.

Ms Purvis: We can certainly do that.

Mr A Maginness: We were unaware of that, and it has taken us, as a Committee, by surprise. That would be very helpful.

In any event, we as a Committee do not know whether any abortions have taken place at the clinic in Great Victoria Street.

Ms McNeill: No.

Mr A Maginness: Does the Health Department know?

Ms McNeill: No.

Mr A Maginness: Does anybody know, outside Marie Stopes?

Ms McNeill: No. We absolutely maintain the trust and confidence of all our clients.

Mr A Maginness: Let us fast-forward to the end of this year and the anniversary of your first year in Belfast. Will we know then how many abortions have taken place? When I say "we", I mean we as the public and as a Committee of the Assembly, elected by the people of Northern Ireland.

Ms McNeill: I want to make two points. First, the numbers of women we treat is, I think, largely irrelevant. What is really important is that the numbers we treat are going to be very, very low. We are here to talk to you and answer your questions about whether we meet the legal criteria for the women we treat. We know that there are going to be very, very small numbers because of the criteria.

Mr A Maginness: With respect, you might know that there are very, very small numbers, but we will never know. Even though I have been elected to this position by the people of North Belfast, the people of North Belfast will not know. How are we, as members of the public and of this legislature, going to know the numbers? It is not just a matter of whether the criteria are being complied with. It is a matter of actual numbers and quantity, because that might indicate — I am not saying that it does — that the law is not being applied properly.

Ms McNeill: I can clearly see that, for the Committee, the numbers are important. We are saying to you that the numbers are very low. I do not think that whether the numbers are high or low gives any assurance that we are working within a legal framework. I hope that our working with the RQIA and other statutory agencies should give you that assurance. If we can find a way to work within a legal framework along with the Health Department and the RQIA, in the way that we do in England, and release such numbers while absolutely maintaining the trust and confidentiality of our clients, we will do that. At the moment, we are not able to do that.

Mr A Maginness: I will stop you there, because you have repeated that point a number of times. I understand the point about the trust and confidentiality of your clients. Nobody is expecting you to reveal who your clients are. I understand that completely. It would be unreasonable to expect any disclosure, even indirect disclosure, because it is a very sensitive issue. However, giving the number of terminations that you have carried out in Belfast to date does not in any way identify any individual citizen in Northern Ireland, and it is absolutely crazy to suggest that it does. If a youngster in class were to say that, you would chase them. It is just crazy.

Dr Franklin: I hear you, and I understand what you are saying. The disclosure of numbers a year after opening, as you described, is something that we can obviously discuss and debate with the relevant people. At this point, I think that there is a threat to the confidentially of the women and men we treat, because we are seeing low numbers of people. They may have friends or relatives who know that they have been to our centre and who have some understanding of their condition, and so on. So, at this stage, I feel very strongly that, by revealing numbers, there is a risk that we may, on an individual basis, put at risk the confidentiality of some of the men and women who have placed their trust in us.

Mr A Maginness: I fail to see that. I would have to be greatly persuaded to accept what you have just said. I really cannot see how the numbers would in any way disclose the identities of individuals who have obtained services from you. I will perhaps leave it at that.

I have one last point in relation to a statement purporting to come from your organisation. It said that it is the intention of the clinic to deal with women whose pregnancy has advanced no more than nine weeks. Is that an accurate statement?

Dr Franklin: Yes, we —

Mr A Maginness: That is accurate. It is fine that you have confirmed that. As I understand that statement, there would be no abortions beyond that period. Is that right?

Dr Franklin: That is correct.

Mr A Maginness: I would assume that, at that point, those would not be surgical abortions.

Dr Franklin: That is correct.

Mr A Maginness: In other words, they would be medical abortions. Is that correct?

Dr Franklin: That is correct.

Mr A Maginness: At that point, is it really possible to identify whether the mother's life or long-term health is in danger?

Dr Franklin: Yes.

Mr A Maginness: Is that possible, given the short period of time?

Dr Franklin: Yes, it is.

Mr A Maginness: Would a psychiatrist be able to judge from talking to a lady who was nine weeks pregnant or less that, really, her mental health has been so affected —

Dr Franklin: Yes.

Mr A Maginness: — that it is more than just simply problematical, but is an active danger to her long-term health?

Dr Franklin: Yes.

Mr A Maginness: What is the basis for that?

Dr Franklin: A psychiatrist would make an assessment of the client. As I said, it is about their circumstances at the time — their medical condition at the time, physical and mental. Their medical history is also taken into account.

Mr A Maginness: Suppose they had no mental health history of any great import.

Dr Franklin: In the same way that they make an assessment in England, the doctors we use make an assessment of the individual patient's circumstances. They can do that. If, at that stage, they feel that the woman does not satisfy those criteria, they do not proceed.

Mr A Maginness: In those circumstances, then, your whole emphasis would be on abortifacients?

Dr Franklin: A medical abortion, yes.

Mr A Maginness: That, therefore, would bring into focus the need for the very careful dispensing of such medication.

Dr Franklin: I am not sure what you mean by "careful dispensing".

Mr A Maginness: Well, as I understand it, you would not be involved in surgical abortions but in medical abortions.

Dr Franklin: That is correct.

Mr A Maginness: So it would be critical that the drugs being used are properly approved, stored properly, and, when being used or about to be used or recommended, that a proper pharmacist or a doctor, having been advised and in a position to make a decision, is able to use those drugs. Is that right?

Dr Franklin: Yes, that is absolutely right.

Mr A Maginness: So the most rigorous regime for monitoring and regulating the use of drugs in the clinic would be necessary.

Dr Franklin: Yes. As with the administration of any drug, you want to ensure that the right drug is given to the right patient at the right time for the right reason.

Mr A Maginness: OK.

Mr Wells: Could I come in on that point? Last August, our Health Minister, Edwin Poots, made it compulsory for each health trust to report to his Department the reason for every legal abortion in Northern Ireland. Are you bound by the same stipulation? Will he receive a report on why you carry out abortions using those drugs?

Ms McNeill: From the legal advice that we have received and from working with the RQIA, if there is a legal requirement to provide any information, we will absolutely provide it.

Mr Wells: It is not a legal requirement. He has instructed the trusts to tell him why 41 abortions were carried out last year and how many have been carried out this year.

Ms McNeill: We have not been involved in that discussion and have not received that request. So, at the moment, there is no requirement for us to do that.

Mr Wells: There is a danger that, in the public health sector, without naming anyone or breaching anyone's confidentiality, we will know, on a Northern Ireland basis, exactly why individual abortions have been carried out. However, we will be left totally in the dark as far as Marie Stopes is concerned.

Ms McNeill: If there is a requirement for us to provide that information under the regulatory or legal framework in Northern Ireland, we will absolutely comply.

Mr Wells: So if it is not made a legal imperative, you will not do it?

Ms McNeill: We will engage with whomever we need to, and if we have to comply with a legal requirement, we will of course do so.

The Chairperson: At the beginning, we touched on the issue of John Compton and outsourcing or commissioning. Is it an objective of the clinic to ask the Health and Social Care Board to commission the services of the Marie Stopes clinic?

Ms Purvis: That is not on our radar at the minute; no.

The Chairperson: Why the nine-week threshold and why is it only medical? Why not surgical?

Dr Franklin: The nine-week threshold is consistent with what we do in England, where we offer medical abortion only up to nine weeks. It is medical and not surgical because, in our discussions with women and based on what women have sought here and in England, that is their preference. The vast majority of the women we spoke to preferred the medical option.

The Chairperson: So the nine-week threshold is not based on your legal advice?

Dr Franklin: No, it is based on what we do in England.

The Chairperson: Could you decide to move it to 10, 11 or 12 weeks? Where, potentially, could the threshold go?

Ms McNeill: There are two aspects to that question. Wherever in the world we work, we work within the equivalent of World Health Organization guidance or guidance from the Royal College of Obstetricians and Gynaecologists. All our clinical pathways apply with world-class pathways wherever they are in the world, and that will help us to determine at what gestation level we will work, depending on the way medical technology works, etc. That is one test and one set of criteria that we use. The second test and set of criteria is the legal framework in the relevant country. That is exactly how we work anywhere in the world.

The Chairperson: So, currently, there is nothing to stop you moving it to 18 weeks or 24 weeks in Northern Ireland?

Ms Purvis: That is correct.

The Chairperson: You could, ultimately, provide surgical abortions as well. There is nothing stopping you from doing that, except that you have voluntarily decided that it is nine weeks and medical.

Ms McNeill: There is nothing stopping us, but it is really important to make a distinction. The way that Marie Stopes International works is that we provide services within the legal framework that are requested either by key stakeholders, Health Ministries or women themselves.

Mr Dickson: For the record, I declare that I am a member of the Assembly's all-party group on sexual health. Others have not made any declarations. Will you break the law to make the law?

All Witnesses: No.

Mr Dickson: It has been suggested that you will test the law — rather, perhaps, than break it — in Northern Ireland to have it firmly clarified.

All Witnesses: No.

Mr Dickson: Would Health Department guidelines be helpful to you in doing the work that you do? Would it be more helpful to have them than it is today, not having them?

Ms McNeill: As a general rule, wherever you work in healthcare, more guidance is better and makes it easier for healthcare professionals. Absolutely.

Mr Dickson: Would you value this Committee calling on the Health Department to provide that guidance and those guidelines?

Ms McNeill: Yes, if this Committee felt that it was within its remit and that it would be helpful.

Mr Dickson: We are not the Health Committee.

Ms McNeill: No, I know, but if you felt —

Mr Dickson: You might be surprised about why you are not in front of the Health Committee, but we are not the Health Committee.

Ms McNeill: That would be a helpful suggestion if it would help.

Mr Dickson: You have indicated to us that you will provide further information with regard to the RQIA registration. Again, I suppose that all goes in to the guidance aspect of it. And I do take the point my colleagues were making that the RQIA of itself, even if you were required to be fully registered, does not answer all the questions and does not tick all the boxes, which is why it would be very helpful — and I think you have agreed with me that it would be helpful — if you had the appropriate guidelines. Can you tell us any more about the area in which you now feel that you can assist the RQIA, or the RQIA can actually assist you? Really, you were willing to assist it any time, but it was saying that you did not need to do these things. Can you give us any more insight into that process?

Ms McNeill: It has been quite a long, complicated process, to be honest. Again, what I would want to do is provide something in writing to you that the RQIA and I agree. I am very happy to provide that, but I think I should go back to the RQIA and just clarify that. I am very happy to provide that for you.

Mr Dickson: Thank you. Members have made reference to the number of terminations available under the National Health Service in Northern Ireland. Are you the only other person who is now making that service available in Northern Ireland? Members were referring to the whole area of regulation and the other types of providers. For example — *[Inaudible.]* — a female would subscribe to BUPA. Could she avail herself of the same service that you are providing in Northern Ireland? I am only using that as an example, not asking you to tell me whether is does or does not, but similar organisations — private clinics.

Ms Purvis: There is actually no way of telling, but, anecdotally, yes, other private healthcare providers can provide that service.

Mr Dickson: That is very helpful. So you are not alone in that respect — at least, you do not believe that you are alone. It has been suggested, and members made reference to this in the beginning — and I started by asking whether you were going to break the law to make the law. Do you believe the law is sufficiently clear for you to actually do what it is you do in Northern Ireland, or would you wish to seek either clarity or changes to the law in Northern Ireland?

Ms McNeill: We are very clear as to how, in the current circumstances, we work within the legal framework and how we interpret that. We have had a lot of advice from professional bodies and statutory bodies to be able to do that. So we are very clear that we do operate within the law. I think it goes back to my earlier point, Mr Dickson, that anything that did happen for healthcare professionals, which helps to provide them the proper protection, or clarified that, would be helpful. However, we do not consider that our role. We are here to provide a service within the current legal framework.

Mr Dickson: So you do not see yourselves as a campaigning — *[Inaudible.]*

Ms McNeill: No. We have never seen ourselves as that.

The Chairperson: If no other members have any other questions, that concludes the session.

Ms McNeill: Do you mind if I just say a couple of words to sum up? Would that be —

The Chairperson: Certainly.

Ms McNeill: Thank you. What I would like to do is make two or three very brief points because I realise that it has been a long session and you have probably got other things to do as well.

First of all, I really want to thank you for inviting us. We came here very willingly and very voluntarily, and we are actually pleased to have been here. Much more importantly, what we came here to do was to provide you with, hopefully, some assurance and reassurance. We also wanted to provide some of that assurance and reassurance, which we understand is really needed for the men and women of Northern Ireland. Thank you for that opportunity.

To reiterate again, the services that we provide are completely compliant within albeit difficult circumstances and within the current legal framework. We will continue to work in the same way that we did when we first opened the clinic last year. On the issue of providing a service, I think that we have all been through a lot. We have been through a lot as a team. I think that you have been through quite a lot as a Committee, as have other people in Northern Ireland, to grapple with what is quite a difficult issue.

I want to share one thing with you. We know that on the day that we opened, there was a lot of noise and publicity. We continued, hopefully in a quiet way, to work in the way that we wanted to. I was here on the day that we opened. One lady was standing outside the clinic. There have been lots of questions about whether we need this clinic here. It has been said that Northern Ireland does not want it; women do not need it, and men do not want it. An Irish woman had travelled many miles from our own island here to come to our clinic. She was holding a bunch of flowers for, in her own words, "the brave staff of the clinic of Marie Stopes Northern Ireland." The reason she had made that journey on that day was because many, many years ago, a close friend of hers who was 15 years old had had to travel to England for a termination of pregnancy. Sadly, when that girl returned home, she had no support from family, friends, the Church or anyone. Very sadly, she committed suicide. When I heard that story on that day, and that brave lady came with flowers for the very brave staff that Dawn works with, I thought that if we, as an organisation, prevent one 15-year-old girl from feeling alone, we will have done a good job. This is not about numbers. This is about helping that one girl and providing support.

Thank you for listening.

The Chairperson: Not at all. Certainly, we could all come out with stories that will capture people's emotions. Sadly, many of us round this table need to give voice to the voiceless who can never tell their stories because they have been killed in the womb.

Ms McNeill: Of course.

The Chairperson: I have tried to keep this to the law and factual information rather than use emotive language. Obviously, you have decided to tell that particular story. I am not going to tell the story of the hundreds of thousands who never had a voice. We could do that. However, I do not think that it would be particularly helpful.

You may have thought that you were coming here to reassure us. I am far from reassured. I do not think that the public will be reassured by what you have told the Committee. I could go through all those points, but there has been over two hours of evidence. Hansard will have recorded all of it. I am far from reassured by the information that you have not provided and questions that have been put.

Nevertheless, I want to thank you for the time that you have given to facilitate the Committee. Obviously, we will deliberate further and decide whether there is anything more that we wish to do in respect of that. Certainly, thank you for your time.

Ms McNeill: Thank you.