

right to **know.**

The case for independent
abortion counselling.

July 2011

www.righttoknow.org.uk

facts and figures.

The changing role of private organisations in the provision of NHS-funded abortions for residents, in England and Wales.

In **1991** the NHS funded **9,197** abortions carried out by the private sector.

By **2010** that figure had risen to **111,775** - an **increase of over 1100%**.

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In **1991** the NHS funded **10%** of abortions carried out by the private sector.

By **2010** that figure had risen to **93%**.

In **1991** the NHS funded **84,369** abortions.

By **2010** that figure had **more than doubled** to **181,304**.

The growth of NHS-funded but privately-provided abortions **entirely accounted for this increase**.

Source: Department of Health figures.

executive summary.

This report highlights the marketing techniques used by abortion providers to promote the abortion choice.

Such approaches inevitably put pressure on women who are referred to an NHS outsourced abortion provider to proceed with an abortion.

Our investigation reveals the financial motivation of abortion providers to grow revenues and increase the number of abortions that they perform.

One provider describes the 2,400 increase in the number of abortions that it carried out between 2009-10 as '*a significant achievement*' and is aiming to generate a £2 million surplus in 2010/11 through marketing and promoting its services more widely.

The study highlights how the independence of counselling is compromised by the drive to encourage a decision for abortion. The distinction between counselling and the first medical stages of abortion assessment is not maintained, with one provider incorporating both into the initial consultation. This trivialises the decision-making process and puts pressure on women.

It is common practice for abortion providers to employ Business Development experts to promote services and drive sales. Marketing techniques are used to promote abortion to Health Care Providers and to women directly.

Marketing messages based on social validation techniques are used throughout printed and web material in a way that is designed to encourage women to proceed with an abortion. One provider even uses these subtle methods on the Counselling pages of its web-site - a section likely to be read by those women who are most unsure about their situation.

Abortion providers have clear objectives, stated in their business plans, to increase revenue from the abortion services that they provide. This introduces a clear financial conflict of interest into the pre-abortion counselling on which many women rely.

The great tragedy of this commercial approach to promoting abortion is that women who are referred to an NHS outsourced abortion provider are not given the opportunity to access to independent counselling.

These organisations depend upon providing and selling abortion for a very significant part of their income. They are not the appropriate entities to provide pre-abortion counselling to vulnerable women who need support.

It will always be the case that an organisation that is committed to marketing and selling a product will be conflicted in the provision of independent counselling and advisory services.

This has been recognised in the delivery of other services. The division between pension advisors and pension providers is one such example. The same distinction should be recognised in this important area to ensure that vulnerable women receive appropriate support, information and protection.

This is what the amendment to the Health and Social Care Bill, proposed by MPs Nadine Dorries and Frank Field, seeks to achieve.

introduction.

In 2010 **over 100,000** NHS-funded abortions were outsourced to private providers such as Marie Stopes International (MSI) and the British Pregnancy Advisory Service (BPAS), worth an estimated £60m.

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This paper examines the marketing and promotional approaches used by BPAS and MSI to increase their revenues and grow their market share. It provides an insight into their strong marketing ethos and demonstrates that abortion providers are motivated to expand their business and increase their income.

It examines the messages used by private abortion providers to promote abortion and illustrates that the information and literature produced by them is designed to encourage women to proceed with a termination.

As a result, neither BPAS nor MSI are in a position to provide independent counselling. However, many women considering an abortion funded by the NHS are only able to access counselling through private abortion providers.

Under the current arrangements, many women are therefore denied access to independent pre-abortion counselling.

public campaigns to promote abortion services.

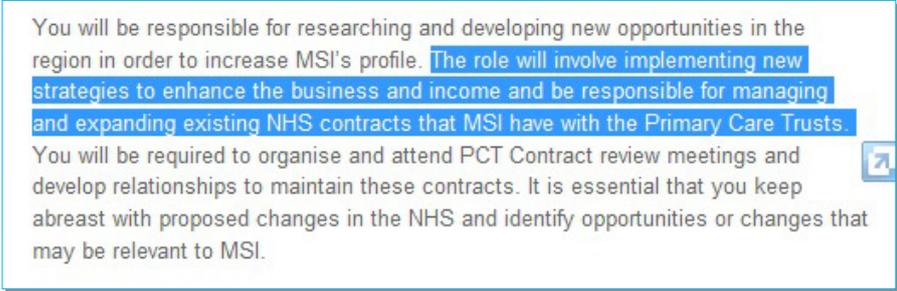
Since 2000, both BPAS and MSI have invested considerable sums in public advertising campaigns to promote their abortion services. This has included online, underground rail and TV advertisements. Over this period abortion referrals to both organisations have increased significantly.

marketing and business development teams with revenue raising and growth objectives.

Both MSI and BPAS have Business Development teams marketing abortion services. They are responsible for developing materials and messages that promote their organisations and grow revenues. They are also required to build relationships with Health Providers.

According to a BPAS job description, the primary duty for a 'Business Development Manager' is to **'promote the growth of business and income generation within the region.'** The second responsibility listed is to **'develop and implement an agreed programme of activity targeted at gaining new business in line with the BPAS business plan.'**¹ The full job description can be read in Appendix A.

A job description for a Business Development and NHS Contracts Manager, makes clear that increasing revenue is a key goal for this employee. The extract from the job advertisement below indicates that the post holder is expected to *'enhance the business and income'* for MSI.



You will be responsible for researching and developing new opportunities in the region in order to increase MSI's profile. The role will involve implementing new strategies to enhance the business and income and be responsible for managing and expanding existing NHS contracts that MSI have with the Primary Care Trusts. You will be required to organise and attend PCT Contract review meetings and develop relationships to maintain these contracts. It is essential that you keep abreast with proposed changes in the NHS and identify opportunities or changes that may be relevant to MSI.

fig 1: Job Description for MSI Business Development and NHS Contracts Manager

A key role for these marketing teams is developing relationships with those who refer women for abortion, with the aim of increasing revenue. MSI has a dedicated marketing facility that Primary Care Trusts can contact to find out how to promote MSI's abortion services in their area. The service uses the email address: marketing@mariestopes.org.uk

1 http://www.BPAS.org/js/filemanager/files/business_development_manager_jd_03.06.pdf

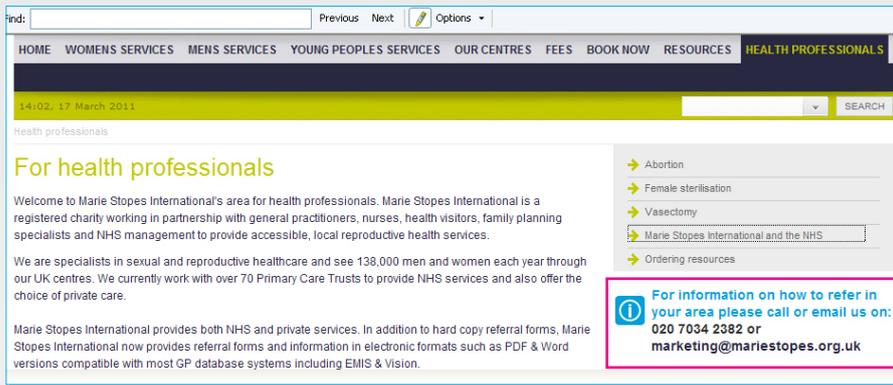


fig 2: MSI Marketing team focused on securing referrals from Health Professionals²

BPAS provides free resources and information for health professionals to encourage them to refer women to its clinics. Extracts from a 'resource tool kit' can be seen below. This brochure lists all the promotional materials that General Practitioners and Health Professionals can obtain from BPAS 'free of charge'. The approach taken is consistent with that typically provided by any organisation seeking to expand and promote its services.

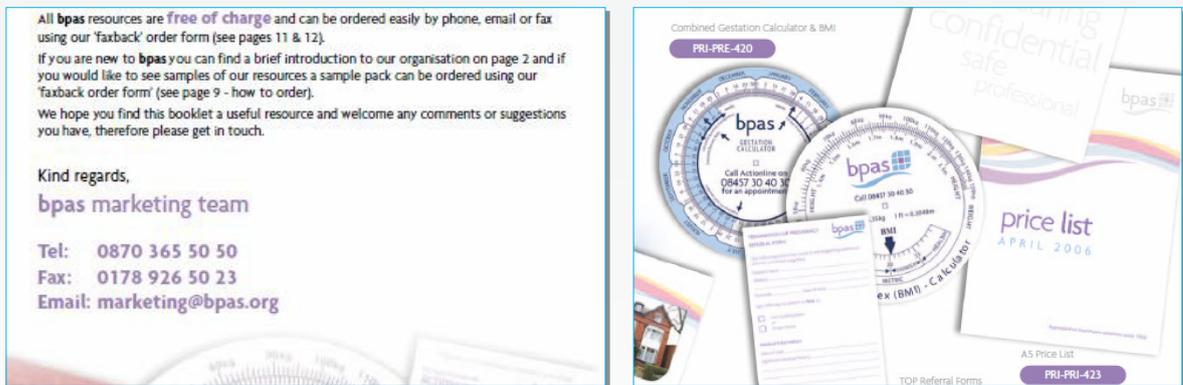


fig 3: two extracts from BPAS 'resources tool kit', p3 and p7

Marketing and Business Development teams typically have a responsibility to develop customer focused messages that are designed to promote the organisation, increase revenue and grow market share.

The above examples of information aimed at (potential) employees and clients indicate that MSI and BPAS are no different from commercial organisations seeking to win new business.

counselling and vested financial interest.

MSI and BPAS are not able to provide independent counselling because they have a vested interest in abortions proceeding. Not only do they promote abortion services to Health Care Professionals but they also provide information to women considering abortion. An analysis of materials developed by BPAS illustrates that women attending its clinics are targeted with messages designed to encourage them to proceed with an abortion, for which BPAS charges the NHS.

Women considering an abortion and referred by their GP to an outsourced NHS provider such as BPAS or MSI are not able to access independent counselling from any other source because Primary Care Trusts combine arrangements for abortion provision with pre-abortion counselling.

In effect there is no mechanism in place for women to access independent counselling via the NHS.

BPAS combine counselling with the first steps of the abortion process.

The way in which BPAS combines counselling and the first medical steps in the abortion process is a striking example of the inevitable conflict that arises where an organisation is expected to provide advice relating to a service that it itself sells.

This quote from the BPAS website shows how counselling and medical assessment are confused:

“Counselling is part of the initial consultation at **BPAS** during which you will also have a medical screening so that we can assess your stage of pregnancy and medical history to find out **which methods of abortion are most suitable for you.**”³

We believe that this confusion is inevitable where an organisation is involved in marketing a service and is an example of why such entities are inappropriate bodies to provide pre-abortion counselling funded by the NHS.

Combining counselling with the first medical steps for abortion puts pressure on women and trivialises the decision-making process. Women should be allowed time and space to make their decision and all the medical assessment for abortion should be kept separate from the counselling stages.

Under the counselling amendment to the Health and Social Care Bill this scenario would no longer arise. Counselling would instead be separated from the medical assessment for abortion and would be conducted at a separate location from the clinic.

emphasising numbers to secure sales.

A style of messaging used by BPAS in much of their literature and on their web-site (particularly pages likely to be visited by women who are most uncertain about their situation) aims to encourage women to proceed with an abortion.

On the BPAS web-site, the most prominent messages on the Counselling section of the web-site are;

‘you’re not alone’ and

‘...abortions happen more often than you think. 1 in 3 women in the UK will have an abortion by the time they are 45 years old.’

These messages emphasise that many women will have an abortion at some stage of their life.

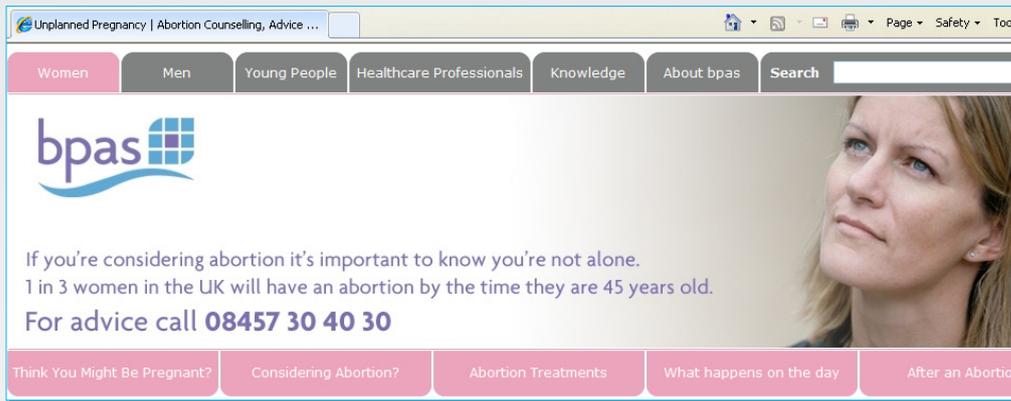


fig 4: screenshot from the BPAS website counselling page

Why would BPAS want women who are 'considering abortion' or looking for 'counselling' to know that '1 in 3 women in the UK have an abortion by the time they are 45 years old?'

An analysis of sales and marketing techniques, in particular 'social validation' or 'social proof' theory, provides an indication as to why this message is placed so prominently on the Counselling pages.

Dr Robert Cialdini, Professor of Psychology at Arizona State University, has described how people are more willing to take a recommended action if they see evidence that many others, especially those perceived as most similar to the subject, are taking it. The theory highlights the principle that human subjects are influenced in their understanding of the acceptability or appropriateness of a given behaviour by their observation of the extent to which others perform it.

Customers tend to determine what is correct by finding out what others believe is correct. It is recognised that social proof is most influential under two conditions:

1. **Uncertainty** – when people are unsure and the situation is ambiguous they are more likely to observe the behaviour of others and to accept that behaviour as correct.
2. **Similarity** – people are more inclined to follow the lead of others who are similar.

There are many examples of this theory in practice, but one that is often cited is the study of a researcher who went door to door collecting for charity and carrying a list of others in the area who had already contributed. The longer the list, the more contributions it produced. The point is that *'people are persuaded more by the actions of others than by any proof'* (Cavett Roberts).

This type of 'social validation' messaging is most effective when applied to people who are experiencing uncertainty. Women who are referred to an abortion clinic, for the first time and are in a situation that they have never experienced before are likely to be experiencing considerable uncertainty. The use of these messages by BPAS in this way is designed to encourage women to go ahead with a termination - the service that BPAS is paid to provide.

This is why it is unfair that women are referred to organisations such as BPAS for counselling. The fact that marketing techniques such as this are used to promote the abortion procedure is manipulative and is the very reason why NHS counselling should be separate from any medical assessment for abortion.

social validation and the '1 in 3 will have an abortion' messaging.

There are many examples of the use of social validation techniques designed to promote the abortion choice that are contained in many BPAS materials. The 'my BPAS guide', pictured below, designed to take women through their first visit is one such illustration.

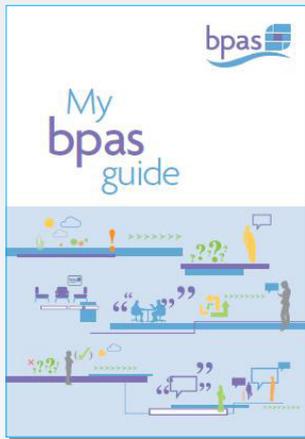


fig 5: My BPAS guide, which is presented to women at their consultation appointment

This guide lets the reader know that they have got options, but before those options are introduced it is emphasised that '1 in 3 women have an abortion by the time they are 45.'

The positioning of this statement ahead of presenting the options is designed to promote abortion before other possibilities are considered. It is important to remember that this type of 'social validation' message is most effective when used with those experiencing feelings of uncertainty. It is likely that a woman wishing to access counselling is facing such uncertainty about her situation.

There are no equivalent facts or messages promoting adoption or continuing with the pregnancy. The focus of using these messages to promote abortion clearly shows that when a woman is going through the consultation process, the focus is on promoting the procedure for which BPAS receives the majority of its funding - abortion.

Continuing through the booklet, there is a further section before the 'Options' page is reached. In this section two case studies are presented from women who have had abortions (see below).

You're not alone at BPAS

We will give you time and information to consider all the options open to you. You should decide what is right for you without feeling under pressure. **If you are considering an abortion it might help you to know that abortions happen more often than you think. 1 in 3 women will have an abortion by the time they are 45 years old.**

Here are a few comments from women who have had their treatment with BPAS:

So kind, understanding and professional...

*"The staff at **BPAS** were amazing - so kind, understanding and professional. I still think about it but I know 100% it was the right thing to do. The relief I felt was immeasurable."*

Our nurse comforted me all the way...

*“Our decision wasn’t easy and our circumstances were complicated, but I just kept questioning myself, how did I allow this to happen? I literally sobbed from the moment I sat down for my consultation, my husband just didn’t know what to do for the best. Our nurse was so comforting, it was almost as if she could feel my emotions, she comforted me all the way. Her sensitivity to my situation helped me to get through my treatment, right up until the moment I left the clinic. Whenever I think of **BPAS** I think of that nurse.”*

fig 6: Extract from BPAS guide ‘you’re not alone’, p5 - emphasis added

Emphasising that women are not alone and that many women like them undergo abortions every year is a social validation technique designed to promote the abortion choice. These messages are intended to influence women that are referred to BPAS clinics for NHS abortion services.

Between the section shown in figure 6 and a later section describing what the Medical Assessment for abortion involves, is a small section entitled ‘Pregnancy Options Discussion’. This section ends with the phrase; *‘If you decide to end the pregnancy we will begin your medical assessment.’*

The way in which these options are presented really trivialises the vulnerable situation in which a woman may find herself. This guide contains a lot of information about the abortion process. It emphasises that many similar women have had abortions, but devotes only a tiny section to the alternatives.

BPAS business goals – to grow and expand abortion services.

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The BPAS Report and Financial statements show that the organisation **holds the objective of increasing and expanding services to both NHS providers and individual clients.**

Since BPAS generates revenue from providing abortion services, this desire to expand creates a conflict of interest in the provision of counselling services.

BPAS noted the following goals as achieved in 2009 -10 were:

- *“The attainment of an additional 2,400 NHS procedures in calendar year 2009 compared to 2008.*
- *An increase of more than 3,000 procedures at less than 9 weeks gestation in calendar year 2009 compared to 2008.*
- *A key role in the development of DH policy regarding the commission and provision of abortion services.”*

Further growth objectives are outlined in the business plan for 2010-11

“Our key aim is to:

- *Develop further our use of the internet and multimedia to market services.*
- *Identify opportunities and develop strategies for expansion...*
- *Generate a surplus of £2m, before depreciation and refurbishment costs, to support further investment in our services, and move towards reinstating a cash reserve.”*

BPAS operates in a commercial manner and is committed to growing revenues and increasing its customer base as would be expected of any business providing a service. However, this ethos is incompatible with the provision of pre-abortion counselling which should be provided by an independent body.

summary of observations.

This report illustrates the type of information and the marketing methods used by NHS-outsourced abortion providers in the UK.

Although both the organisations considered in this report do provide a significant amount of other information, the material collated here highlights the clear conflict of interest to which women referred by the NHS to private providers are exposed, denying them the opportunity to receive independent counselling.

action required.

It will always be the case that an organisation that is committed to marketing and selling a product will be conflicted in the provision of independent counselling and advisory services.

This has been recognised in the delivery of other services. The division between pension advisors and pension providers is one such example. The same distinction should be recognised in this important area to ensure that vulnerable women receive appropriate support, information and protection.

Nadine Dorries MP and Rt Hon. Frank Field MP amendment to Health and Social Care Bill.

The amendment to the Health and Social Care Bill tabled by Nadine Dorries MP and Rt Hon. Frank Field MP would guarantee that a woman considering abortion has access to **non-compulsory counselling and advice from someone who has no financial interest in the outcome of her decision**. It would thereby improve the quality of support and choice available.

Under these proposals counselling would be **non-compulsory** for women considering abortion. However, for the first time Health Professionals would be required to let women know that such independent counselling is available and that it can be readily accessed.

In light of the evidence collated in this report, we support this important amendment.

right to
know.

JOB REF: BD 003

JOB DESCRIPTION

JOB TITLE	:	BUSINESS DEVELOPMENT MANAGER
REPORTING TO	:	REGIONAL DIRECTOR
DEPARTMENT	:	REGION

JOB PURPOSE:

To actively source and develop new business (private and NHS) whilst sustaining the existing caseload.

To service bpas contracts and service agreements for a designated region.

DUTIES AND RESPONSIBILITIES:

- 1. To promote the growth of business and income generation within the region.**
 - 1.1 To develop and implement an agreed programme of activity targeted at gaining new business in line with the **bpas** business plan.
 - 1.2 To keep up to date with developments in local and national purchasing arrangements.
 - 1.3 To identify and respond to local opportunities and threats within the region.
 - 1.4 To identify and report on the implications of contract loss/gain.
- 2 To negotiate contracts and service agreements for the region.**
 - 2.1 To lead in the negotiation of contracts and service agreements in compliance with **bpas** national guidelines.
 - 2.2 To develop and submit tender documentation in accordance with formats developed by the central business development function.
 - 2.3 To investigate and report on any potential service delivery changes and associated financial implications.
 - 2.4 To ensure that contract prices comply with the **bpas** Pricing Policy.
 - 2.5 To maintain an up to date database of contracts and contract activity.
 - 2.6 To provide a comprehensive briefing and handover of contract and service agreement arrangements to unit managers including details on contract efficiency, volume and cost implications.
- 3 To service bpas contracts and service agreements for the region.**
 - 3.1 To monitor and report contract performance with regard to volume, efficiency and effectiveness, and to manage as appropriate.
 - 3.2 To resolve, in liaison with unit managers, day to day contract issues.

- 3.3 To attend review meetings with purchasers.
- 3.4 To develop and nurture effective working relationships with NHS commissioners and potential business partners.
- 4. To undertake local marketing and public relations activities.**
- 4.1 To identify, cost, implement and evaluate local marketing activities agreed with the Regional Director and the Director of Business Development.
- 4.2 To contribute to the development of national and local marketing materials ensuring compliance with corporate identity standards.
- 4.3 To network with stakeholder groups and represent **bpas** as appropriate in the region.
- 5. To work in conjunction with the Business Development department to meet business needs.**
- 6. General**
- 6.1 To maintain the professional image of **bpas** at all times when engaged in **bpas** business.
- 6.2 To treat all information as confidential and adhere to the obligations of the Data Protection Act.
- 6.3 Comply with the policies of the organisation including requirements under health & safety.
- 6.4 To demonstrate personal commitment and contribution to effective teamwork across the full range of **bpas** activities including the maintenance of effective liaison with internal and external key people and organisations.
- 6.5 To be committed to equality of opportunity and valuing diversity and ensure this is integrated into all activity.
- 6.6 To actively and continuously review all work related activities and suggest areas for improvement.
- 6.7 To undertake any other tasks which are commensurate with the level and responsibilities of the post.

JOB DESCRIPTION AGREEMENT	SIGNATURE	DATE
JOB HOLDER :		
MANAGER :		
DIRECTOR :		
HUMAN RESOURCES :		

EMPLOYEE SPECIFICATION

JOB TITLE Business Development Manager DEPARTMENT Region JOB REF NO BD 003

95%+ of bpas's work involves the termination of pregnancy. Almost without exception jobs carry a requirement to be committed to a woman's right to choose abortion. This commitment must, therefore, be present in order for a candidate to be appointed.

Attribute	Important	Desirable
Physical Characteristics 1. What standards of general fitness are required? 2. What standards of presentation are required? (eg appearance, voice)	Able to create a professional image Clear speaking voice	
Education/Qualifications/Training 1. General Education. What level of qualifications are required? (NVQ, GCSE, A level, BTec, Degree) 2. What professional/technical qualifications are required? (eg RGN, ICMA, CMS/DMS) 3. Acquired skills. Is proficiency required in particular skills? (eg counselling, computer programming, keyboard, manual handling, driving)	Degree or substantial relevant experience Good keyboard and WVP skills	Diploma in Sales or Marketing Good Spreadsheet and Powerpoint skills
Experience What amount and type of experience is required? (eg specific/related field, supervision, management)	Experience in contract and tendering processes 2 years in a Sales/Marketing environment	Experience within an healthcare environment

Attribute	Important	Desirable
Knowledge What knowledge is required? (eg works areas, systems, procedures, techniques)	Sales and Marketing Techniques Negotiating Techniques	Knowledge of NHS commissioning policies
Skills What specific skills are required? (eg administrative, manual, communication, supervisory)	Excellent interpersonal and written skills Numerate and analytical skills	
Disposition/Temperament What type of disposition is required? (eg degree of pressure, influencing/leading, self reliance, non judgmental)	Strong customer focus Planning and organising skills Ability to work on own initiative Influential and persuasive	Perceptive and creative in recognising business opportunities/threats
General Background How important are other issues? (eg flexibility, willingness to travel, vaccination against Hepatitis B)	Valid UK driver licence Able to work additional hours as necessary and willing to travel	

When drawing up the employee specification be absolutely sure that the qualities you have specified as either important or desirable, are absolutely necessary to do the job. Be careful of indirectly discriminating against the candidates, eg by stipulating unnecessary qualifications or non-flexibility in working hours, etc.

Ref EmpSpec BDMgr HRD 03.06

