

been running such a service for some years originally delivered by BPAS and now delivered, for the last 12 months, by the integrated Torbay Sexual Medicine Service (tSMS), hosted by South Devon Healthcare Foundation Trust (SDHCFT).

The pre-abortion counselling, the medical assessment, the ultrasound scan and the early medical abortion (EMA) service are all delivered from a community-based health centre. The staff and the patients felt that this was a natural extension of the integrated sexual medicine service, which also includes sexually transmitted infection (STI) management, contraception, a chlamydia screening service, HIV care and an outreach service.

The only part of the abortion service that requires hospital care is the surgical termination of pregnancy service, which is delivered by the gynaecologists of SDHCFT and our colleagues from BPAS.

The third key message from the article was about the improvement in contraceptive and STI management. Since the service has been taken into the integrated service the rates of STI diagnosis, the rates of patients having long-acting reversible contraception post-procedure, and the rates of the use of EMA compared with surgery have all significantly increased.

In conclusion, we hope the above information confirms the notion of the Michie *et al.* article that not only is a community-based service desirable, it is also feasible and practical.

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Competing interests None.



► <http://dx.doi.org/10.1136/jfprhc-2014-100881>

J Fam Plann Reprod Health Care 2014;**40**:154.
doi:10.1136/jfprhc-2013-100863

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sexual and reproductive health setting: views of health care professionals. *J Fam Plann Reprod Health Care* 2013;**39**:270–275.

Comment on 'Abortion care services delivered from a community sexual and reproductive health setting: views of health care professionals'

We read with interest the article by Michie *et al.* in the October 2013 Journal.¹

We are delighted that our colleagues at a sexual and reproductive health care meeting are supportive of the concept of running an abortion service from a community setting. In Torbay we have