

Citizen Participation and Public Petitions Committee
Wednesday 14 January 2026
1st Meeting, 2026 (Session 6)

PE2126: Ensure abortion services are available up to 24 weeks across all parts of Scotland

Introduction

Petitioner Gemma Clark

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to ensure abortion services are available up to the twenty-fourth week of pregnancy across all NHS health boards in Scotland.

Webpage <https://petitions.parliament.scot/petitions/PE2126>

1. [The Committee last considered this petition at its meeting on 19 February 2025.](#) At that meeting, the Committee agreed to write to the Minister for Public Health and Women's Health.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Minister for Public Health and Women's Health, Abortion Rights Scotland, and the Petitioner, which are set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.](#)
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 7 January 2025.](#)
7. Every petition collects signatures while it remains under consideration. At the time of writing, 1,061 signatures have been received on this petition.
8. [At its meeting on 24 September 2025, the Committee took evidence on thematic healthcare issues](#) that have been raised in multiple petitions, including this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee

CPPP/S6/26/1/8

January 2026

Annexe A: Summary of petition

PE2126: Ensure abortion services are available up to 24 weeks across all parts of Scotland

Petitioner

Gemma Clark

Date Lodged

28 November 2024

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to ensure abortion services are available up to the twenty-fourth week of pregnancy across all NHS health boards in Scotland.

Background information

I previously called for this action as part of [petition PE1969: Amend the law to fully decriminalise abortion in Scotland](#), and feel that this aspect was not responded to by the Scottish Government during the consideration of that petition.

Recent media reports suggest that there is only one doctor in Scotland who is trained to provide surgical abortions up to the legal limit, which is forcing vulnerable people to travel to England to end their pregnancies.

STV news have reported that “the number of women and girls travelling to England from Scotland for abortion care has been rising – going from 42 in 2021 to 65 in 2022 and 68 in 2023. By April this year, 26 women were already forced to make the journey”.

Annexe B: Extract from Official Report of last consideration of PE2126 on 19 February 2025

The Convener: Our first new petition is PE2126. I have advanced it in the list of new petitions that we will consider this morning because we hope that Paul Sweeney will join us to discuss another petition but he has not materialised yet.

PE2126, which was lodged by Gemma Clark, calls on the Scottish Parliament to urge the Scottish Government to ensure that abortion services are available up to the 24th week of pregnancy across all NHS boards in Scotland.

Members may recall that that ask formed part of a previous petition from Gemma Clark that the committee agreed to close on 23 November on the basis that the Scottish Government had committed to reviewing the law on abortion with the intention of publishing proposals for reform before the end of the current parliamentary session. Although the Government has committed to reviewing the law on abortion, the petitioner remains concerned that abortion services up to the existing legal limit of 24 weeks are not available across the country, with reports that only one doctor in Scotland is trained to provide surgical abortions, resulting in vulnerable individuals travelling to England to end their pregnancies.

We have been provided with a comprehensive briefing from the Scottish Parliament information centre that details the prevalence, procedures and provision of later-stage abortions in Scotland, which means those that are carried out between 20 and 24 weeks' gestation. It is clear that health boards have variable policies on interaction with the individuals concerned and what they will fund in relation to provision of the service in England and any other associated costs.

It is also noted that no Scottish health board offers what the Abortion Act 1967 defines as "ground C" or "ground D" abortion services up to the legal limit of 24 weeks.

The requirement to travel to England to access services can carry emotional, physical and financial implications for pregnant women and girls. Examples of those implications are provided in the joint submission that we have received from the British Pregnancy Advisory Service and Back Off Scotland, which is included in the papers for today's meeting.

It is important that we draw a distinction between the ethical issues that some may wish to raise, the existing legal position, and the provision of services to support that position.

The British Pregnancy Advisory Service's submission also raises concerns about systemic abortion stigma in the NHS and an unwillingness on the part of the Scottish Government to consider commissioning services outwith the NHS to deliver surgical abortion services in Scotland.

In its response to the petition, the Scottish Government says that it is

“working urgently with NHS boards and other stakeholders to determine the most appropriate way of ensuring abortion services are available in Scotland, up to 24 weeks' gestation, for all patients who require them.”

The response refers to work by the NHS National Services Division to develop the optimal delivery proposal for later-stage abortion services. However, as no health board has volunteered to host the national service, a short-life working group was established to recommend the most attainable and sustainable way of delivering services in Scotland. The response goes on to state:

“The Scottish Government is committed to providing funding to any commission that wishes to train to provide later-stage abortion services within Scotland.”

As we all consider the implications of the petition, does anybody want to offer a comment or a suggestion for action?

I suggest that we write to the Minister for Public Health and Women's Health to highlight the submission from the British Pregnancy Advisory Service and Back Off Scotland and to seek clarification of the Scottish Government's unwillingness to commission an organisation outwith the NHS to deliver a surgical abortion service in Scotland, particularly as no health board has volunteered to host such a service. It is important to understand the distinction for women between a surgical abortion service and having to go through a natural delivery, which some women will find very difficult in those circumstances.

Might we also ask what consideration the short-life working group has given to the suggestion that systemic abortion stigma within the NHS is a barrier to the provision of later-stage abortion services in Scotland, including any action to address the perceived stigma?

Are colleagues content for us to proceed on that basis?

Members *indicated agreement.*

The Convener: We will keep the petition open and move forward on that basis.

Annexe C: Written submissions

Minister for Public Health and Women's Health written submission, 25 March 2025

PE2126/C: Ensure abortion services are available up to 24 weeks across all parts of Scotland

Thank you for your letter of 26 February sharing the Citizen Participation and Public Petitions Committee's queries relating to PE2126, and the submission that you received from the British Pregnancy Advisory Service (BPAS) and Back Off Scotland. I am grateful for your careful consideration of this petition and to BPAS and Back Off Scotland for their ongoing efforts to push for progress on this issue.

I would like to reiterate my commitment to ensuring that patients can access abortion services up to the legal limit of 24 weeks gestation within Scotland as soon as is possible. Since the Scottish Government's initial response to this petition in January 2025, the National Planning and Delivery Board has instructed the establishment of a new NHS Scotland-led task and finish group. This will bring together a range of clinical expertise within Health Boards to begin work on the implementation of a service, drawing on work already completed by NHS National Services Scotland's National Services Division (NSD) and the Short Life Working Group on later stage abortion.

It is not the case that the Scottish Government is unwilling to consider commissioning a non-NHS organisation to deliver this service. The Scottish Government has always been clear that we would consider all options for the delivery of a service, including private and third sector providers, and indeed several of these options were explored by NSD in their work. While the Scottish Government's preference is that the NHS should be delivering this as routine healthcare, we are open to considering other models.

Indeed, as part of NSD's work, a number of private providers were contacted, but indicated that they would not be able to host this service. Similarly, conversations have been held with the third sector regarding the possibility of providing a service within Scotland. However, it is my understanding that none of the main third sector providers of later stage abortions (which is currently BPAS or MSI Reproductive Choices) propose to establish a new clinic in Scotland to provide later stage abortions as there would not be sufficient numbers of patients to make such a clinic viable (and abortions under 20 weeks are provided by NHS Boards). There has been some consideration of the potential for a third sector provider to bring staff to Scotland, perhaps weekly, to provide a service. However, this would still require an NHS Board within Scotland to host that service. Any proposal by a third sector provider for a sustainable, accessible service would still be carefully considered, but I do expect an NHS service will be established.

The Scottish Government's position is that abortion care should be provided, free of stigma, for anyone who needs it. The Short Life Working Group has considered a number of barriers that may be deterring NHS Boards from providing later stage services and emphasised that it is often patients in vulnerable circumstances who

are currently most likely to travel to London to access the care they need. Scottish Government officials are in regular contact with abortion care providers to understand the impact stigma may have on the provision of services and how people choose to access them, and to consider any action that can be taken to address this, including through ensuring abortion services are as accessible as possible for all.

It is important to note here that the Expert Group currently carrying out the review into the law on abortion is also considering how the current law may contribute to stigma. I will be carefully considering the outcomes of the Expert Group's review in due course.

I hope that my response has been helpful. I wish to reiterate again that it remains a priority for the Scottish Government to ensure that abortion services can be accessed by all who need them within Scotland.

Yours sincerely,

Jenni Minto MSP

Abortion Rights Scotland written submission, 25 May 2025

PE2126/D: Ensure abortion services are available up to 24 weeks across all parts of Scotland

In Scotland, the NHS provides free and local abortion care to over 18,000 people each year. The majority of these abortions are carried out within the first 12 weeks of pregnancy, with most people choosing home based medical abortion with tablets. Hospital based NHS care is available for those who choose this, or who require admission for medical reasons. This is currently available up to 20 weeks of pregnancy.

A very small number of women present for abortion between 20-24 weeks of pregnancy. Reasons for later presentation can be complex, for example significant mental health problems, a serious change in personal circumstances or a pregnancy within an abusive relationship. None of the health boards in Scotland currently provides local abortion care for these women. Instead, the health board funds a third-party organisation to provide care. This care is usually in London, meaning travel and time away from home. Some women may be unable to make this journey, meaning they have no option other than to continue the pregnancy. Nonetheless, around 80 women travelled to England for NHS funded later abortion care last year.

Pregnancy care in Scotland is almost universally provided by the NHS, whether it be antenatal care, miscarriage care, abortion care, labour and delivery care or post birth care. Pregnancy care is not outsourced to either the private sector, or to third party providers. Outsourcing the care of vulnerable women needing an abortion at 20-24 weeks to a non-NHS provider in England stigmatises and punishes these women, at what is already a very difficult time.

In the past, this out-sourcing has been justified by stating that doctors in Scotland are unable to provide this care, due to a lack of clinical skill. This is not the case – later abortion is provided in Scotland, in NHS hospitals, for those who need an

abortion due to a fetal abnormality, or when the woman has very serious medical problems. There are NHS doctors who have the skills and training to provide care to the women who are currently having to travel to England.

We are aware that NHS Scotland National Services Division and a Scottish Government Short Life Working Group have already examined the challenges of later abortion provision. We understand that the National Planning and Delivery Board is to establish a task and finish group to establish a later abortion service in Scotland.

Abortion Rights Scotland strongly believe that this service should be provided within the NHS by NHS staff. Continuing to out-source care to a non-NHS provider, albeit within Scotland in future, will continue to stigmatise these patients. We provide all other aspects of pregnancy care in the NHS, so should not exceptionalise this small group. Indeed, contracting out the service will likely require the doctors who have the required skills to move some of their time to the contracted service, thus depleting NHS capacity. Supporting these doctors to provide this care within the NHS means that they can provide training to other staff, ensuring that future staffing needs can be met. The care of these vulnerable women should be within the NHS, meaning that care is subject to our NHS confidentiality, governance and child protection standards.

Recent media coverage has called upon the Scottish Government to 'buy-in' later abortion treatment from non-NHS providers. Abortion Rights Scotland urges the National Planning and Delivery Board to establish this service within NHS Scotland. The small number of people who need later abortions should be able to be cared for by NHS doctors and nurses, in keeping with the rest of pregnancy care in this country.

Petitioner written submission, 16 December 2025

PE2126/E: Ensure abortion services are available up to 24 weeks across all parts of Scotland

Nearly four years have now passed since the Scottish Government first committed to ending the practice of sending women to England for abortion care between 20- and 24-weeks' gestation and to establishing appropriate mid-trimester services in Scotland.

That commitment has not been met, and the situation has worsened with approximately one woman travelling to England for care every four days. And no credible or transparent plan in place to deliver this care locally.

Currently, there is nowhere in Scotland where a woman can access abortion care after 20 weeks' gestation. As a result, thousands of women have already been forced to travel to England at significant financial, physical, and emotional cost – something that disproportionately affects vulnerable women and girls, including those with some of the most complex health or social circumstances.

In May 2025, the Minister for Public Health and Women's Health, Jenni Minto MSP, stated that a solution would be identified by November. In November she told The Herald:

"I asked a Task and Finish Group to develop a recommended service model for later-stage abortion within a six-month time frame and the team have completed this work on time. We are now working with boards to ensure the service is implemented as swiftly as possible."

Despite this public assurance, no information about the recommended service model has been shared. The Scottish Government has not released the proposals for scrutiny, nor has it explained how or where the service would be delivered. No information has been provided when requested, and nothing has been shared with the Scottish Parliament or NHS Scotland. As far as is understood, the Scottish Government has not engaged with the doctors who are already trained, willing, and ready to provide this care in Scotland.

This lack of transparency is deeply concerning. Closed-door processes, withheld information, and unfulfilled commitments have failed to deliver the change that women in Scotland are legally entitled to receive and so desperately need. It also raises serious concerns that proposals may emerge that are clinically inappropriate or unsafe, but are being taken forward without prior scrutiny or accountability.

It is clear that enough is enough, and that political leadership is now urgently required. I therefore urge the Committee to use its powers to force a detailed and transparent update from the Minister, and to summon the Minister and the Chair of the Task and Finish Group to attend the Committee in the new year to set out the progress that has been made. Without proper parliamentary scrutiny and clear accountability, it is evident that this problem will not be satisfactorily resolved – to the detriment of the thousands of women who have had to make the journey to England for basic care, and the hundreds of women still to make this trip.