CORRIGENDA

An error occurred in one of the abstracts presented at the Society for Social Medicine Meeting (1997;**51**:596). The abstract follows in its entirety.

Termination of pregnancy: towards an effective service

A LOWY,[1] O E OJO,[2] A STEGEMAN[2] (*[1]Department of Epidemiology and Public Health, University of Leicester, [2]Lincoln and Louth NHS Trust, Lincoln*)

Background—NHS services for women seeking termination of pregnancy remain inexcusably poor. Explicit rationing by quota systems, geographical inequity in access, and even means testing occur to an extent unknown in other services; women often have to travel, to pay, or both, to obtain treatment and frequently experience unnecessary delays. Access to counselling is patchy at best and the safe alternative of medical abortion is usually not offered. The health benefits of safe, legal abortion services are well established, yet poor NHS provision has been a fact of life throughout the thirty years since the *1967 Abortion Act*.

Aims—To improve access to termination of pregnancy in Lincolnshire, increase the proportion performed under the NHS, streamline the referral process and reduce gestational age at termination, widen the range of services, improve quality of care, and introduce patient choice between surgical and medical termination.

Methods—A day care termination service was set up at Lincoln County Hospital in April 1993, incorporating an accelerated telephone referral system and specialist outpatient/counselling and day-theatre sessions, with capacity for 10 terminations per week, twice the number previously performed. Medical termination was introduced in July 1993. The service was evaluated in a retrospective study.

Results—The monthly number of terminations at Lincoln County Hospital increased from 24 to 40 by July 1993. The proportion of local demand for terminations met under the NHS by the local provider rose from 48% to 83%, exceeding the national target of 75%. Among women terminated at Lincoln County Hospital, the median time from referral to out-patient attendance fell from 12 to 4 days, and the median time from referral to termination fell from 15 to 10 days. Among all residents undergoing termination, the proportion terminated before 9 weeks increased from 23% to 43%. Forty per cent of suitable women chose medical termination.

Conclusions—A practicable model has been demonstrated by which substantial and sustainable improvements in NHS termination services can be achieved.

In table 1 of "The evaluation of agreement on continuous variables by the intraclass correlation coefficient," a letter published in the October issue of the journal (1997:**51**:579-80), some formulae were incorrect. A correct version of this table is printed below.

Table 1 Estimation of agreement between two measures (A and B) through the intraclass correlation coefficient (ICC). Hypothetical data considering two measures in 10 patients

Subject	*Measure A*	*Measure B*	*Difference (B-A)*
1	75	80	5
2	74	84	10
3	76	81	5
4	79	83	4
5	82	92	10
6	83	88	5
7	85	90	5
8	87	92	5
9	87	92	5
10	88	93	5
Mean	81.6	87.5	5.9
SD^2	28.1	25.4	4.8

ANOVA table on preceding data

Source of variation	*DF*	*SS*	*MS*
Between subjects (S)	9	459.45	51.05
Within patients (Measurements) (M)	1	174.05	174.05
Residual (R)	9	21.45	2.38
Total	19	654.95	

Formulas for the calculation of the ICC

Random effects

ICC Bartko[2]

$$= \frac{n(MS_S - MS_R)}{nMS_S + 2MS_M + (n-2)MS_R} = \frac{10 \cdot (51.05 - 2.38)}{10 \cdot 51.05 + 2 \cdot 174.05 + (10-2) \cdot 2.38} = 0.55 \quad \text{(formula 1)}$$

ICC Deyo *et al*[3]

$$= \frac{SD_A^2 + SD_B^2 - SD_{A-B}^2}{SD_A^2 + SD_B^2 + \bar{X}_{A-B}^2 - SD_{A-B}^2/n} = \frac{28.1 + 25.4 - 4.8}{28.1 + X34.81 - 0.48} = 0.55 \quad \text{(formula 2)}$$

ICC Kramer and Feinstein[4]

$$= \frac{MS_S - MS_R}{MS_S + 2MS_M + MS_R} = \frac{51.05 - 2.38}{51.05 + 2 \cdot 174.05 + 2.38} = 0.12 \quad \text{(formula 3)}$$

Fixed effects

ICC Fleiss[2]

$$= \frac{n(MS_S - MS_R)}{nMS_S + MS_M + (n-1)MS_R} = \frac{10 \cdot (51.05 - 2.38)}{10 \cdot 51.05 + 174.05 + 9 \cdot 2.38} = 0.69 \quad \text{(formula 4)}$$

ICC Prieto *et al*[5]

$$= \frac{SD_A^2 + SD_B^2 - SD_{A-B}^2}{SD_A^2 + SD_B^2 + \bar{X}_{A-B}^2/2 - SD_{A-B}^2/2n} = \frac{28.1 + 25.4 - 4.8}{28.1 + 25.4 + 17.41 - 0.24} = 0.69 \quad \text{(formula 5)}$$