DECISION REPORT TO CABINET COMMITTEE

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee – 12/11/2025

Subject: Long-Acting Reversible Contraception Recommission

Decision no: 25/00094

Key Decision: Yes – It involves expenditure or savings of more than £1m

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? *Yes*

Summary:

Kent County Council has a statutory duty to provide certain sexual health services, including contraception, as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013.The services are funded solely from the Public Health Grant.

This paper sets out the commissioning strategy for Long-Acting Reversible Contraception (LARC) Services in Primary Care which aims to maintain and strengthen the service, ensuring continuity of care and delivery of the Council's statutory obligations.

The contracts for the current service cease on 30th November 2026. It is proposed that Long-Acting Reversible Contraception (LARC) Services in Primary Care are recommissioned, with the aim entering new contracts from 1st December 2026 to ensure there is no gap in service for Kent residents. The process will adhere to 'Spending the Council's Money' and relevant procurement legislation.

These are open access, demand led services, delivered across multiple providers. As a result, expenditure will be impacted by levels of uptake, number of suppliers, cost fluctuations of devices, negotiated tariffs and other external factors. The total spend for the services in scope of this decision will be £13m over 6 years 4 months.

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE, or MAKE RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A)

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1. Introduction

1.1 This report seeks the committee's endorsement for the proposed commissioning strategy for Long-Acting Reversible Contraception (LARC) services in primary care, due to be implemented from 1st December 2026 up to no later than 31st March 2033.

1.2 This paper provides an overview of the current service and presents recommendations in the context of the current and planned future commissioning of the LARC service.

1.3 Kent County Council (KCC) has a statutory duty to provide certain sexual health services as per Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. These include the three broad responsibilities of:

I. Testing and treatment for sexually transmitted infections (STIs).

II. Advice on, and reasonable access to a broad range of contraceptive substances and appliances.

III. General advice and promotion of key messages to enable positive sexual health outcomes and to prevent ill sexual health.

1.4 Commissioning LARC in primary care ensures KCC meets its statutory duty to provide reasonable access to a broad range of contraceptive substances and appliances. LARC methods are most commonly known as coils and implants and offer a longer term, more effective alternative to the NHS-funded routine contraception in general practice, for example the oral contraceptive pill (‘the pill’).

1.5 Sexual Health is a key part of ensuring the overall health and wellbeing of the Kent population. Good sexual health and wellbeing can improve fundamental aspects of people's lives including protection from long term consequences of disease and risks to physical and psychological health. It can also contribute to people’s access to education, economic participation and increase opportunities in the social and community spheres. Unplanned pregnancies can contribute to poor health outcomes, and provision of these statutory services plays an important role in reducing the negative consequences and overall costs of ill sexual health.

1.6 Long-Acting Reversible Contraception (LARC) services are guided by national best practice and have a strong return on investment evidence base. LARC in

primary care is highly cost-effective, with an estimated ROI across the system of £48 for every £1 invested (see 15.2).

1.7 'Primary Care' in this document refers to General Practice (GP) delivery. It is a healthcare service that serves as the first point of contact for patients seeking medical attention. In its widest context, primary care services include GPs, dentists, pharmacists, and opticians. LARC services in primary care, are undertaken in GP practices.

1.8 Recommissioning of the LARC in primary care services will ensure that Kent residents do not experience a gap in service provision and receive continuity of care from trusted providers after the current contracts expire on the 30th November 2026. This ensures access to the right service, in the right place, for people in Kent who need it, and contributes towards positive sexual health outcomes.

2. Strategic context

2.1 Provision of LARC services aligns with national strategies such as the Women's Health Strategy for England (2022) by the Department of Health and Social Care (DHSC). The service supports the council to deliver against the NHS Long Term Plan, by reducing unplanned pregnancies, improving population health outcomes, and addressing health inequalities through accessible, preventative care delivered in community settings.

2.2 The service will continue to support the Public Health Outcomes Framework (PHOF) published by the Department of Health and Social Care. PHOF provides a national structure for improving and measuring public health outcomes. This includes sexual health indicators that guide service delivery and enable benchmarking, such as the number of LARCs fitted in Kent compared with other local authorities. This alignment ensures that the service remains outcome-focused, evidence-based, and accountable for delivering value to the population.

2.3 Locally, the provision of the services supports the Kent and Medway Integrated Care Strategy and delivers against recommendations within the most recently published Kent Sexual Health Needs Assessment 2024. These include expanding and ensuring local convenient access to contraception, and targeting priority groups, such as young people and those experiencing health inequalities. This is with the aim of ensuring provision is equitable, responsive to local needs, and embedded within wider health and care pathways.

2.4 Commissioning of LARC contributes to the objectives of the Council's strategic statement by supporting a preventative approach to improving population health and empowering people to make their own contraceptive choices. By ensuring access to contraception the service helps prevent unplanned pregnancies, which are significant contributors to poor health outcomes, and address health inequalities across Kent.

2.5 The service is also aligned to the Council's strategic statement by delivering measurable financial benefits. Preventing unplanned pregnancies reduces demand on health and social care services, avoiding associated costs and improving long-term outcomes for individuals and families.

3. Background

3.1 Contraceptive LARC provided in primary care has been commissioned by KCC since 2013 and the Council has a strong history of widespread GP participation and coverage. Prior to this LARC was commissioned via a primary care Local Enhanced Service within the NHS.

3.2 Contraceptive LARC services in Kent are provided through two main routes: within primary care settings by GP practices and in the specialist Integrated Sexual Health (ISH) clinics.

3.3 ISH Services are offered by Maidstone and Tunbridge Wells NHS Trust (MTW) in West and North Kent, and by Kent Community Health NHS Foundation Trust (KCHFT) in East and South Kent. The ISH specialist services primarily cater to people for their contraceptive needs who have more complex cases.

3.4 Currently, Kent has 102 contracts with GP practices for this service, which in some instances involve one contract covering multiple sites. Therefore, the overall number of GP surgeries are higher. The number of GP surgeries signed up to the LARC services contract can vary over time. Importantly, GP practices are embedded within local communities, offering widespread and easily accessible services across the entire geography of Kent.

3.5 The GPs and their practices play a crucial role in maximising patient choice and increasing the availability of LARC appointments. In Kent, approximately 11,000 procedures are performed annually by trained and certified practitioners. During April 2024 to March 2025, primary care providers performed 53% of all LARC procedures.

3.6 The service provides three types of LARC, with their approved lifespan being three to eight years, demonstrating the financial benefit and personal benefit to the Kent resident. These are:

- Intra-uterine device (IUD) - This is the copper coil, a non-hormonal option.
- Intra-uterine system (IUS) - This is the coil and uses hormones.
- Sub-dermal Implant (SDI) - This is a hormonal implant that sits under the skin.

3.7 In addition to Council commissioned service providing a variety of LARC devices for contraceptive reasons only, Integrated Care Board (ICB) commissions Intrauterine System (IUS) for other health care purposes, including gynaecological reasons.

3.8 NICE Clinical Guideline 30 recommends that all healthcare professionals providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods. Under KCC's current contract LARC can only be fitted and removed by practitioners (nurses or doctors) who are trained and accredited with Letters of Competence (LoC) from the College of Sexual and Reproductive Health (CoSRH), which provides assurance of a minimum recognised standard of training and competency.

3.9 LARC is an extremely effective method of contraception. LARC offers the patient over 99% effectiveness in preventing pregnancy, is long lasting (typically

over three years from insertion/implantation) and is not user dependant unlike other methods such as oral contraceptive (medication which the patient must remember to take as prescribed) (see 15.9).

3.10 Without LARC being offered in primary care, patients would need to access this provision from the integrated sexual health services (ISHS) or out of area provision (using GPs or sexual health clinics that are outside of Kent, e.g. London). Access via the ISHS clinics would place pressure on an already busy service and would cause delays in care. The use of out of area services would increase costs to the council and there would be less control over spend and costs. It would also result in some Kent residents being unable to access the contraception they need in a timely way.

3.11 The LARC commissioning work has been completed in alignment with the comprehensive transformation programme Kent County Council Public Health has been undertaking since July 2023. The Public health service transformation programme (PHSTP) was designed to improve service delivery to communities, particularly targeting underserved communities, aiming to ensure that services are efficient, evidence-based, deliver outcomes and achieve best value.

3.12 KCC Integrated Commissioning team has been collaborating with Kent and Medway ICB (KMICB), Kent Women's Health Hubs, and Medway Council commissioners to keep abreast with the evolving primary care landscape and to explore opportunities to harmonise and streamline the local LARC system working towards more sustainable and joined up care system.

3.13 The number of LARC procedures in GP practices has declined over time in the Kent population. 15,530 procedures were performed in 2018-19, compared with 10,074 in 2024-25. This is due to several reasons including behaviour change in the population, static tariff payments, and limited growth in the number of trained LARC fitters. This key decision will support with a longer-term holistic approach to increasing LARC uptake back to pre-pandemic levels.

3.14 The outcomes that this service will aim to achieve are:

3.15 Increase in the number of eligible people in the population choosing LARC as their contraception method.

3.16 Sustain and increase the number of GP practices participating in this contract.

3.17 The use of LARC increases to contribute to a decrease in the number of unplanned pregnancies and terminations of pregnancy.

3.18 Greater awareness in the professional and resident populations of the benefits of LARC.

4. Commissioning Options

4.1 The recommendation is to maintain and strengthen LARC services in primary care through the re-procurement of these services, ensuring the council meets its statutory obligation.

4.2 Options that were considered for commissioning LARC are the following:

- **Option 1 - Cease commissioning through primary care** - discarded due to risks associated with reduced accessibility to contraception and increased pressure on specialist integrated sexual health services.

- **Option 2 - Commission via a single provider model** - discarded due to risks associated with lack of flexibility in provision and poorer geographic coverage.

- **Option 3 - Proposed decision, continue with commissioning of LARC and strengthen model** - retain the service model and continue commissioning LARC directly from multiple primary care providers via a Provider Selection Regime (PSR) compliant procurement process (as per The Health Care Services (Provider Selection Regime) Regulations 2023).

4.3 Benefits of the proposed approach include:

- Good geographical coverage across the county ensuring equitable service, as the same service is available regardless of geographical area in the county.

- The current service model minimises the need for the patient to travel and ensures a reasonably equitable service access across the county.

- Continuity of service in local settings fostering accessibility and patient choice.

- The commissioning authority remains close to the communities, able to respond to local needs.

- Direct assurance of each provider's competence which supports good quality and safety of the service.

- Maintaining control and access to service data and ability to audit performance.

- Flexibility for GP practices to contract on behalf of other practices to improve access.

- Value for money benefits demonstrated by the public health outcomes and the resulting return on investment to the wider system.

4.4 KCC intends to continue to manage the contracts directly rather than via a third party.

5. Commercial Implications

5.1 The contract for the current service is due to expire 30th November 2026.

5.2 The proposed timeline is to run a PSR procurement process to enable new contracts to be awarded in October 2026 and commence by 1st December 2026.

5.3 The council intends to offer contracts up to no later than 31st March 2033. This period will align LARC service with other KCC Public Health services also

delivered by primary care (such as Smoking and NHS Health Checks).

6. Financial Implications

6.1 These contracts will be funded entirely from the ringfenced Public Health Grant. Providing and securing the provision of open access Sexual Health Services is a condition of the grant. The aim is to ensure that Kent residents are not turned away if they present with an eligible need, albeit this needs to be affordable.

6.2 Levels of uptake have reduced since the COVID-19 pandemic and part of the commissioning strategy is to increase uptake to meet identified need in the population. This increase in activity will result in an increase in costs each year and this has been budgeted for in the financial calculations.

6.3 Background work to inform the recommendations in this paper includes review of current provider tariffs and benchmarking. KCC intends to amend tariffs as part of the recommissioning process.

6.4 The anticipated contract term is from 1st December 2026 until 31st March 2033. The initial term up to four years and four months, with two one-year extension options. The funding allocation is £13m for a six year and four months contract. The spend in the first year is circa £1.7m.

6.5 The actual costs will be dependent on presenting demand, price of devices, agreed tariffs and procurement outcomes. Affordability and funding levels received via the annual PH grant will also be key.

6.6 The table below outlines the levels of expenditure anticipated over the maximum contract term.

01/12/2026-31/03/2033 (6 years 4 months)	Cost to KCC Public Health
Primary care delivery of LARC	£9,800,000
Device prescription costs	£4,200,000
Total	£13,000,000

6.7 The outlined cost estimate represents an increase to the existing annual budget for the service over the medium term, if the activity trend increases as predicted. This will be built into budget planning. In the unlikely event that the Public Health Grant in future years is insufficient to cover the activity levels and demand for contraception, the prices set for devices, or external factors, the contract requirements will be renegotiated to fit the available budget.

7. Legal implications

7.1 Under the Health and Social Care Act 2012, Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population's health.

7.2 KCC commissions LARC as part of its statutory responsibilities and as a condition of its Public Health Grant. These responsibilities are outlined in Section 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

7.3 The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice is sought and will be utilised throughout the process to ensure compliance with the relevant legislation.

8. Equalities implications

8.1 An Equality Impact Assessment (EqIA) has been completed for the service. Current evidence suggests that there no negative impacts to people in Kent because the service model is not reducing or changing in nature. This recommendation is an appropriate measure to advance equality and create stability for vulnerable people. The EqIA is included as Appendix B.

8.2 The EqIA will continue to be reviewed throughout the length of the contractual period.

9. Data Protection Implications

9.1 A Data Protection Impact Assessment (DPIA) has been completed. The DPIA will be continuously updated following contract award to ensure it continues to have the most up-to date information included and reflects any changes to data processing. The scope of data collection and processing in the proposed future commissioning approach will remain similar to the current service.

9.2 The DPIA will be updated following contract award, kept under continuous review and updated to reflect any changes to data processing that may be implemented during the life of the contract.

12. Other corporate implications

12.1 The management and implementation of the recommission will be delivered by KCC Public Health and Integrated Commissioning teams with input from other teams such as HR, Legal and Commercial & Procurement. Progress will be monitored through internal governance arrangements.

13. Driving continuous improvement through the commissioning strategy

13.1 Alongside the contracting changes set out in this paper, the commissioning strategy will aim to strengthen the LARC services in primary care and drive best value. A series of improvements will be explored and taken forward during the contract term if deemed beneficial. This includes:

13.2 Exploring opportunities to streamline contract management functions from a cross service and cross directorate perspective. For example, working more closely with the ICB to ensure a consistent, equitable, and a quality enhanced approach. Likewise, across the Public Health directorate with other primary care services as previously mentioned, health checks and smoking services.

13.3 Work to increase rates of LARC usage in Kent. Listening to GPs and residents about their experiences and ensuring where possible that the approach improving rates of LARC use in the population.

13.4 More emphasis on quality assurance to be increasingly satisfied that Kent residents are getting a consistent and quality service, working alongside primary care contracts.

13.5 Improved data insights so that we can better understand who is and who is not using the LARC service to ensure that we are reaching those people in Kent who would most benefit and inform proactive action.

14. Conclusions

14.1 Provision of LARC in primary care is an essential public health intervention that enables Kent County Council to meet its statutory duties and to deliver measurable health and economic benefits.

14.2 LARC is an extremely effective form of contraception and supports the prevention of unplanned pregnancies. Optimising the use of effective contraception reduces pressure on health and social care systems and contributes to improved outcomes for individuals and communities across Kent. This service aligns with national and local strategies for addressing health inequalities and promoting long-term wellbeing of Kent residents.

14.3 LARC use is declining, which is resulting in poorer health outcomes in the Kent population, this key decision will support with the aim of increasing LARC use.

14.4 The current contracts with GP practices delivering LARC will end on 30 November 2026. The recommendation is to maintain the current commissioning model and reprocure the service directly with the primary care providers by 1st December 2026. This route will ensure that Kent residents are still able to access this service in the same way.

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to CONSIDER and ENDORSE, or MAKE RECOMMENDATIONS to the Cabinet Member for Adult Social Care and Public Health in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A)

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15. Background Documents

15.1 The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

15.2 Public Health England (2021) Extending Public Health England's contraception return on investment tool. Maternity and primary care settings. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001464/ROI_LARC_maternity.pdf

15.3 Women's Health Strategy for England (2022)

15.4 NHS Long Term Plan

15.5 Public Health Outcomes Framework

15.6 Kent and Medway Integrated Care Strategy

15.7 Kent Sexual Health Needs Assessment (2024) https://www.kpho.org.uk/__data/assets/word_doc/0006/174813/Sexual-Health-Needs-Assessment-2024-External.docx

15.8 NICE Clinical Guideline CG30 Long-acting reversible contraception https://www.nice.org.uk/guidance/cg30/chapter/Recommendations

15.9 NHS (2024) How well contraception works at preventing pregnancy https://www.nhs.uk/contraception/choosing-contraception/how-well-it-works-at-preventing-pregnancy/

15.10 The Health Care Services (Provider Selection Regime) Regulations 2023

15.11 Health and Social Care Act 2012

15.12 Health and Care Act 2022

16. Appendices

A. Proposed Record of Decision document (PROD)
B. Equality Impact Assessment (EqIA) 2025-10-06 LARC in primary care.docx

17. Contact details

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