

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To Health Reform and Public Health Cabinet Committee - 11 July 2023

Subject: **LONG-ACTING REVERSIBLE CONTRACEPTION IN PRIMARY CARE SERVICE**

Decision Number **23/00062**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Summary: Kent County Council has a statutory responsibility to provide sexual health services, including Long-Acting Reversible Contraception. Long-Acting Reversible Contraception is an extremely effective method of contraception and approximately 14,000 procedures are undertaken each year by GPs in Kent, costing approximately £1,070,000 for the procedures and £570,000 for the devices.

In 2022, a decision was taken by the Public Health Core Team to undertake a review of the Kent reproductive health system. Furthermore, a Public Health Transformation Programme is scheduled to take place which will inform future commissioning arrangements for Kent sexual health services from 2025/2026 onwards.

The Long-Acting Reversible Contraception in Primary Care Service is an activity-based contract, and the service is scheduled to end on 30 September 2023. The committee is asked to endorse the recommendation to re-commission the Long-Acting Reversible Contraception in Primary Care Service from 1 October 2023 for a maximum of three years, ending on 30 September 2026. This will allow enough time for the review and transformation programme to conclude so that Long-Acting Reversible Contraception can be factored into the future of sexual health commissioning in Kent. The estimated spend for this period on this activity-based service, is just over £4m for the three years.

Recommendations: The Health Reform 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 on the proposed decision (Attached as Appendix A) to:

1. **APPROVE** the commissioning arrangements to advertise and award the new contract opportunities for delivering Long-Acting Reversible Contraception Services in the primary care setting using a light touch procurement process in compliance with the Public Contracts Regulations 2015 (PCR). The contract period will be for one

year (1 October 2023 to 30 September 2024) with two potential 12-month extensions (1 October 2024 – to 30 September 2025 and 1 October 2025 – 30 September 2026).

2. **DELEGATE** authority to the Director of Public Health to undertake all necessary actions to implement the decision, including, but not limited to, awarding new contracts, finalising terms, entering contracts, approving extensions (up to September 2026 in accordance with the contract terms), and establishing any required legal agreements.

1. Introduction

- 1.1 The paper provides an overview of the context of the Long-Acting Reversible Contraception (LARC) in primary care settings, the current review of Kent reproductive health being conducted by the Public Health Core Team and presents the options and recommendations for commissioning this service by October 2023.
- 1.2 It asks the committee to endorse the proposed decision to advertise the new contract opportunities for delivering LARC services in the primary care setting and the award of the contracts via a light touch compliant procurement process, such contracts being for a period of one year with two additional 12-month extensions available. This will allow time for the review to be completed and for recommendations to be incorporated into the future commissioning strategy and service model.

2. Background

- 2.1 Local authorities are mandated to provide sexual health services including prevention, testing, and treatment of sexually transmitted infections, and advice on and access to a broad range of contraceptive methods via *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*¹. The programme supports the NHS Long Term Plan² and the Department of Health and Social Care's (DHSC) *Women's Health Strategy for England*³.
- 2.2 Commissioning of LARC contributes to 'Priority 1: Levelling up Kent' of the *Framing Kent's Future Our Council Strategy 2022-2026* as providing contraception to women can prevent unplanned pregnancies which is a preventative approach into improving the population health and narrowing health inequalities.
- 2.3 LARC services in Kent are provided through two main routes: Integrated Sexual Health (ISH) clinics and within primary care settings by GPs. ISH Services are offered by Maidstone and Tunbridge Wells NHS Trust (MTW) in West and North Kent, as well as by Kent Community Health NHS Foundation Trust (KCHFT) in

¹ [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2013/1000/contents/made)

² [NHS Long Term Plan](https://www.nhs.uk/longtermplan)

³ <https://www.gov.uk/government/publications/womens-health-strategy-for-england>

East and South Kent. These services primarily cater to complex cases. Primary care providers, consisting of approximately 103 contracted GPs in Kent, play a crucial role in maximising patient choice and increasing the availability of LARC appointments. With approximately 14,000 procedures performed annually, by trained/certified GPs, primary care providers contribute significantly to meeting the demand for LARC services. This paper is focused on the primary care offer.

- 2.4 LARC provided in primary care has been commissioned by KCC since 2013. Prior to this LARC was commissioned via a primary care Local Enhanced Service.
- 2.5 The service provides three types of LARC, dependant on patient choice and availability of trained staff. These are:
 - Intra-uterine device, (IUD)
 - Intra-uterine system, (IUS)
 - Sub-dermal implant, (SDI)
- 2.6 LARC devices, systems, and implants, can only be fitted and removed by nurses or doctors (practitioners) who are accredited with Letters of Competence (LoC) from the Faculty of Sexual and Reproductive Health (FSRH)⁴ which provides assurance of a minimum recognised standard of training and competency.
- 2.7 The LARC devices used in this service are initially funded by the Kent and Medway Integrated Care Board (ICB) via their contract with GPs. The ICB then claims for these costs from KCC on a quarterly basis.
- 2.8 In addition to the NHS-funded contraception in general practice, the availability of LARC service provided by primary care offers additional alternative for patients seeking contraceptive options in Kent. Without LARC being offered in primary care, patients would need to access this provision from the integrated sexual health services or out of area provision to access these contraceptive methods, potentially causing delays, inconvenience in their care journey.
- 2.9 LARC is an extremely effective clinical approach to contraception. LARC offers the patient over 99% effectiveness in preventing pregnancy⁵, 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).⁶

3. Current context

- 3.1 In October 2018, the LARC service was presented to the KCC Health Reform and Public Health Cabinet Committee as part of a wider paper titled 'Sexual Health Needs Assessment and Service commissioning.'⁷ The recommendation

⁴ <https://www.fsrh.org/education-and-training/>

⁵ [How effective is contraception at preventing pregnancy? - NHS \(www.nhs.uk\)](https://www.nhs.uk)

⁶ [Context | Long-acting reversible contraception | Guidance | NICE](#)

⁷ <https://democracy.kent.gov.uk/ieDecisionDetails.aspx?Id=2201>

of this paper, which was agreed by the Cabinet Member for Adult Social Care and Public Health, was to 'continue for 36 months with this service and review the contract length in line with the changing footprint of primary care.' This contract has been extended up until September 2023.

- 3.2 The Public Health Team is preparing to implement a comprehensive Public Health Service Transformation Programme, encompassing LARC, to inform the commissioning decision beyond 2025. A paper outlining the details of the Transformation Programme is being presented to this committee as a separate item.
- 3.3 In mid-2022, public health-initiated a thorough assessment of reproductive health in Kent, with an anticipated completion date of September 2023.

4 Options and recommendations

- 4.1 Options that were considered for commissioning LARC can be found in Appendix I. A short summary includes the following:

Option	Description	Risk
Decommissioning the LARC service in primary care.	Ceasing LARC services in primary care while relying on community providers.	Decreasing accessibility, potential increase in unintended pregnancies and terminations, limited patient choice, strain on Integrated Sexual Health Services.
Extending the current contract.	Renewing the contract with existing primary care providers.	Potential non-compliance with Public Contracts Regulation (PCR) 2015.
Direct award the provision of LARC through primary care.	Contracting directly with a provider without advertising.	Potential non-compliance with PCR 2015. Lack of transparency, potential legal challenges, missed opportunities for other providers.
Developing a Dynamic Purchasing System (DPS).	Creating a system for providers to sign up and offer public health services.	Limited opportunities for primary care to access (only LARC currently). Guidance and support required for providers, limited participation, potential inequitable service distribution.

Running a light touch competitive procurement process in compliance with the PCR 2015.	Advertising and evaluating proposals from interested providers.	Low participation in light touch procurement exercise and contract award/sign up. Risk to be mitigated through market engagement and comms and by ensuring procedure followed is complaint and streamlined to reduce any unnecessary burden wherever possible.
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- 4.2 Commissioners' recommendation is to run a light touch procurement process to advertise and award the contracts for the LARC service in the primary care setting. To reduce the risk of low participation and sign up, we will implement a light touch process where primary care can register their interest on the Kent Business Portal and complete a short questionnaire around how they meet the requirements of delivering LARC. We will also work closely with the Local Medical Committee to design the process and to communicate to current GP providers. Contracts awarded to primary care providers will be capable of being renewed annually, based on the trained practitioners providing evidence that they have retained their Letter of Competency (LoCs).
- 4.3 By adopting this approach, sufficient time will be allocated for the completion of the review and the broader Public Health Transformation Programme. It will also provide flexibility to facilitate the gradual phasing out and transition of the current service into a new model that aligns with the recommendations derived from the review and the Public Health Transformation Programme.
- 4.4 Commissioners will continue to assess the market and explore options during this time. This will include ongoing exploration of alternative markets and the evolving primary care environment.

5 Financial Implications

- 5.1 Budget costs for the service have been calculated by using activity data from the current financial year and previous financial years pre-COVID-19, where the service was not disrupted by lockdowns and pressures to primary care. As this is an activity-based service with no fixed costs, the budget is an estimation.

Time period	Procedures	Devices	Total estimate
October 2023 – March 2024	£530,000	£285,000	£815,000
April 2024 – March 2025	£1,070,000	£570,000	£1,640,000
April 2025 – March 2026	£1,070,000	£570,000	£1,640,000
	£2,670,000	£1,425,000	£4,100,000 (Rounded)

5.2 Funding is from the ring-fenced Public Health Grant, provided to the local authority annually from DHSC for the purpose of commissioning public health services for the Kent population. Providing and securing the provision of open access Sexual Health Services is a condition of the grant.

6. Legal Implications

6.1 The recommended option is to advertise the new contract opportunities for delivering LARC services in the primary care setting and award the contracts using a light touch procurement process in compliance with Regulations 74-77 of the PCR 2015.

7. Equalities Implications

7.1 The recommendation is to continue to commission LARC in primary care for up to three years which is alike to the current service model i.e., LARC provided via GPs in the Kent community. Therefore, minimal implications to equalities are expected. An Equalities Impact Assessment is attached as Appendix 2.

8. Data Protection Implications

8.1 A Data Protection Impact Assessment (DPIA) screening tool has been completed and a full DPIA has been drafted. This will be updated once the competitive process has been conducted. As this service model has not changed there are likely to be minimal implications to data.

9. Other corporate implications

9.1 The service will interact with, accept referrals from, and refer patients to other services commissioned by KCC and other organisations.

10. Conclusion

- 10.1 KCC commission LARC in primary care via approximately 103 GPs across the Kent geography. Trained practitioners in participating GPs undertake approximately 14,000 procedures each year. The number of GPs and service volume will vary each year based on demand and competence of primary care and willingness to provide.
- 10.2 A review of reproductive health is currently underway by the Public Health Core Team, in addition to an upcoming Public Health Transformation programme, which will inform future commissioning arrangements for Kent Sexual Health services from 2025/2026 onwards.
- 10.3 The current contracts with GPs delivering LARC come to an end on 30 September 2023, and the recommendation is to advertise the new contract opportunities for delivering LARC services in the primary care setting via a light touch compliant process under the PCR 2015 and award contracts with a maximum total duration of up to three years (Initial one-year contract with two, one-year extension options). This will allow enough time for the review and transformation programme to take place whilst minimising disruption to residents. It is important to note that this service is evidence-based, mandated, and demonstrates a favourable return investment.

11. Recommendations

11.1 Recommendations: The Health Reform 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 on the proposed decision (Attached as Appendix A) to:

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12. Background Documents

- [Framing Kent's Future - Our Council Strategy 2022-2026](#)
- [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](#)
- [NHS Long Term Plan](#)
- [Women's Health Strategy for England, 2022](#)

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