

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Clair Bell
Cabinet Member for Adult Social Care and Public Health

DECISION NO:

23/00062

For publication: Yes

Key decision: Yes

TITLE OF DECISION: LONG-ACTING REVERSIBLE CONTRACEPTION IN PRIMARY CARE

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- 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 and ending in in September 2026); and
- 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 into contracts, approving extensions (up to September 2026 in accordance with the contract terms), and establishing any required legal agreements.

Reason(s) for decisions: The current Long-Acting Reversible Contraception (LARC) Service, provided by primary care, is due to end on 30 September 2023. To ensure continuity of service while a review of reproductive health and the public health transformation program is underway, new contracts are required within the primary care setting. Continuing to commission LARC through primary care offers advantages in terms of accessibility, convenience, comprehensive care, and cost-effectiveness.

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 substances and appliances via The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013¹.

LARC is an extremely effective method of contraception², and is long lasting (typically over three years from insertion/implantation). LARC delivery has been provided by trained practitioners in certain General Practices (GPs) who have achieved a Letter of Competence (LoC) accreditation from the Faculty of Sexual and Reproductive Healthcare (FSRH)³. This LoC provides assurance of a minimum recognised standard of training and competency.

LARC is currently provided to the Kent population through two routes: Integrated Sexual Health services and primary care settings within local communities. Integrated services primarily cater to complex LARC cases, while primary care providers, encompassing around 105 contracted practitioners in Kent, offer LARC services to a wider range of individuals, performing approximately

¹ [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013 \(legislation.gov.uk\)](#)

² [How effective is contraception at preventing pregnancy? - NHS \(www.nhs.uk\)](#)

³ <https://www.fsrh.org/education-and-training/>

14,000 procedures each year.

The Public Health team is currently conducting a comprehensive review of reproductive health, accompanied by an upcoming Public Health Transformation program. These ongoing reviews will play a crucial role in shaping the future commissioning arrangements for Kent Sexual Health services, including the provision of LARC and primary care services from April 2025.

The arrangements with primary care were initially awarded in 2019 via article 32(2)(b) of the Public Contracts Regulations (PCR 2015). The current contracts are due to expire in September 2023.

Legal: 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.

Equalities implications: An Equalities Impact Assessment for continuing delivery of LARC in primary care has been completed. As there are no changes to the service model with this re-commission and continuation with primary care to deliver the service will remain consistent, there will be minimal implications to equalities.

Data Protection implications: 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.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 11 July 2023 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Decommission the service – This option was deemed non-viable due to concerns about accessibility and convenience. Without primary care offering LARC services, there would likely be a decrease in uptake, leading to more unintended pregnancies and terminations. Integrated sexual health services may struggle to handle the increased workload, resulting in longer wait times and limited availability. Moreover, shifting LARC services away from primary care would disrupt the continuity of care and limit patient choice.

Extending the current contracts – Extending the current contract was non-viable as there is not clear ground in Regulation 72 of the PCR 2015 that could be relied upon in the present circumstances to make the required extensions. Therefore, an alternative approach is necessary to ensure the continuous provision of LARC services.

Direct Award to current providers -This option was deemed unfeasible due to concerns regarding transparency, fairness, and equal opportunities. Directly awarding the contracts without advertising the opportunity and running a fair and transparent light-touch procurement process under the PCR 2015 could be criticised for not being transparent and not treating all potential bidders equally. Such an approach could undermine transparency in the decision-making process and potentially invite legal challenges or criticism.

Developing a Dynamic Purchasing System (DPS) -This option was deemed non-viable due to multiple factors. Firstly, the limited opportunities for primary care to access the DPS, primarily focused on LARC services, could impede the involvement of primary care providers. Secondly, the need for guidance and support for providers in navigating the process could strain available resources. Additionally, there are concerns about the appropriateness of implementing the DPS at

the present time. It is advisable to establish the system with various lots and admit providers for different types of related sexual health services. Lastly, limited provider participation poses a risk of an unequal distribution of LARC services across different areas. These factors should be considered when evaluating the feasibility of this option.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date