

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Lisa Redfern, Strategic Director of Social Care in consultation with the Deputy Leader, Councillor Ben Coleman

Date: 21/11/2022

Subject: Approval of Public Health Budget Spend – Primary Care Activity

Report author: Nicola Ashton, Head of Public Health Commissioning (Adults)

SUMMARY

Public health services provided by primary care in Hammersmith & Fulham (H&F) are covered by a contract and individual service specifications for mandated Health Checks, Long Acting Reversible Contraception (LARC), GP Shared Care and by a Patient Group Direction (PGD) for Emergency Hormone Contraception (EHC). Services are delivered by GPs other than EHC (“the morning after pill”) which is provided by pharmacists located in H&F only, free to under 25-year olds for residents of the borough.

There is no procurement exercise necessary for this spend. All GPs and pharmacists in H&F have the opportunity to provide the services by signing up to the contract on Capital Esourcing in line with the service specifications. EHC provision is covered by a Patient Group Directive (PGD) which allows distribution of medication without a prescription. The budget for the provision is from the ring-fenced public health budget and for residents of H&F only.

RECOMMENDATIONS

1. To approve the direct award of contract for the maximum sum of £1,035,000 for mandated Health Checks, Long Acting Reversible Contraception (LARC), GP Shared Care and by a Patient Group Direction (PGD) for Emergency Hormone Contraception (EHC) Services to GPs and pharmacies located in the borough of Hammersmith & Fulham in line with service specifications of three years.
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Wards Affected: ALL

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	All provision supports the Health and Wellbeing Strategy in supporting improved health and wellbeing.
Creating a compassionate council	Access to preventative sexual health services and opiate substitute prescribing provides additional points of

	access for key public health services ensuring that residents, including the most vulnerable, have opportunity to attend services where they feel are most appropriate to meet their needs. Health checks are a mandated public health function and must be delivered as part of the public health grant.
Doing things with residents, not to them	Access to these services is based on need and mandated public health function. Removing provision to these services would require consultation with residents as it would affect access to key public health services.
Being ruthlessly financially efficient	Benchmarking for the services has been undertaken for similar services across London. Service specifications and payment changes have been made to bring services in line with the rest of London where appropriate.
Taking pride in H&F	Services have been accessible in primary care pre-Public Health moving into local authorities. GPs are a well-known point of access for these services and continuing demonstrates a commitment to points of access for residents. Public Health has a responsibility to improve and protect health and meet the wellbeing needs of the most vulnerable and disadvantaged residents in each area.
Rising to the challenge of the climate and ecological emergency	Providing Public Health services from GPs reduces the amount of travel required by providing services locally and so contributes to a greener environment whilst reducing air pollution from travel.

Financial Impact

The budget for the services will come from the ringfenced public health grant. All spend is based on activity. The provisional budget allocated is detailed in table 1. Changes to the budget allocation and actual expenditure may be made during the length of contract depending on activity levels and need, changes to the public health grant conditions or changes to public health commissioning. Inflation is not expected on these activities.

Table 1

	2022/23	2023/24	2024/25	Total
GP Shared Care	60,000	60,000	60,000	180,000
LARC and EHC	70,000	70,000	70,000	210,000
Health Checks	215,000	215,000	215,000	645,000
Total estimated contract cost				1,035,000

All payments for activity were benchmarked across London where the information was shared and revised accordingly. Both LARC and GP shared care payments were found to be in line with London averages. Health check payments are currently over the London average and have been revised to reflect this.

Payments to Pharmacies for EHC are set by the cost of the medication and in line with NICE guidelines and quality standards regarding the type of EHC prescribed.

GPs provide quarterly invoices based on the activity within surgeries.

GP Federation clinical leads have been informed that revised pricing schedules will form part of updated service specifications.

The proposed cost of the direct award for GP Shared Care, LARC & EHC, and Health Check services is expected to cost a maximum of £345,000 in 2022-23 and the same in 2023-24 and 2024-25 with total lifetime costs over the contract period being £1,035,000.

These annual costs have been budgeted for and can be met from the existing ringfenced Public Health Grant budget for 2022-23 and the two subsequent years thereafter.

Verified by Finance officer – Cheryl Anglin-Thompson, Principal Accountant
24 August 2022

Verified by Prakash Daryanani Head of Social Care Finance, 21 November 2022
Verified by Sukvinder Kalsi, Director of Finance, 21 November 2022

Legal Implications

This report recommends a direct award of a contract to GPs and Pharmacies in the borough of Hammersmith & Fulham to deliver services up to the maximum value of £1,035,000. The services fall above the current threshold for Social and Other Specific Services under the Public Contracts Regulations 2015 (PCR) of £663,540, therefore the PCR applies in full.

PCR 32(2)(b)(ii) allows the direct award of a contract in circumstances where the services can only be supplied by a particular economic operator (here the GPs and pharmacies located in the borough of Hammersmith & Fulham) where competition is absent for technical reasons.

This contract is a 'High Value Contract' as it is greater than £213,477 and above the Threshold and therefore the Council's CSOs require either the use of an existing Framework or DPS which is compliant with the Regulations or to adopt a procedure in accordance with Regulation under the PCR, as approved through the Procurement Strategy (CSO 19.1). A waiver pursuant to CSO 22.1 of the requirements under CSO 19.1 was sought on 19 March 2021 on the ground the contract is for services that can only be supplied by a particular economic operator, where competition is absent for technical reasons (22.3.1.2). The justification that this ground is made out here is that the services are offered to residents of the borough and only local GPs have access to patient lists which directs service provision. Similarly, residents are likely to only access local pharmacies. Accordingly, it would be justified to enter into a direct award contract with GPs and pharmacies within the borough of Hammersmith & Fulham since competition is not possible in the ordinary sense as GPs or pharmacies outside the borough cannot access the patient lists. The decision maker need to be satisfied, on the basis of the information set out in this report, that a direct award would be justified compared with opening up the service for competition.

As the subject matter of this report is in relation to a High Value Contract above £0.5 million, the decision to approve the direct award is for the SLT Member in consultation with the Cabinet Member pursuant to Appendix 4 of the CSOs.

As the value of the contract is above £300,000, the award of the contract is a Key decision and must be submitted to Committee Services for publication on the Council's website. In addition, a copy of the completed (dated) contract must be uploaded to the Council's Contracts Register along with a copy of the award report.

Angela Hogan, Chief Solicitor (Contracts and Procurement), Legal Services, verified 30 August 2022

Background Papers Used in Preparing This Report

NONE

DETAILED ANALYSIS

1. From 1 April 2013 a range of Public Health functions and commissioning responsibilities formally transferred to local authorities to enable them to take such steps as they consider appropriate for improving and protecting the health of their residents.
2. GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. National Enhanced Services (NES) - services to meet local needs, commissioned to national specifications and benchmark pricing, are included in the public health grant.

GP and Pharmacy Portal – Capital Esourcing

3. GPs sign up to the terms and conditions of the contract by agreeing to the provisions set out in service specifications. This is managed by the GP and Pharmacy Portal platform on Capital Esourcing.
4. The specifications for each activity are uploaded on to the portal and by following the processes on Capital Esourcing, the GPs then sign up to the terms and conditions of the specifications and contract. If GPs sign up, invoices are submitted in line with the activity.
5. This is a more efficient process than sending out specifications and contracts to all GPs in the borough and waiting for agreement through email return. It also ensures that all contracts are held on the Capital Esourcing site in line with all other council contracts.

Social Value

6. Social value will be monitored retrospectively as soon as any GP activity reaches £100,000 in line with the social value strategy. Public Health will monitor payments to GPs and if any GP reaches £100,000 for any activity over the three years, they will be required to evidence how they meet social value requirements and report on this.
7. The social value strategy and matrix will be uploaded onto Capital Esourcing GP portal in order that GPs are aware of the requirements if their activity goes over £100,000 over the three-year duration of the contract and it will be a requirement of the contract.

Proposals and Analysis of Options

Option	Analysis	Recommended
Agree contract for GP and pharmacy activity	This option will enable residents to access all services in line with the Health and Social Care Act (2012) and the public health grant. Health checks are mandated and required as part of the public health grant conditions.	YES
Do not agree contract	This option will mean that mandated health checks are not provided in line with the public health grant. Key public health services will also not be provided affecting women's access to sexual and reproductive health services, services relating to the prevention of cardiovascular disease and services relating to reducing the harms associated by drugs and alcohol.	NO
Agree spend at reduced levels	The services are activity based and ending the services if they have reached	NO

	<p>the top of the actual budget spend will result in inequitable access to services based on “first come first served”. Agreeing the budget proposed will ensure further asks to increase the amounts are not requested. Activity levels will continue to be monitored through financial monitoring processes. Any underspend from the budget areas will go into the public health reserve.</p>	
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8. General Practitioners are commissioned to provide primary care services to local communities by NHS England. This contract is called the General Medical Services (GMS) and since its inception in 2003 there has been provision for additional or enhanced services to be commissioned from individual practices either on a national or local level.

Descriptions of services

GP Shared care

9. The GP shared care scheme allows residents addicted to opiates to access drug treatment within primary care where primary care better meets their needs. Doing this ensures that service users still have opportunities to receive support and guidance from Substance Misuse Specialist Services as well as their GP. Service users receive prescriptions relating to their opiate dependence from the GP and psychosocial support from substance misuse services who provide clinics in the surgeries. This provides a holistic range of interventions promoting recovery and improved health and wellbeing.
10. Treatment of for opiate users within primary care is recommended by government. The Drug Strategy 2017 states that *“we will raise our ambition for full recovery by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to people according to their needs; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs”*.
11. GP Shared care is also supported with guidance for clinicians from National Institute Clinical Excellence (NICE) Guidance [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422222/Drug_misuse_and_dependence_UK_guidelines_on_clinical_management_-_GOV.UK.pdf)

Long Acting Reversible Contraception

12. The LARC provision provides implants and intrauterine devices (IUDs) in primary care to all women who are suitable for the devices. This includes fitting and removal of devices. LARC offers the highest protection against unplanned pregnancies compared to other methods of contraception. GPs provide LARC through general

appointments within the surgeries. Commissioners are also working with GPs in 2022/23 to improve uptake of LARC by larger surgeries becoming hubs and offering LARC at regular women’s clinics. This enables smaller surgeries who do not have staff that are trained to insert and remove devices to refer patients within PCNs rather than residents going to a GUM clinic, which is not always the preferred choice of access for some women. The Support and Advice on Sexual Health Service (SASH) is also involved in developments to provide an holistic offer for women at surgeries which focusses on women’s reproductive health generally and addressing the wellbeing needs of women.

Health Checks

13. Preventable ill health and disease is one of the major causes of premature death in Hammersmith and Fulham. Public Health has a responsibility to improve and protect the health and meet the wellbeing needs of the most vulnerable and disadvantaged residents.
14. The NHS Health Checks programme is a national cardiovascular disease prevention programme that was launched by the Department of Health in April 2009. The NHS Health Check programme aims to assess an individual’s risk of developing cardiovascular disease (heart disease, stroke, diabetes and kidney disease) and support them in managing that risk.
15. Adults aged between 40 and 74 are invited by GPs to attend a health check through a variety of options. Invitations can be made by letter, phone call, text message or face to face.
16. GPs then conduct the health check with the activity recorded on SystemOne and data sent straight to OHID in order that they can provide data on the levels of health checks conducted with demographic data that feed into the public health outcomes framework.

Data requirements

17. Data regarding the activity and quality assurance processes with regards to clinical management are within each service is documented within the service specifications. There are no targets for GP Shared Care or LARC. Services are monitored through the activity of those accessing.
18. For Health Checks, data is reported by the GPs to OHID directly. The data is also analysed by clinical commissioning groups and local business intelligence teams in order to agree the yearly eligible populations for health checks.

Targets for Health Checks are as follows:

19. GPs shall deliver the following performance outputs measured against the targets specified: Please note the figures provided are for annual outputs:

Output Description	Target	Date for Completion
The Contractor should aim to offer an	20%	Annual

NHS Health Check to at 20% of their eligible population per annum.		
The contractor should aim to deliver an NHS Health Check to at least 15% of their eligible population.	15%	Annual

Outcomes

20. Outcomes of the services all support delivering against outcomes in the public health framework. The relevant outcomes are given below:

Successful completion of drug treatment

	H&F	London region	England
Successful completion of drug treatment - opiate users	7.2%	7.5%	6.5%

No significant change in recent trends

GP prescribing of LARC

	H&F	London region	England
GP prescribed LARC, rate / 1,000	8.6	14.0	29.2
Total prescribed LARC, rate / 1,000	41.5	38.6	49.5

The recent trend for LBHF is this GP prescribing is decreasing. LBHF figure for this is in the lowest 25th percentile in England.

Uptake of health check programmes of those eligible

Indicator (2021/22)	H&F	London	England
Eligible people invited for an NHS Health Check	16.2%	11.8%	8.6%
Eligible people taking up an NHS Health Check invite	47.0%	49.0%	40.5%

Reasons for Decision

21. Primary care has an essential role in improving the health and wellbeing of Hammersmith & Fulham residents. This decision will enable public health services funded from the public health grant and provided by GPs, to continue for the next three years and in doing improve the health and wellbeing of local residents.

22. Public health has a responsibility to improve and protect the health and meet the wellbeing needs of the most vulnerable and disadvantaged residents in Hammersmith & Fulham.
23. Health Checks are a mandated requirement of receipt of the Public Health Grant.
24. Services are essential to essential to delivery against the public health outcomes framework in improving wellbeing and harm reduction.

Equality Implications

25. An equalities impact assessment is not required for these services as the report is in relation to budget approval. All services are open to those eligible irrespective of protected characteristics.

Risk Management Implications

26. *The report recommends approving the direct award of contracts for mandated Health Checks, Long Acting Reversible Contraception (LARC), GP Shared Care and by a Patient Group Direction (PGD) for Emergency Hormone Contraception (EHC) Services to GP surgeries and pharmacies located in the borough, The contracts are needed to support the Health and Wellbeing Strategy and specifically the most vulnerable and disadvantaged residents in Hammersmith & Fulham. This is in line with the objective of creating a compassionate council.*

David Hughes, Director of Audit, Fraud, Risk and Insurance, 1 September 2022

Climate and Ecological Emergency Implications

27. These services provide small low value products at a local level. In the future we will consider how we work with NHS logistics to investigate how we can reduce the air quality and carbon impact of local deliveries.

Hinesh Mehta, Head of Climate Change, 25 August 2022

Local Economy and Social Value

28. Contractors will be required to meet 10% social value commitments when reaching £100,000 of contract value. The Social Value approach described under paragraph 6 & 7 above is in line with H&F Social Value Strategy.
29. Contractors will have to work with the Commissioner and the Social Value Officer to find collaborative ways to deliver social value. The contractor will have to be made aware that they will be required to register to the Social Value Portal and pay the related annual fee for contract monitoring when the contract value exceeds £100,000 and to then contact the Social Value Officer to collaborate on a delivery plan.

30. It is advised that the commissioner works with Legal to ensure appropriate social value clauses are included in the contract, so that the council can enforce its right to compensation if social value commitments are not delivered.

Paul Clarke, Economic Development Officer, 25 August 2022

LIST OF APPENDICES

Appendix 1 – Signed waiver for Public Health Activity Budget – GP and Pharmacy Services