Report to: Councillor Sanderson, Deputy Leader

Date: Thursday 22nd January 2026

Subject: Procurement Strategy and Contract Award for Public Health GP Services

Report Author: Dr Maya Abu Affan, Director of Public health

Responsible Director: Jacqui McShannon, Executive Director of People Services

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SUMMARY

Local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including most sexual health services and services aimed at reducing drug and alcohol misuse under the Health and Social Care Act 2012[1].

London Borough of Hammersmith and Fulham has a statutory responsibility to make the arrangements for the delivery of the NHS Health Check (NHSHC) programme within the local authority area. NHSHC programme is a national cardiovascular disease (CVD) prevention programme that was launched by the Department of Health in April 2009.

This report seeks to get agreement to proceed with awarding the following services via the Provider Selection Regime (PSR) to all qualifying GP practices for residents living in the London Borough of Hammersmith and Fulham.

- **NHS Health Checks programme**
- **Long-acting reversible contraceptive service**
- **Opioid Drug Dependence General Practice Shared Care Service**

RECOMMENDATIONS

1. That the detail contained in Appendix 1 is not for publication on the basis that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) as set out in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended).

[1] Local authorities' public health responsibilities (England),2014, House of Commons Library, SN06844.pdf, accessed 13/10/25.

2. That the Executive Director of People Services in consultation with the Deputy Leader approves the award for the period 1 April 2026 to 31 March 2031 for the provision of the NHS Health Check (NHSHC) programme, Long-Acting Reversible Contraception (LARC) and Shared Care Opioid Treatment in General Practice to qualifying GPs for residents living in the London Borough of Hammersmith and Fulham.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Building shared prosperity	Provision of public health GP services aligns with the Health and Wellbeing Strategy in supporting improved positive health and wellbeing for all H&F residents. The programme supports healthier communities, enabling residents to thrive and participate more fully in education, employment, and civic life.
Creating a compassionate and inclusive council	The services support health promotion and early intervention, helping residents live long, healthy and fulfilling lives. Access to contraceptive 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. NHS Health Checks are a mandated public health function and must be delivered as part of the public health grant.
Doing things with local residents, not to them	Access to the services is based on need and gives H&F residents more choice of services locally. By embedding the services in in trusted primary care setting, we ensure care is accessible and inclusive to the lived experience of our diverse population.
Being ruthlessly financially efficient	NHS Health Checks are a cardiovascular disease prevention programme. Every £1 spent on the

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
	programme achieves a return of £2.93 and also reduces absolute health inequality[2]. Using a LARC has a better return on investment than contraception methods that depend on daily concordance, as it is more effective at preventing unintended pregnancies. It also requires fewer health consultations over the patient's lifetime which is significant as it is estimated that most women will need to use contraception for more than 30 years of their life (NICE, 2019).
Taking pride in H&F	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 proposed commitments indicated in recommendation 2 above for the provision of NHS Health Check (NHSHC), Long-Acting Reversible Contraception (LARC) and Shared Care Opioid Treatment in General Practice will be funded from the Public Health ringfenced grant from April 2026/27 for the 5 years to 31st March 2031, subject to budget sign-off for each appropriate year.

Further details are contained within the exempt appendices of the report

Name: Cheryl Anglin-Thompson
Email: cheryl.anglin-thompson@lbf.gov.uk

[2] Office for Health Improvement & Disparities Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations - GOV.UK accessed 11/11/2025.

Role: Principal Accountant ASC Commissioning & PH
Date: 22nd December 2025

Verified by: James Newman, AD finance, 4 February 2026

Legal Implications

The procurement will be carried out in accordance with the Procurement Act 2023 and the Council's Contract Standing Orders.

Joginder Singh Bola, Senior Solicitor (Contracts & Procurement), 12/12/2025

Procurement Comments

Contract Standing Orders require all procurement for High Value Contracts to be compliantly procured. As stated in the body of the report, the subject of the contract falls within the scope of the Health Care Services (Provider Selection Regime) which allows the direct award of contracts to suppliers in specific circumstances. In this case Direct Award process A because the following conditions apply:

a. there is an existing provider of the healthcare services to which the proposed contracting arrangements relate
b. the relevant authority is satisfied that the healthcare services to which the proposed contracting arrangements relate can only be provided by the existing provider due to the nature of the healthcare services

We are required to publish a PSR Confirmation of Award Notice via the Find A Tender (FTS) via the Council's capitalEsourcing eProcurement portal, modified as per the NHS England guidance.

Once awarded Contract standing orders also require that any contract in excess of £5,000 be recorded on the Council's Contract Register in order to comply with our Transparency Duties. Officers, on completion of the necessary contract documentation must create a project using the Council's capitalEsourcing eProcurement portal and then create a contract entry (and upload a copy of the contract). A named contract manager must be allocated to the contract.

Joe Sardone Category Lead – People. Procurement and Commercial 12th December 2025

Background Papers Used in Preparing This Report

N/A

DETAILED ANALYSIS

Background

1. 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.

2. This service bundle previously included the provision of Emergency Hormonal Contraception at NHS pharmacies, which is now the responsibility of Integrated Care Boards.

3. In the provision of Shared Care for opioid treatment, GPs support patients misusing opiate-based substances by stabilising through planned treatment and medication regimes in conjunction with the commissioned treatment service. GP Shared Care has long formed part of the local substance misuse treatment structure, with partnerships developed in this time enhancing joint working and collaborative care-planning. It is anticipated that these strong partnerships will continue to contribute towards positive client outcomes.

<u>NHS Health Check Programme</u>

4. Hammersmith & Fulham Public Health has a statutory responsibility to make the arrangements for the delivery of the NHS Health Check (NHSHC) programme within the local authority area. The NHSHC programme is a national cardiovascular disease (CVD) prevention programme that was launched by the Department of Health in April 2009.

5. The NHSHC programme aims to reduce the chance of a heart attack, stroke or developing diabetes, kidney disease and some forms of dementia in people aged between 40 and 74 years who are not currently being treated for CVD. It achieves this by assessing the top seven risk factors driving the burden of non-communicable disease in England, and by providing individuals with behavioural support and, where appropriate, pharmacological treatment. Eligible adults are entitled to receive an invitation for an NHSHC once every 5 years. Local authorities are mandated to offer NHSHCs to 20% of the total eligible population per year. This is delivered by individual GP practices across the borough, all practices participate.

<u>Long-acting reversible contraception (LARC) fitting and removal</u>

6. Long-acting reversible contraception (LARC) services include the fitting, removal and monitoring of intra-uterine devices and systems (IUDs and IUSs) and implants. A nominated practice for each Primary Care Network area acts as a LARC Hub so that women in all areas of the borough can access LARC via a GP. This is part of Public Health's role of providing advice and access to a broad range of contraception options and preventing unplanned pregnancies.

7. Hammersmith and Fulham Council is committed to increasing the number of LARC fittings in primary care and improving access for all women, transgender and non-binary people with female reproductive organs to prevent unintended pregnancy.

8. There has been a rise in teenage pregnancies nationally since 2020. The conception rate for under-18s in Hammersmith and Fulham has increased from 3.6 per 1,000 in 2020 to 6.9 per 1,000 in 2022. This is significantly lower however than London (10.0 per 1,000) and England (13.9 per 1,000).

9. Using a LARC has the advantage that it does not depend on daily concordance therefore is more effective at preventing unintended pregnancies than other methods of contraception.

10. Uptake of LARC in Hammersmith and Fulham has increased in recent years, with rates comparable to the national average. Currently around 84% of all LARC consultations take place in specialist sexual health clinics, with the other 16% in GPs.

11. The estimated return on investment for publicly funded contraception in England demonstrates significant savings. If LARC were replaced equally by the pill and condoms, every £1 spent on publicly funded contraception would result in a saving of £9.00 over a 10-year period. This perspective includes both healthcare costs (such as births, abortions, miscarriages, and ongoing child healthcare) and non-healthcare costs (including education, child-related benefits, housing benefit, maternity benefits, and costs for children in care). If LARC were replaced by no method (i.e., no pills or condoms), every £1 spent on publicly funded contraception would result in savings of £63.18 over 10 years.

12. This is separate to LARC fitting for non-contraceptive purposes, such as peri-menopausal symptoms, which is the responsibility of Integrated Care Boards.

<u>Shared Care - Opioid Treatment of Drug Dependency in General Practice</u>

13. Lot 3 is for the provision of Primary Care 'Shared Care Framework', also known as GP Shared Care (GPSC) for the opioid treatment of drug dependency. It covers the aspects of clinical care of the patient which are beyond the scope of essential services.

14. This will include participating GPs collaborating with community treatment providers and other primary and secondary care services to improve physical health outcomes and reduce impacts of co-morbidities for residents affected by substance misuse who choose to access support from within primary care settings.

15. Performance of these services is monitored by quarterly returns and in national returns found under the Public Health Outcomes Framework.

Reasons for Decision

16. Local authorities are responsible for improving the health of their local population and for public health services including most sexual health services and services aimed at reducing drug and alcohol misuse under the Health and Social Care Act 2012.[3]

NHSHC

17. London Borough of Hammersmith and Fulham has a statutory responsibility to make the arrangements for the delivery of the NHS Health Check (NHSHC) programme within the local authority area. NHSHC programme is a national cardiovascular disease (CVD) prevention programme that was launched by the Department of Health in April 2009.

18. GPs in H&F can suitably deliver NHSHC in line with the requirements of the NICE Clinical Guidance 181 CVD: risk assessment and reduction, including lipid modification and the relevant NICE guidance listed in the service specification. It is a statutory requirement that all NHSHC data is recorded in the patient's GP clinical record.

LARC

19. GPs are well placed to provide LARC services in the community in addition to GUM provision. To competently provide LARC practitioners should be compliant with NICE guideline CG30, health care professions should be competent to:

- help women to consider and compare the risks and benefits of all methods relevant to their individual needs
- manage common side effects and problems.

[3] Local authorities' public health responsibilities (England),2014, House of Commons Library, SN06844.pdf, accessed 13/10/25.

20. Additionally, healthcare professionals providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods.

21. IUDs and the IUS should only be fitted by trained personnel with continuing experience of inserting at least one IUD or one IUS a month. Contraceptive implants should be inserted and removed only by healthcare professionals trained in the procedure.[4]

GP Opioid Shared Care

22. Shared care services for people using opiate-based substances have long been provided in partnership with GPs, with GPs best placed to deliver this model in conjunction with drug and alcohol treatment services due to their role in providing accessible wraparound support to residents in the community.

23. The Shared Care model merges substance misuse specialism in with the one-stop-service that GPs provide, leveraging on the GP-Patient relationship to improve engagement and enhance outcomes.

Contract Specification Summary

NHS Health Checks programme (Award 1)

24. This is an activity-based contract, in order to achieve best value for money, GPs are paid £25 per completed NHSHC. After benchmarking against other Local Authorities payment schedules, we found we were offering good value for money against other London boroughs. We propose that the payment is kept the same for NHSHC.

25. Eligible adults are entitled to receive an invitation for an NHSHC once every 5 years. Local authorities are mandated to offer NHSHCs to 20% of the total eligible population per year. Providers need to be able to deliver the NHSHC in line with the requirements of the NICE Clinical Guidance 181 CVD: risk assessment and reduction, including lipid modification and the relevant NICE guidance listed in the service specification.

26. The service will be undertaken in any and all GPs throughout the London Borough of Hammersmith and Fulham who are able to provide the government mandated NHSHC service to residents. It is a statutory requirement that all NHSHC data is recorded in the patient's GP clinical record. Therefore, active participation from GP practices is essential to ensure the programme is delivered safely, effectively, and in line with national requirements.

[4] Recommendations | Long-acting reversible contraception | Guidance | NICE

27. As part of the service pathway health practitioners will, where appropriate, suggest onward referrals to key public health commissioned services. These are predominantly behaviour change services. It is entirely up to the person receiving the NHSHC if they want to attend any of the services recommended as an outcome of their NHSHC. These pathways include core public health commissioned services:

    - Smoking Cessation
    - Universal and Tier 2 Weight Management
    - Drug and Alcohol Services

    And wider prevention services include:

    - Active Minds Programme
    - Healthwise Physical Activity Programme
    - Talking Therapies
    - Diabetes Prevention – Healthier You

28. The Contractor shall ensure that staffs employed / recruited meet the core requirements set out by the Commissioner. As a minimum, one suitably accredited member of the practice support staff e.g. healthcare assistant, practice nurse must be employed to undertake the NHSHCs in accordance with current guidance.

29. The service is supported by the availability Point of Care testing in GPs practices. H&F is also responsible for commissioning this contract, the details of this procurement and options analysis are set out in a separate report.

Long-Acting Reversible Contraception Service (Award 2)

30. The Council has a requirement to provide LARC Services as part of its wider public health responsibilities, ensuring that a full range of contraceptive options, including the intra-uterine device (IUD), intra-uterine system (IUS), and the contraceptive subdermal implant, are available for their residents.

31. In Hammersmith & Fulham, LARC fitting through GP practices will be available in each Primary Care Network (PCN) area. There will be a nominated LARC practice in the North, Central and South of the Borough. The nominated practices will act as LARC Hubs with other practices within the PCN area referring into the Hub for patients who request a LARC.

32. In order to maintain status of a LARC fitter healthcare professionals should be fitted by trained personnel with continuing experience of inserting at least one IUD or one IUS a month. Contraceptive implants should be inserted and removed only by healthcare professionals trained in the procedure.

Opioid Drug Dependence General Practice Shared Care Service (Award 3)

33. The Providers shall work as participating Shared Care surgeries in the delivery of **Opioid Treatment of Drug Dependency in General Practice**. This will include collaborating with community treatment providers and other primary and secondary care services to improve physical health outcomes and reduce impacts of co-morbidities for residents affected by substance misuse who choose to access support from within primary care settings. The National Drug Treatment Monitoring System estimates that up to 78% of opiate users in the borough are not accessing treatment, therefore the shared care providers will work to identify people in need of Opioid Treatment by:

- Developing and co-ordinate the care of opioid drug users and develop practice guidelines.

- Working closely with clinical leads from the Integrated Drug and Alcohol service, developing a pathway where shared care providers lead on pharmacological interventions including Opiate Substitute Therapy, while the Treatment Service provides psychosocial interventions and supports with harm reduction in line with best practice

- Provide practice premises appropriate for the provision of such services, including confidential areas for one-to-one consultations between Drug and Alcohol Workers or practice staff and patients, a medical room and a reception area. Further space considerations may encompass rooms for the completion of alcohol assessments, which may be provided by the Integrated Drug and Alcohol Service as part of Shared Care arrangements, dependent on patient needs.

- Maintaining good knowledge of local community, in-patient detoxification, and aftercare services.

- Provide internal training so involved surgery staff have an understanding of how to identify safeguarding concerns and when to refer cases to children's or adults safeguarding teams.

- Ensure that prescribing takes place within a context in which co-existing medical, psychosocial and recovery aims of treatment are addressed. Utilising individual care plans developed in partnership with the Integrated Drug and Alcohol Service and patients, which are reviewed at least every 12 weeks.

- There will be an expectation for the Shared Care Providers to maintain a minimum caseload of 5 patients per surgery, however it is noted that

practices new to the GPSC scheme will require time to reach this number in collaboration with the Integrated Drug and Alcohol service.

Procurement Route and Analysis of Options

Provider Selection Regime (PSR)

The PSR sets out a defined process for awarding contracts. The table below sets out the different processes, which must be considered in order. If either direct award processes A or B apply, it is mandatory that they are followed. Consideration of direct award process C and the most suitable provider process are optional, but if the Council considers that only a competitive exercise can achieve best value, it should conduct a competitive process.

Award process	**When must / can this be used?**	**Key rules**	**Key considerations**
Direct award process A (existing provider)	Where only an existing provider is capable of providing the services.	Can make direct award without competition.	Whether there really is no other provider who can deliver the services.
Direct award process B (patient choice)	Where the authority is required (or chooses) to offer choice to patients and cannot restrict the number of providers.	Must offer contracts to all providers who meet all requirements.	Must make arrangements to enable providers to express an interest in the services.
Direct award process C (incumbent extension)	If an existing contract is being replaced and there are no considerable changes, authority *can* use this process.	Considerable change threshold: • services materially different in character; or • change to services by authority, lifetime value of proposed contract at least £500k higher and 25% higher than existing contract	Whether the current provider is satisfying the existing contract, and whether considerable changes will be made to the services.

Most suitable provider process	Where the authority takes the view that it is likely to be able to identify the most suitable provider.	Can make direct award without competition.	Whether there really is no other provider who can deliver the services and the Council's knowledge of suppliers is up to date.
Competitive process	When direct award processes A and B do not apply, and the authority does not wish to follow C or the most suitable provider process.	Must open the competition to the market and assess all offers received.	Whether best value can only be achieved via a competitive exercise.

34. The supplies, service, and/or works being procured have been identified as falling within the scope of Community health services, CPV code 85323000-9 and the Contract Value, assuming that any options to extend will be taken, means the procurement falls in-scope of the Provider Selection Regime and the Councils Contract Standing Orders (CSOs).

Option 1: Decommission the service or requirement – **NOT RECOMMENDED**

35. Local authorities are responsible for improving the health of their local population and for public health services including most sexual health services and services aimed at reducing drug and alcohol misuse under the Health and Social Care Act 2012.[5]

36. London Borough of Hammersmith and Fulham has a statutory responsibility to make the arrangements for the delivery of the NHS Health Check (NHSHC) programme within the local authority area. NHSHC programme is a national cardiovascular disease (CVD) prevention programme that was launched by the Department of Health in April 2009.

Option 2: Deliver the supplies, services, and/or works in-house (make/buy decision) **– NOT RECOMMENDED**

37. Not applicable as the Local Authority would not be able to meet NICE guidelines for any of the listed services. The services need to be delivered by trained health care professionals.

[5] Local authorities' public health responsibilities (England),2014, House of Commons Library, SN06844.pdf, accessed 13/10/25.

Option 3: Direct Award the services under PSR process Direct Award A – **RECOMMENDED** (Provision of NHS Health Checks programme, Long-Acting Reversible Contraception service, and Opioid Drug Dependence Shared Care service awarded to General Practices in the Local Authority area via Direct Award Process A). The reasons for this recommendation are:

NHS Health Checks

38. It is recommended that award of the NHSHC contract follows Direct Award Process A. GPs in H&F are the only existing provider capable of delivering the service. They are delivering the current service to a good standard.

39. We have 15.8% (maximum percentage that should be achieved per annum is 20%) the eligible population receiving a health check every year for 2024/25. This is significantly better than the London performance of 10.9%. We have been performing significantly better than the London average since 2014/15.

40. GPs can suitably deliver NHSHC in line with the requirements of the NICE Clinical Guidance 181 CVD: risk assessment and reduction, including lipid modification and the relevant NICE guidance listed in the service specification.

41. It is a statutory requirement that all NHSHC data is recorded in the patient's GP clinical record.

42. It is recommended that the service awarded on a five-year contract as at the end of this period the entire eligible population should have been invited for an NHSHC.

43. It is a mandated service with limited competition so reducing the contract time would lead to additional admin to reprocure the service.

Long-Acting Reversible Contraception

44. The Council has a requirement to provide LARC Services as part of its wider public health responsibilities, ensuring that a full range of contraceptive options, including the intra-uterine device (IUD), intra-uterine system (IUS), and the contraceptive subdermal implant, are available for their residents.

45. GPs are best placed to provide this as to competently provide LARC practitioners should be compliant with NICE guideline CG30, health care professions should be competent to:
    - help women to consider and compare the risks and benefits of all methods relevant to their individual needs
    - manage common side effects and problems.

46. Additionally, healthcare professionals providing intrauterine or subdermal contraceptives should receive training to develop and maintain the relevant skills to provide these methods.

47. IUDs and the IUS should only be fitted by trained personnel with continuing experience of inserting at least one IUD or one IUS a month.

48. Contraceptive implants should be inserted and removed only by healthcare professionals trained in the procedure.[6]

Opioid-Shared Care

49. Shared care services for people using opiate-based substances have long been provided in partnership with GPs, with GPs best placed to deliver this model in conjunction with drug and alcohol treatment services due to their role in providing accessible wraparound support to residents in the community.

50. The Shared Care model merges substance misuse specialism in with the one-stop-service that GPs provide, leveraging on the GP-Patient relationship to improve engagement and enhance outcomes.

Option 4: Undertake a fully regulated competitive and compliant procurement process, advertised to the market – **NOT RECOMMENDED**

51. Not recommended as GP practices within the London Borough of Hammersmith and Fulham are the only suitable provider for the services for the reasons set under Option 3.

Market Analysis, Engagement and Consultation

52. On Tuesday 2nd October 2025 the Director of Public Health wrote to all GP practices in the borough by email and letter inviting them to two market engagement events with commissioners on Wednesday 29th October 2025 and Monday 3rd November 2025. They provided an opportunity for GPs to feedback and ask any questions on the service arrangements.

Conflicts of Interest

53. All officers and decision makers, including elected members (where appropriate), have been required to complete a Conflict of Interest Declaration form to record

[6] Recommendations | Long-acting reversible contraception | Guidance | NICE

any actual, potential, and/or perceived conflicts, along with appropriate mitigations (as appropriate), on the Conflicts Assessment.

54. Approval of this Procurement Strategy by the Strategic Leadership Team (SLT) member and elected member (as applicable) constitutes their declaration that they do not have any actual, potential, and/or perceived conflicts, relevant to this procurement, except where a specific Conflict of Interest Declaration form has been completed and provided, advising differently.

55. The Conflicts Assessment will be kept under review and updated throughout the life of the project (from project inception to contract termination).

Local Economy and Social/Added Value

56. Provision of Health Care services are in themselves inherently social value to the wider community. It is impractical to expect added value further to the delivery of the service due to the nature of provision and the need to get as full a GP coverage as possible. There is also the distinct risk that insistence on added value criteria would disincentivise GP's from participating jeopardise delivery. Added Value should be exempted for these reasons.

Risk Assessment and Proposed Mitigations

57. The table below includes the key risks and proposed mitigations identified as being relevant to this requirement.

	Identified Risk	Proposed Mitigations
1.	GPs do not want to participate in NHSHC.	We have undertaken stakeholder engagement with GPs. The service is statutory and well established. Commissioners will follow up regarding any drop-outs but this is unlikely considering precedent of the service delivery.
2.	LARC service not available in the North, Central and South of the borough.	We will undertake further engagement with GPs to understand drop off. We will ensure GPs make arrangements for patients to access LARC in Primary Care via available practices.
3.	GPs contracted cease providing Opioid Shared Care arrangements	Commissioners will undertake engagement throughout the contract to monitor the experience of providers

Identified Risk	Proposed Mitigations
	and to mitigate any risk of services ending.

Contract Duration Considerations

58. The proposed services will run for five years as:

- The service is mandatory and has only one suitable provider so reducing the contract length would cause unnecessary administrative tasks and costs for the Council and for GPs.
- This aligns the contract with the coverage requirements for NHSHC. The entire registered and eligible population should be covered by GPs for NHSHC during the five-year period.

59. The contract will run for a minimum of thirty-six months, with the option for 2 (two) further 12 (twelve) month extensions, in essence a maximum 48 (forty-eight) Month Contract.

Timetable

60. The table below provides an estimated timetable of the competition process through to contact commencing.

	Action	Date
1.	Key Decision Entry (Strategy and Award)	Friday, 10 October 2025
2.	Contracts Assurance Board (Strategy and Award)	Wednesday, 14 January 2026
3.	Cabinet Member (Strategy and Award)	Thursday, 22 January 2026
4.	Contract Award Notice (Standstill Period Starts)	Monday, 26 January 2026
5.	Standstill Period Ends	Friday, 6 February 2026
6.	Contract Engrossment	Monday, 9 February 2026
7.	Contract Details Notice Published	Tuesday, 10 February 2026
8.	Contract Signed	Monday, 9 March 2026
9.	Contract Start Date	Wednesday, 1 April 2026

10.	Contract Mobilisation and Implementation	Monday, 9 March 2026
11.	Service Start Date	Wednesday, 1 April 2026
12.	Contract End Date (initial term, excluding extension periods)	Saturday, 31 March 2029
13.	Contract End Date (including all extension periods)	Monday, 31 March 2031

Contract Management

For LARC contractors will be required to undertake mandatory training. Failure to comply with NICE guidance will result in temporary suspension of the provider.
Data returns should be submitted quarterly alongside invoices as a payment requirement.

For Opioid Shared Care failure to meet the requirements in the specification will results in a suspension.

For NHSHC contractors should aim to offer an NHSHC to 20% of the eligible population per annum. Performance of this is monitored at a local, regional and national level.

The Local Authority will conduct audits of services as necessary.

Equality and Inclusion Implications

61. An Equality Impact Assessment (Annex 1) has been completed in line with the Public Sector Equality Duty under the Equality Act 2010. No negative impacts have been identified for any protected characteristic. The proposed procurement and contract award are expected to deliver positive outcomes for residents and help reduce health inequalities across the borough.

Key Positive Impacts:

- **Age:** NHS Health Checks specifically target adults aged 40–74, supporting early detection and prevention of cardiovascular disease, diabetes, and related conditions.
- **Race:** The Health Check programme prioritises high-risk groups, including Black and South Asian communities, who experience disproportionately higher rates of cardiovascular disease and diabetes. This approach will contribute to reducing health inequalities.

- **Sex:** Provision of Long-Acting Reversible Contraception (LARC) ensures equitable access to reproductive healthcare for people with a uterus, supporting informed choices around contraception and pregnancy planning.

Neutral Impacts and Mitigations:

- Other protected characteristics, including disability, gender reassignment, sexual orientation, religion/belief, and pregnancy/maternity, have been assessed as having neutral impacts. Mitigations include:
    - Ensuring reasonable adjustments and accessible formats for disabled residents.
    - Embedding safeguarding and referral pathways for pregnant individuals.
    - Recommending EDI training for providers, including LGBT+ awareness.

Monitoring and Actions:

- Commissioners will monitor uptake of NHS Health Checks by ethnicity and age to identify and address any inequities.
- Accessibility of GP practices will be reviewed to ensure compliance.
- Data collection will be improved for under-represented characteristics, including gender identity and care-experienced residents.
- Annual reviews will inform targeted outreach and communications where needed.
- This approach demonstrates compliance with the Equality Act 2010 and supports the Council's commitment to advancing equality of opportunity and fostering good relations across all communities.

Verified by: Yvonne Okiyo, Strategic Lead for Equity, Diversity, and Inclusion (EDI), 08/01/2025

Risk Management Implications

62. This initiative does present any project risks in addition to those shown above.

Jules Binney, Risk and Assurance Manager, 17th December 2025

Climate and Ecological Emergency Implications

63. Providing vital Public Health services via residents GPs may reduce the amount of travel required by providing services local to where residents live. Reducing unnecessary short journeys contributes to a greener environment whilst reducing air pollution from travel.

Verified by: Charlotte Slaven, Head of Climate Strategy & Engagement, 15th December 2025.

Digital Services and Information Management Implications

64. Digital services understand the service will award a number of healthcare services via the Provider Selection Regime (PSR) to all qualifying GP practices for residents living Hammersmith and Fulham, depending on how residents are engaged and use the healthcare services, there may be a need for IT systems to be procured or may be employed by provider/s. It is therefore important Digital Services should remain engaged and be consulted when the service plan to use a provider IT application or system.

65. Data Protection: The services providers will be expected to have a Data Protection policy in place and staff will be expected to have received Data Protection training. The contract with the healthcare service provider/s will need to include H&F's data protection and processing schedule. This is compliant with the UK Data Protection law.

66. SSQs: The service will need to complete a Data Protection Impact Assessment, and the healthcare service provider/s will need to complete a (Cloud) Supplier Security Questionnaire via the Risk Ledger platform.

67. Cyber Security: H&Fs approved cyber security clauses must be incorporated into all new and renewed contracts regardless of value, or framework. Legal advice should be sought on how to incorporate the cyber security clauses into agreements which do not use our H&F contract templates.

68. AI: The service should engage with DS prior to enabling any generative AI functionality, to ensure compliance with corporate AI strategy, governance, security, and privacy requirements. The AI Governance Framework form must be completed for any enhancements to existing solutions, as well all new projects and contracts deploying AI capabilities. If colleagues are unsure as to whether a new function falls within the AI framework, they should discuss with DS

69. Digital Accessibility: This is a legal requirement and must be considered from the start, covering the front- and back-end. Digital tools and services must be

accessible to everyone – staff and the public. If a system has major accessibility issues, it should be treated as incomplete.

Umit Jani, Strategic Relationship Manager (People)Thursday 8th January 2026

LIST OF APPENDICES

Appendix 1 (Exempt) – Prot Financial Details
Annex 1 – Equalities Impact Assessment (EIA)