

**Report for:** Cabinet Member Signing – 15 September 2022

**Title:** Public Health Commissioned General Practice Prevention Services

**Report authorised by:** Will Maimaris, Director of Public Health

**Lead Officer:** Sarah Hart, Senior Commissioner, Public Health, 0208 489 1480, [Sarah.Hart@haringey.gov.uk](mailto:Sarah.Hart@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/  
Non-Key Decision:** Key Decision

## **1. Describe the issue under consideration**

**1.1.** This report details the outcome of an open tender process and seeks approval to award contracts to the successful tenderers for the Provision of Public Health commissioned General Practitioners Prevention Services in accordance with Contract Standing Order (CSO) 9.07.1 (d).

**1.2.** Subject to approval, the contracts shall be awarded for a period of four (4) years, commencing from 1 October 2022 to 30 September 2026 with an option to extend for a further period, or periods, of up to a total of four (4) years.

## **2. Cabinet Member Introduction**

**2.1.** Not applicable.

## **3. Recommendations**

**3.1.** The Cabinet Member for Health, Social Care, and Wellbeing is recommended:

**3.1.1.** To approve the award of contracts for the Provision of Public Health commissioned General Practitioners Prevention Services to the successful tenderers (identified in exempt Appendix 1), for a period of four (4) years, commencing from 1 October 2022 to 30 September 2026 with an option to extend for a further period, or periods, of up to a total of four (4) years, in accordance with CSO 9.07.1(d).

**3.1.2.** To note the contract prices: Unit costs for each activity within individual lot has been fixed by the Council based on benchmarking with other Local Authorities. The rate for each activity is agreed with Local Medical Committees (LMC) and GP federations prior to publishing the tender and subject to review every 2 years.

**3.1.3.** To note that, currently, the maximum available budget for these contracts is £1,078,052 for 4 years and £2,156,104 for 8 years (if extended). GP practices will claim based on activity. For NHS health checks, practices will be set a

maximum cap. This will be allocated annually linked to eligible population, level of deprivation and performance.

- 3.1.4. To note that insufficient tenders were received across all Lots, therefore a further procurement process will be undertaken as a matter of priority to commission the remaining services. This would not increase the maximum available budget allocated to these services.

#### **4. Reasons for decision**

- 4.1. There is a clearly identified need within Haringey for these services to improve health outcomes for local people, including tackling health inequalities that exist for particular groups and local areas.
- 4.2. The decision to award contracts to the successful tenderer is based on the conclusion of a competitive procurement process. The proposed recommendation to award the contracts is made according to the outcome of the Most Economically Advantageous Tender, as detailed in section 6 of this report.
- 4.3. The recommended providers submitted a tender bid and have demonstrated that they have necessary accreditation, expertise and qualification to provide the services required.

#### **5. Alternative options considered**

- 5.1. **Do Nothing** - The Council could choose to no longer commission this service. However, National Health Service (NHS) Health Checks are a mandated service, so an alternative way of delivering would need to be found. It has been concluded that not providing these prevention services would be damaging to residents, especially those from economically disadvantaged groups. This is an extensive, specialist programme of services reaching residents living in the most deprived areas of the borough, whose lifestyle behaviour's is an important factor in their increased risk of developing a range of long-term conditions, many of which go undiagnosed. Local delivery of these services is valued, many women prefer to have their Long Acting Reversible Contraception (LARC) appointment at a local GP. GP opiate substitute prescribing is recommended by the National Institute of Health and Care Excellence (NICE) as an effective way to deliver drug treatment.
- 5.2. **Extend existing contracts** – Extension periods available within the existing contracts have been exhausted.

#### **6. Background information**

- 6.1. Life expectancy for men living in Haringey is 80.7 years, slightly higher (though not significantly) than the life expectancy in England (79.8 years)<sup>1</sup>. Life expectancy in females in Haringey is higher than males (84.8 years) and is

---

<sup>1</sup>

<https://fingertips.phe.org.uk/search/life%20expectancy#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000014/cid/4/tbm/1/page-options/ovw-do-0>

also higher than the current life expectancy for England (83.4 years). Healthy life expectancy (HLE) at birth quantifies the average age that a baby can expect to reach and remain healthy. HLE in Haringey for males is 65.3 years compared to 66.3 years for females (both of which are similar to the England average). People living in the least well-off parts of the borough live 15 fewer years (on average) in good health compared to people living in the wealthiest areas<sup>2</sup>.

**6.2.** Premature mortality and poor health disproportionately affect people on lower incomes. A main contributing factor to this inequality is lifestyle behaviours such as smoking and substance misuse.

**6.3.** Public Health became a part of Haringey Council in April 2013 making the Council responsible for contracting the General Practice Prevention Services. A profile of General Practice Prevention Services is outlined in Appendix 2.

**6.4.** The current contracts for these services expire on 30<sup>th</sup> September 2022. The procurement has been undertaken to re-commission these provisions to ensure continuity of services to Haringey residents.

## **6.5. Procurement process**

**6.5.1.** The services provided under these contracts are considered Health and Social Care services and are therefore subject to Light Touch Regime under the Public Contracts Regulations 2015. An open tender process was carried out in accordance with the Regulations and the Council's Contract Standing Orders.

**6.5.2.** The tender was advertised by placing a contract notice via Find a Tender Service (FTS) and Contracts Finder on 4<sup>th</sup> May 2022. Also a copy of the contract notice was emailed to GP practices in Haringey.

**6.5.3.** The Invitation to Tender (ITT) and supporting documents were uploaded on to the Haringey Procurement and Contract System (HPCS) e-sourcing portal, where following a registration process, the potential tenderers can access the tender documents and submit their tenders electronically.

**6.5.4.** The Tender consisted of four (4) lots:

- Lot 1 - Opiate Substance Misuse Service
- Lot 2 - Long Acting Reversible Contraception (LARC)
- Lot 3 - Stop Smoking Service
- Lot 4 - NHS Health Checks

**6.5.5.** Initially there was a lack of response from GP Practices. To increase the interest Local Medical Committees (LMC) and GP federations had been informed of low take up and requested guidance/feedback to increase take up.

**6.5.6.** In order to allow more time for GPs to respond to the tender, the submission deadline was extended from 6<sup>th</sup> to 14<sup>th</sup> June 2022 and then until 28<sup>th</sup> June

---

<sup>2</sup> [https://www.haringey.gov.uk/sites/haringeygovuk/files/health\\_inequalities\\_public\\_health\\_report\\_2019\\_a4.pdf](https://www.haringey.gov.uk/sites/haringeygovuk/files/health_inequalities_public_health_report_2019_a4.pdf)

2022. Also, a number of workshops was organised to provide technical support for tenderers to access the Council's e-procurement system HPCS which increased the take up. Seventeen GPs registered their interest on the portal and accessed the tender documents. By the closing deadline of 28<sup>th</sup> June 2022, 15 GPs submitted tenders.

- 6.5.7. Tenderers were permitted to bid for more than one lot. As a result, in total 38 bids were received from 15 GPs across all 4 lots. Table below show the breakdown of bids received for each Lot:

Lot	Number of bids received
Lot 1 - Opiate Substance Misuse Service	6
Lot 2 - Long Acting Reversible Contraception (LARC)	10
Lot 3 - Stop Smoking Service	8
Lot 4 - NHS Health Checks	14

- 6.5.8. The submitted tenders were checked for completeness and compliance with minimum requirements prior to full evaluation.
- 6.5.9. The tenders were assessed on 100% quality, meeting the relevant accreditation, training and qualification requirement set out for each lot.
- 6.5.10. For Lot 1, 2 and Lot 4, the GPs were required to submit evidence of relevant training, qualification and/or accreditation certificate. Subject to meeting this requirement, all submitting GPs will be awarded a contract.
- 6.5.11. For Lot 3, the Council required one GP in each Primary Care Network (PCN) and therefore requested a written response to a method statement demonstrating their practise and how it intends to maximise access to service for those most at risk of developing long term illness or poor health as a consequence of smoking.
- 6.5.12. Out of 8 bids for lot 3, one scored lower point in comparison to other practices within the same PCN and two failed to submit a response to the method statement. A clarification request was sent to both practices which failed to submit the method statement but no response was received.
- 6.5.13. A list of successful tenderers and the lot/s they will be awarded is set out in Appendix 1 - Part B (exempt information) of this report.
- 6.5.14. Commissioners will monitor, and contract manage against each service KPIs via quarterly reports, monitoring meetings and site visits throughout the duration of the contracts. Providers will capture activities data using relevant respective systems, for example health check data is recorded in EMIS and produce activity reports.

## 7. Contribution to strategic outcomes

- 7.1. This service fulfils three crosscutting commitments of the Haringey Labour Manifesto:

- A. Tackling inequalities and poverty - making services equitable and easily accessible for all Haringey residents.
- B. Living Well Approach - locally delivered services
- C. Protecting our residents - Improved community safety for all ages

## **8. Statutory Officer Comments**

### **8.1. Finance**

- 8.1.1. The budget breakdown (identified in exempt Appendix 1) demonstrates that budgets are in place to meet the costs of the proposed contracts for Lots 1-4 of the Public Health Commissioned General Practice Prevention services.

### **8.2. Procurement**

- 8.2.1. The procurement process was carried out in line with the requirements of Schedule 3 of the Public Contracts Regulations 2015; it was duly advertised and procedurally correct
- 8.2.2. The award is also compliant with Contract Standing Orders 16.02 and 9.07
- 8.2.3. Moreover, the tendered GP services provide best value as the price was fixed by the Council, having been benchmarked against other authorities. However, the process did not meet the full complement of service provision and a further tender process will follow to meet requirements.
- 8.2.4. During the contract term commissioning will monitor service provision to ensure contract outcomes are met.

### **8.3. Legal**

- 8.3.1. The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.
- 8.3.2. The contracts which this report relates to have been procured in accordance with the Public Contracts Regulations 2015 and the Council's Contract Standing Orders.
- 8.3.3. Pursuant to Contract Standing Order 16.02 and Contract Standing Order 9.07.1(d) the Cabinet Member having the relevant portfolio responsibilities has authority to approve the recommendations in the report.
- 8.3.4. The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in the report.

### **8.4. Equality**

- 8.4.1. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
  - Advance equality of opportunity between people who share protected characteristics and people who do not
  - Foster good relations between people who share those characteristics and people who do not
- 8.4.2. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty. Although it is not enforced in legislation as protected characteristics, Haringey council treats socioeconomic status as a local protected characteristic.
- 8.4.3. This report details the outcome of an open tender process and seeks approval to award contracts to the successful tenderers for the Provision of Public Health commissioned General Practitioners Prevention Services in accordance with Contract Standing Order (CSO) 9.07.1 (d).
- 8.4.4. The commissioned services meet a need to improve health outcomes for local people, including by tackling health inequalities that exist for particular groups and local areas.
- 8.4.5. These contracts have been developed along with services in pharmacies and community outreach to offer a number of alternative ways for residents to access services. Thus, aiming to address health inequalities as identified through the Joint Strategic Needs Assessment. A full Equality Impact Assessment was conducted as part of the previous tendering process. All providers collect data to enable public health to monitor their fulfilment of equalities duties.

## **9. Use of Appendices**

- 9.1. Appendix 1 – Part B of the report - Exempt Information
- 9.2. Appendix 2 – Brief description and profile of services
- 9.3. Appendix 3 - Equality Impact Assessment

## **10. Local Government (Access to Information) Act 1985**

- 10.1. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information).

## Appendix 2 – Brief description and profile of services

### Lot 1 – Opiate Substance Misuse Service (also known as Opiate substitute prescribing (OSP) or Shared care)

The prevalence of opiate<sup>3</sup> drug users in Haringey is estimated to be 2,000 residents. In 2019/20 there were 717 residents in opiate substitute prescribing (OSP) treatment. Shared care is the term used to describe the provision of OSP within a general practice. The GP is the main provider with support from a key worker from The Grove (adult drug treatment service). Shared care is aimed at service users with medium to low threshold management requirements. For some it acts as a steppingstone to abstinence, but it is primarily for those requiring stable long term prescribing.

Generally, around 100 residents per year are in shared care, either with their own GP or within a GP practice acting as a hub for their own and other practice's patients. All shared care clients will initially have entered treatment via The Grove and moved onto the scheme as part of a care plan. Shared care provides the following benefits over care in a specialist drug service: <sup>4</sup>

- A way to normalise care and decrease stigma
- A more “relaxed” service than specialist prescribing, and one that service users enjoy
- An opportunity to closely manage the physical, mental and social problems of an otherwise hard to reach group
- For women it is a less intimidating environment than the male dominated drug service.

### Lot 2 – Long acting reversible contraception (LARC):

Effective, easy to use and free contraception protects women and teenage girls from unwanted pregnancy. Nationally, there were 817,515 conceptions in 2020 to women aged 15 to 44 years in England and Wales, marking the sixth consecutive annual decrease.

LARC is a method of birth control that provides effective contraception for an extended period without requiring user action i.e. taking a pill or using a condom. LARC methods include injections, intrauterine devices (IUDs) and sub dermal contraceptive implants. They are the most effective reversible methods of contraception because they do not depend on patient compliance.

In Haringey, the proportion of women aged under 25 who chose long active reversible contraception (LARC) as their main method of contraception has increased significantly from **17%** in 2014 to **28%** in 2018. Among women aged 25 and over, the use of LARC has also significantly increased from **30%** in 2014 to **43%** in 2018. Use of LARC among both age groups were in line with the London average but lower than the England average. The main methods of contraception chosen by residents in Haringey were

---

<sup>3</sup> Opiate use is primarily heroin and methadone

<sup>4</sup>Drug misuse & dependence: guidelines on clinical management. DOH. London: MSO, 1999.

36.5% LARC (excluding injections), 7.3% injectable contraception and 56.3% user dependent method (UDM).

In Haringey LARC is primarily provided in our sexual health services, however some women prefer to access the service via their own GP. This is more convenient for them and less costly for the council. LARC is a specialist intervention so not all GPs would feel able to provide. The majority of LARC GP providers are located in the east of the borough operating under an 'open access agreement', thus any women registered with a GP in Haringey can access a GP providing LARC.

Annually approximately 2,500 LARC provisions are provided to women who access this service via the GP LARC open access contract.

Nationally, the under-18 conception rate fell to 13.1 conceptions per 1,000 women in 2020 from 15.8 per 1,000 women in 2019, continuing the trend of decreasing conception rates and record lows seen since 2007. This trend in under 18 conception rate is also reflected in the most up-to-date Haringey under 18 conception data which reported a marked decline between quarter 4 conception data (October- December 2020) at 10.8 conceptions per 1000 women and quarter 1 (January-March 2021) at 4.5 conception per 100 women.

Regionally, London has seen the biggest decrease in conception rates in the last decade from 90.1 conceptions per 1,000 women in 2009 to 76.2 in 2020, a 15% decrease.

It is important to note that the coronavirus (COVID-19) pandemic, and subsequent national lockdown and restrictions could have impacted the overall number of conceptions and conceptions rates in 2020. However, it is also worth noting that previous government and Borough initiatives such as LB Haringey's diverse sexual health services comprising of GP LARC providers as part of an open access referral system alongside broader contraceptive services within the Borough would have contributed to this downward trend.

### **Lot 3 - Stop Smoking Service:**

Smoking remains the single biggest preventable cause of death and illness in England<sup>5</sup>. In 2020 Haringey was ranked 8th highest in London for smoking prevalence. Nearly 15% of adults aged over 18 are current smokers (14.9%), higher than England (13.9%) and the London region (12.9%)<sup>6</sup>. Smoking prevalence is highest in deprived communities and yet reductions in smoking have been slower in these communities. Stopping smoking increases chances of living a longer and healthier life and hence help to reduce health inequalities along with a reduced risk of heart disease, stroke, vascular disease, respiratory disease, and a whole range of cancers.

In Haringey, currently stop smoking services are provided by One You Haringey (OYH) which is a community based service and by pharmacies. There is a strong body of evidence supporting Stop Smoking services to be delivered within GP practices. The Stop Smoking Service in GP Practices will improve access to, and choice of, stop smoking services and help to reduce smoking-related illnesses and deaths.

<sup>5</sup> [https://ash.org.uk/wp-content/uploads/2019/09/ASH-Briefing\\_Health-Inequalities.pdf](https://ash.org.uk/wp-content/uploads/2019/09/ASH-Briefing_Health-Inequalities.pdf)

<sup>6</sup>

[https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000014/iid/92443/age/168/sex/4/cid/4/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000014/iid/92443/age/168/sex/4/cid/4/page-options/ovw-do-0_car-do-0)



Furthermore, Stop Smoking Service in GP Practices can be more targeted. For example, among provision of a structured Stop Smoking programme in a one-to-one basis and over 12 weeks providing behavioural support and Smoking medication, they will be supported by the specialist Stop Smoking service to which those smokers who are pregnant, those with COPD, living with severe mental illness, co-morbidities, or using smokeless tobacco can be referred.

#### **Lot 4 - NHS Health Check:**

The NHS Health Check is a national programme offering a health check-up for adults in England aged 40-74 every five years<sup>7</sup>. It was launched in 2009 to reduce ill-health from cardiovascular disease (CVD), which was the biggest killer of adults. In Haringey, under 75 mortality rate from all cardiovascular diseases is 80.7 per 100,000 population between 2016-18<sup>8</sup>. This is higher than both London (70.5) and England (71.7).

CVD covers coronary heart disease, stroke and other conditions such as vascular dementia, chronic kidney disease, cardiac arrhythmias, Type 2 diabetes, sudden cardiac death and heart failure.

The Health Check helps to estimate individual's risk of having a heart attack or stroke in the next 10 years and of developing type 2 diabetes and kidney disease. Underpinning this is an assessment of 6 major risk factors that drive early death, disability, and health inequality: alcohol intake, cholesterol levels, blood pressure, obesity, lack of physical activity and smoking. People aged 65 to 74 are also made aware of the signs of dementia.

Based on the reviews, individuals are advised to reduce the likelihood of CVD related illnesses by helping them to adopt healthier behaviour, referring them to existing specialist services, or by prescribing medication such as statins.

Currently health checks are primarily provided by GP practice staff, but they are also done by the One You Haringey community service. The target number of checks for Haringey is 3500 (3200 via GPs).

---

<sup>7</sup> Public Health England. 'NHS Health Check best practice guidance.' 2019 (accessed 29 June 2022)

<sup>8</sup> Public Health England (2020) Haringey: Local Authority Health Profile 2019

Appendix 3 - Equality Impact Assessment

Information within this report is sourced from:

<https://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna>