

Report for: Cabinet 13 December 2016

Item number: 15

Title: Award of contracts for the provision of pharmacy enhanced services

Report authorised by: Dr Jeanelle de Gruchy, Director of Public Health

Lead Officer: Sarah Hart, Senior Public Health Commissioner

Ward(s) affected: All

Report for Key/

Non Key Decision: Key decision

1. Describe the issue under consideration

- 1.1 The report seeks agreement from Cabinet to award contracts to designated community pharmacies for the provision of one or all of the following; healthy start vitamins; stop smoking service and specific sexual and reproductive health¹ services, these services form the Healthy Living Pharmacy (HLP) programme.
- 1.2 Framework contracts will be awarded for a period of 4 years. The total maximum cost for the provision across all participating pharmacies per year will be as follows: a) Healthy Start vitamins £7,000 b) stop smoking services £25,000 and c) sexual health services £241,800.

2. Cabinet Member introduction

- 2.1 Community pharmacies are an important asset within the primary care system which the Council is utilising to promote prevention and early help. Their location, opening hours and discreteness offer an opportunity to reach into the community with public health messages and services.
- 2.2 The award of these contracts enables the Council to tackle three important issues: poor sexual and reproductive health, smoking and vitamin deficiency in pregnant women, breast feeding mothers and children who are under 4 years of age, all of which are areas that are creating health inequalities across the life course, particularly for young people, black and minority ethnic groups and hard-to-reach groups.

¹ Sexual health services include the provision of; free condoms for young people (C card condom scheme) and free condoms for adults, emergency hormonal contraception, Chlamydia and gonorrhoea testing and Chlamydia treatment and HIV point of care testing.

2.3 I welcome the proposal contained in this report that will continue to enhance community pharmacy services for Haringey residents over the next 5 years.

3. Recommendations

3.1 That Cabinet approves the following recommendations:

3.2 The setting up of a Framework Agreement for the provision of pharmacies enhanced services; and

3.3 And that the providers listed in paragraph 7.7 of the report be awarded contracts under the Framework Agreement.

3.4 That the contracts awarded under the Framework Agreement will be for a period of four years. The total value of the contracts awarded under the Framework Agreement will be £967,200.

4. Reasons for decision

4.1 The services being commissioned are required to support delivery of the Council's corporate plan and are in line with its commitment to prevention and early intervention, empowering residents to live healthier lives.

4.2 The council undertook a competitive procurement exercise, inviting applications from community pharmacists to provide a suite of public health services.

4.3 The process for selecting the preferred community pharmacies was based on the applications achieving the highest score based on quality.

5 Alternative options considered

5.1 As part of a rigorous exercise the public health team considered no longer commissioning pharmacies to deliver these services relying on other specialist services. The conclusion was that pharmacies offer good quality, easy access services to residents at a lower cost than specialist services. They therefore enable the Council to increase its prevention activity and achieve its medium term financial strategy.

6 Background information

6.1 The HLP programme was developed by the former NHS Portsmouth, working together with the Hampshire and Isle of Wight Local Pharmaceutical Committee in 2010. It recognised the significant role that community pharmacies could play in preventing ill health and in helping to reduce health inequalities.

- 6.2 The services provided within a HLP programme are varied and tailored to local health needs. All HLP builds on existing core pharmacy services (Essential and Advanced) with a series of enhanced services.
- 6.3 Within an HLP, Healthy Living Champions (HLC) are members of the pharmacy team who are trained and independently accredited to provide residents with health and wellbeing advice, deliver interventions and/or signposting them to other commissioned services. They undergo safeguarding and equalities training.
- 6.4 In Haringey, the HLP programme was successfully launched by the Council in 2014-15. There are currently 31 accredited HLP pharmacies in Haringey. The pharmacies deliver services focussed on the nutrition needs of pregnant women, new mothers and young children, smoking cessation and sexual & reproductive health.
- 6.5 **Why we commission healthy start vitamins** - Haringey has high levels of child poverty, an average of 24.4% of children live in poverty. Healthy Start vitamins are important because 8% of children under five in the UK don't have enough vitamin A in their diet, families in lower-income groups tend to have less vitamin C in their diet, all pregnant and breastfeeding women and young children are at risk of vitamin D deficiency. A national survey reports that toddlers only achieve on average 27% of recommended dietary intake of vitamin D from food sources (Bates et al 2010). According to The National Institute of Clinical Excellence (NICE) 1 in 5 children and 1 in 6 adults in England has a low Vitamin D status. NICE guidelines (PH56) aim to increase the use of supplements in order to prevent vitamin D deficiency among at-risk groups. The scheme exists to improve the health of low-income pregnant and breastfeeding women and their children. The Healthy Start vitamins in particular are tailored to suit the nutritional needs of both mother and child. The goal of Healthy Start is to ensure that every mother/child has access to the foods and nutrients they need to be as healthy as possible, irrespective of their income.
- 6.6 **Why we commission smoking cessation** – Haringey has a 7.7 year gap in life expectancy for men and a 4 year gap for women. Smoking contributes to 50% of this life expectancy gap with half of smokers dying prematurely. Smoking prevalence in Haringey remains high, with an estimated 40,000 smokers in the borough. Haringey was ranked in 8th place in London for smoking prevalence in 2015. Nearly one in four (22%) adult's smoke, which is higher than England (17%) and London (16%). Smoking prevalence varies by gender, age, ethnicity and social class. Whilst there has been an overall reduction in smoking in Europe and England, these reductions have mainly been in average and high income groups which means there has been a widening of health inequalities. In Haringey in 2014-15, 1902 per 100,000

people successfully quit smoking after 4 weeks with the support of a range of stop smoking services.

- 6.7 Pharmacies are one of a number of stop smoking services in Haringey. The location of pharmacies and their extended opening hours beyond those of traditional services means they are better able to meet the needs of some otherwise poorly served population groups.
- 6.8 **Why we commission reproductive health services** - A more recent change in the UK, as well as Haringey, has seen a decrease in teenage conceptions (figure 1). This is really great news, as teenage pregnancy results in poorer outcomes for both mother and baby. The proportion of births in Haringey to young women under 18 has decreased over the last few years to 0.6%, lower than the England average. Access to condoms and emergency hormonal contraception (EHC) is a factor in this along with a change in girls' life ambitions, better sex education and shifts in young people's sexual risk taking behaviour. In 2016 free EHC and condoms was extended to those over 25 years.

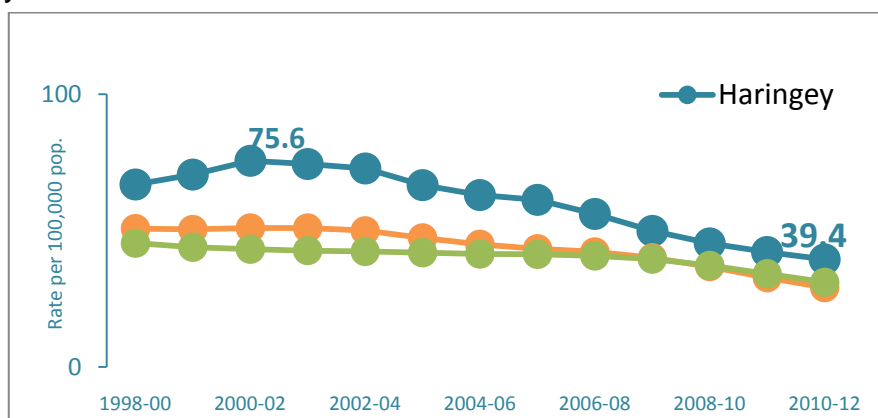


Figure 1 teenage pregnancy rates 1998-2012

- 6.9 **Why we commission sexual health service** Although Haringey has moved from having the 4th highest rate of sexually transmitted infection (STIs) in England, in 2012, to 12th in 2014, STIs continues to pose a significant health risk to the population of Haringey
- 6.10 In 2014, 4,389 new STI cases were diagnosed in Haringey residents, a rate of 1666.4 per 100,000 compared to London (1366.6 per 100,000) and England (797.2 per 100,000). It is important to note that there has been a national increase in STI diagnoses, with London increasing at a faster rate than other regions. This is reflected in Haringey's diagnosis rate experiencing a steady increase however, this increase has been substantially lower than London (please see figure 1);

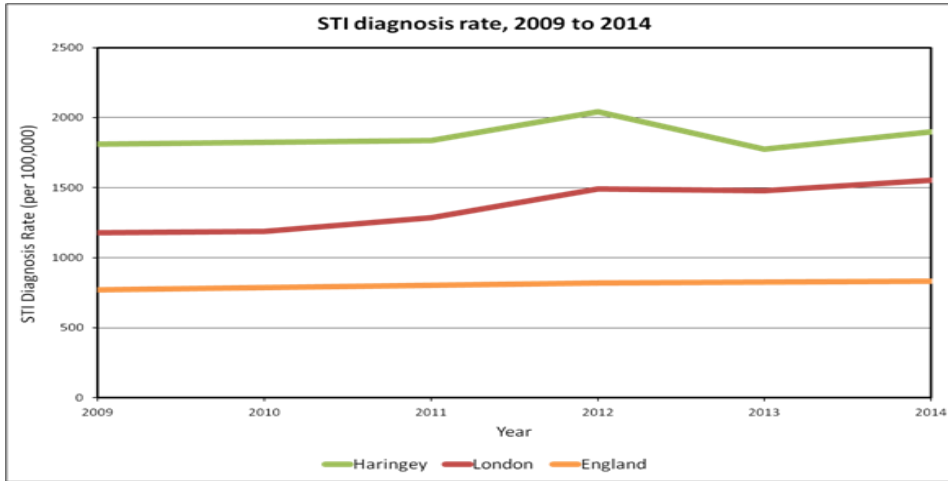


Figure 2: STI Diagnosis rate 2009-2014

- 6.11 Sexual ill health does not affect the population equally in Haringey. BME and young people (under 25 years) remain key high risk groups. In 2014, 49.2% of new STIs diagnosed in Haringey were in people born overseas. With 34% of STI's diagnosed in young people aged 15-24 years.
- 6.12 HIV in adults remains a key STI for Haringey, in 2014 there were 112 new HIV diagnosed cases in Haringey. The diagnosed HIV prevalence rate was 7.1 per 1,000 in population aged 15-59 years (compared to 2.2 per 1,000 in England).
- 6.13 HIV late diagnosis is associated with high morbidity and short term mortality. Nationally 66% of those diagnosed late were black Africans. In Haringey, between 2012 and 2014, 43% of HIV diagnoses were made at a late stage of infection compared to 42% in England. Although Haringey's late diagnosis is marginally higher than England, this is a marked reduction from 49% of residents diagnosed between 2009 and 2011 (see figure 3).

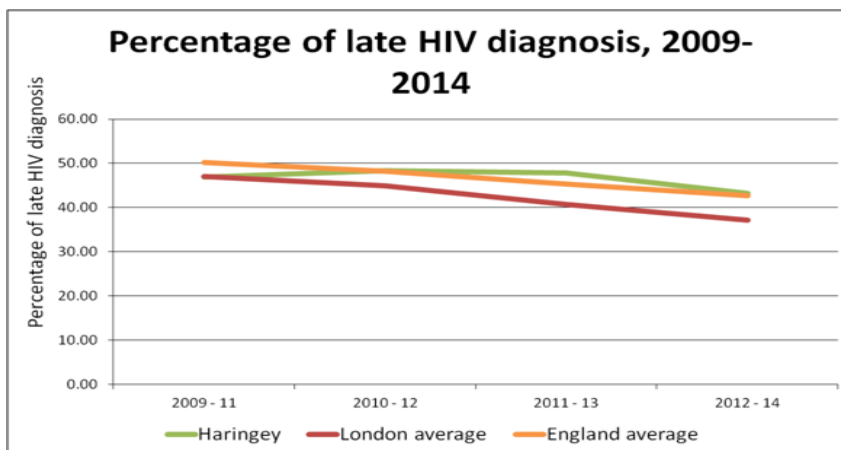


Figure 3: HIV Late Diagnosis 2009-2014

6.14 Reducing the burden of HIV and STIs requires a sustained public health response based around the promotion of safer sex including use of condoms, active early detection using new technologies i.e. on the spot HIV tests and postal home sampling kits, successful treatment and partner notification. Given that most people with an STI are not aware that they have an infection, that having an infection still carries significant stigma and the groups most at risk are often marginalised, we aim to use pharmacies along with the BME outreach service to reach into the community and eliminate local barriers to condom use and STI testing.

6.15 HLP deliverables achieved in 2015/16

Healthy start vitamins programme (HSV)

- Selected pharmacies located within the most deprived areas of Haringey with highest need
- Currently 10 pharmacies commissioned, supplying vitamins to Haringey residents who are pregnant, breastfeeding or have a child who is under 4 years old.
- 982 Children's vitamin drops dispensed, an increase of 30% from the previous year
- 592 women's tablets dispensed an increase of 22% from the previous year.

Stop smoking service

- 25 commissioned pharmacies located within areas of highest need
- 89 residents successfully quit smoking. The age range of clients seen (20 to 75 years of age) with the vast majority of those between 35-49 years old.

Sexual and reproductive health

- 31 commissioned pharmacies located in areas of highest need, offering; Chlamydia/Gonorrhoea testing, Chlamydia treatment, emergency hormonal contraception, C-card condom scheme for under 25 year olds and adult condom scheme
- 13 pharmacies offering HIV point of care testing
- 483 HIV point of care tests delivered, with 2 'reactives' needing referral
- 400 adult condom starter packs distributed with over 1000 repeats provided
- 572 emergency hormonal contraception (EHC) provided administered to residents over 25 years of age
- 1,796 EHC administered to young people under the age of 25yrs
- 225 Chlamydia/Gonorrhoea tests delivered to young people and adults achieving 14 positives

6.16 Receiving sexual and reproductive health services within a pharmacy setting is a popular choice for residents. Demand for these services is likely to rise as

opportunities for HLP delivered services increases and residents move away from using traditional genito-urinary medicine (GUM) clinics. HLPs are a core element of the Haringey sexual health Step Change Programme aiming to improve sexual health, whilst at the same time creating efficiencies; where appropriate it is far less costly using an HLP than a GUM clinic. Haringey's local Step Change Programme is part of the London Sexual Health Transformation Programme (LSHTP) which is 29 councils working together to improve sexual health and reduce use of GUM clinics.

7 **Procurement process** - The Council chose to undertake a competitive Open Tender process to procure pharmacies for the services for inclusion on a framework agreement. The framework will run for 4 years, starting on 1st April 2017.

7.1 The Tender was separated into 2 lots:

Lot 1 – East Haringey – Post Codes: N22, N11, N15 and N17

Lot 2 – West Haringey – Post Codes: N8, N6, N4, and N10

7.2 For the Stop Smoking Service, the Council were looking to award contracts to 15 pharmacies in Lot 1 and up to 5 in Lot 2.

7.3 For the Healthy Start Vitamins Service, the Council were looking to award contracts to up to 8 pharmacies in Lot 1 and 2 in Lot 2

7.4 For Sexual Health Service the Council were looking to award contracts to 11 pharmacies who met the quality criteria.

7.5 The evaluation of the suppliers was based solely on quality. The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process. Pharmacies had to achieve a minimum of 50% for quality in order to be included on the framework.

7.6 32 pharmacies responded to the tender. All achieved the minimum threshold for quality.

7.7 The table below shows the details of each pharmacy and the services which they have been appointed to provide:

Name of Pharmacy	Lot	Sexual Health	Stop Smoking	HealthyStart Vitamins
Allcures Pharmacy	1	Y	Y	Y
Beautychem Pharmacy	1	Y	Y	Y

Clockwork	1	Y		
Coopers Pharmacy	1	Y		
Cross Chemist	1	Y		
Dobber Pharmacy	1	Y	Y	Y
Greenwoods Pharmacy	1	Y	Y	
J Lord Chemist	1	Y		
Mansons Chemists Ltd	1	Y	Y	Y
Mintons Chemist	1	Y	Y	Y
Morrisons Pharmacy	1	Y		
Napclan - 465 high Rd N17	1	Y	Y	Y
Napclan - 48-50 Bounds Green Rd N11	1	Y	Y	
Napclan - 573-577 High Rd N17	1	Y	Y	
Napclan - 65a White Hart Lane N17	1	Y	Y	
Napclan - 753 High Rd N17	1	Y		
Pill Solutions Ltd T/A Pharmacy Express	1	Y	Y	Y
Safedale Ltd	1	Y	Y	Y
The Cadge Pharmacy	1	Y	Y	Y
Amy Pharmacy	2	Y	Y	Y
Conochem Management Ltd T/A Parade Chemist	2	Y		
D.P.Mark Chemists	2	Y	Y	
Hayward Pharmacy	2	Y		
Hornsey Central Pharmacy (Braxted Ltd)	2	Y		
Muswell Hill Pharmacy	2	Y		
Napclan - 330 Muswell Hill N10	2	Y		
Park Road Pharmacy	2	Y	Y	Y
Petter Pharmacy	2	Y	Y	Y
Redwood Pharmacy Limited	2	Y		
Reena Pharmacy	2	Y		
Saigrace Pharmacy	2	Y		
Santas Ltd T/A Santas Pharmacy	2	Y	Y	Y

8 Contribution to strategic outcomes

- 8.1 The HLP programme is linked to the Council's Corporate Plan, Building a Stronger Haringey Together 2015-18, in particular Priority;1 Enable every child and young person to have the best start in life, with high quality education Priority 2: 'Empower all adults to live healthy, long & fulfilling lives' and the cross-cutting themes, specifically: prevention and early intervention as outlined in Objective 1 'Become an organisation focused on prevention and early help', where it states that the Council will: 'embed prevention and early help into all frontline services which come face to face with residents'. HLP programme is also linked to other cross-cutting themes such as 'A fair & equal borough', 'Working Together with Communities', and 'Working in Partnership'.

9 Comments of the Chief Finance Officer and financial implications

The total estimated cost for the provision across all participating pharmacies per year will be as follows: a) Healthy Start vitamins £7,000 b) stop smoking services £25,000 and c) sexual health services £241,800. This will be funded from existing resources provided by the Public Health grant.

10 Head of Procurement comments

- 10.1 The tender process was supported by Corporate Procurement and is in line with the Procurement Code of Practice and EU Public Contracts Regulations 2015. It is required that Schedule 3 provision which includes, inter alia, health and care provision is appropriately advertised, and an equitable and transparent competitive process is employed
- 10.2 The use of a framework arrangement enables the Council to appoint several suppliers without being constrained by a set contract price as service use is dynamic.
- 10.3 The framework sets out service standards and Key Performance Indicators and performance targets. Performance metrics are required monthly and are uploaded on Pharmoutcomes database or Therapy audit database and will enable the health team to regularly monitor service delivery to ensure outcomes are achieved.

11 Comments of the Assistant Director of Corporate Governance and legal implications

11.1 The Assistant Director of Corporate Governance is not aware of any legal reasons preventing Cabinet from approving the recommendations in the report.

12 Equalities and Community Cohesion Comments

12.1 The Council has a public sector equality duty under the Equality Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

12.2 A full Equality Impact Assessment was conducted as part of the tendering process and accompanies this report. The healthy living pharmacy contracts have been developed to reduce health inequalities identified in four key areas; smoking, poor sexual health, teenage pregnancy and maternal/child nutrition. Healthy Living Pharmacies have a number of advantages including accessibility of location, opening hours and discreetness, which will help the services' outreach among particular groups that are harder to reach. The impact assessment has identified communities and areas of the borough with the greatest need, where enhanced pharmacies have the potential to bring greatest benefits.

12.3 The Health Living Pharmacy programme will continue to be evaluated, equalities data monitored and the views of service users sought, informing future targeted outreach and public health schemes.

13 Policy Implication

14 Appendices

Appendix 1 Equality Impact Assessment