Report for:	Cabinet **-** 14th February 2017
Item number:	**15**
Title:	Award of contracts for General Practitioners Services Framework for Prevention Services
Report Authorised by:	Dr Jeanelle de Gruchy, Director of Public Health
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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 establish a Framework for the provision of enhanced services (the "Framework") and to award contracts to designated General Practices (GPs) for one or all of the following; health checks: stop smoking service, long acting reversible contraception (LARC) and shared care/opiate substitute prescribing (OSP), GP with special interest for substance misuse (GPSI), GP lead sexual health, GP lead making every contact count (MECC).

1.2. The contracts will be awarded for a period of 4 years. The total estimated cost for the provision across all participating GPs is £1,200,000.

2. Cabinet Member introduction

2.1. The services being offered within this contract tackle reduction of Haringey's healthy life expectancy gap and aim to maintain the reduction in teenage pregnancy rates, both key priorities of the Corporate Plan. To achieve these ambitions the Council needs to contract prevention services which can reach residents experiencing the greatest health inequalities, who primarily live in the most deprived areas of the borough and who are often not reached by traditional services.

2.2. The majority of these services are now available to residents via pharmacies, voluntary sector providers and GP practices. These providers all offer ease of access i.e. convenience, flexible opening time and privacy. GPs are also able to have opportunistic prevention conversations in their day to day work i.e. someone presenting with a chest infection is offered smoking cessation. Their patient registers can also be used to correspond with target groups i.e. offering a health

check to 40-74 year olds with no known health issues. Finally they can be used to support residents without the need for specialist services, offering them care nearer to home and freeing up resources in specialist care i.e. for those wanting long acting reversible contraception (LARC) or needing opiate substitute prescribing (OSP).

2.3. Using GPs and other practice staff to deliver these services has been a national and local strategy for a number of years. It is highly cost effective as it builds on assets that already exist i.e. buildings, staff skill, and reputation. The unit price paid is therefore significantly lower than in other services.

2.4. I welcome the proposal contained in this report that will continue to enhance delivery of GP prevention services for Haringey residents over the next 4 years.

3. Recommendations

3.1. That Cabinet agrees to establish the Framework and to award contracts as described in 1.1 above to GPs in accordance with Contract Standing Orders (CSO) 9.07.1(d).

3.2. That the contracts will be awarded under the Framework for a period of 4 years to the GPs listed in the table in paragraph 6.19.6 of the report.

4. Reasons for decision

4.1. The Council has a statutory responsibility to deliver health checks and sexual and reproductive health services. These and the other services are essential elements in meeting the Council's health improvement targets.

5. Alternative options considered

5.1. The public health team considered providing these services just through existing providers. However there is evidence regarding the advantage of using GPs: National Institute of Clinical Excellence (NICE) evidence suggests that GPs are positioned to use routine appointments to deliver brief interventions around quitting and practice nurses to providing rapid access to a service. [1] NICE recommends using GPs to deliver OSP service as a way of de stigmatising this service.[2] For LARC the Faculty of Sexual and Reproductive Health recommends increasing the uptake of LARC and use of GPs to achieve this. [3]

[1] https://www.nice.org.uk/guidance/ph1/chapter/1-recommendations

[2] Drug misuse and dependence: guidelines on clinical management. Department of Health.London:HMSO, 1999.

[3] http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf

5.2. It is also more cost effective to use GPs to provide these services i.e. cost per patient per year in a specialist drug service is £1825 compared to £1199 in primary care, LARC in clinic costs £150 and in a GP it costs £82

6. Background information

6.1. Public Health became a part of Haringey Council in April 2013 making the Council responsible for contracting these services.

6.2. In 2015 the Director of Public Health granted approval to award the contracts for Enhanced Health Services to participating General Practices (GPs) in Haringey for financial year 2015/16, these contracts were extended for a further 12 months expiring on 31st March 2017.

6.1. **Why we commission these services Why we commission these services** Life expectancy for men living in Haringey is 80.1 years slightly higher (though not significantly) than the life expectancy in England (79.5 years). Men who live in most deprived areas die, on average, 7 years younger than those living in most affluent areas. Life expectancy in females in Haringey is higher than males (84.9 years) and is also significantly higher than the current life expectancy for England (83.2 years) and London (84.2 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 64.1 years compared to 61.5 years for females (both of which are similar to the England average).

6.2. Premature mortality and poor health disproportionately affect people on lower incomes. The main contributing factors to this inequality are smoking, physical inactivity and poor diet, obesity, alcohol and diabetes.

6.3. **Smoking cessation** It is estimated that 50% of the gap in life expectancy is due to smoking, and for those who smoke, quitting is often the single most effective action taken to improve health and prevent illness. In 2015 Haringey was ranked 8th highest in London for smoking prevalence. Nearly one in five adults smoke (22%), higher than England (17%) and London (16. %). Smoking prevalence is highest in deprived communities and yet reductions in smoking have been slower in these communities.

6.4. Currently residents have three access routes into free smoking cessation programmes: GP surgeries, the One You Haringey service and pharmacies. In 2015/16 in total there were 959 quits in Haringey, 99 of which were delivered by 8 GP practices. Within the new Framework there will be 16 practices delivering smoking cessation with a target of 155 quits.

6.5. **Health Checks:** The NHS Health Check programme identifies health conditions, primarily diabetes, heart disease, kidney disease, stroke and dementia. This is done by assessing the risk of the people aged between 40-74 years who are not known to already have one of these conditions.

6.6. Currently health checks are primarily provided by GP practice staff, but they are also done by the One You Haringey community service. In 2015/16 the overall target set for health checks was 7804, 6304 to be done within GP practices. The overall number of health checks completed was 5714 (4214 by GPs). Due to a reduction in the budget the target number of checks was reduced in 2016/17 to 3500 (3200 via GPs. Within the Framework there will be 23 practices delivering health checks with a target of 3200.

6.7. **Long acting reversible contraception (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.

6.8. In 2014 Haringey's conception rate per 1,000 females aged 15 to 17 years was 22.6 which is similar to England (England the rate was 22.8). Haringey's teenage pregnancy rates have historically been of concern, however in 2014, the conception rate per 1,000 females aged 15 to 17 years in Haringey was 22.6, while in England the rate was 22.8.

6.9. In 2014 the rate of LARC prescribed in sexual and reproductive health services per 1,000 women aged 15-44 years was excellent (Haringey rate was 48.6, higher than rates for London 33.0 and England 31.5). However females 19 years and under in Haringey are less likely to choose LARC as their method of contraception than the national average (5.2 rate per 1,000 compared to 7.7) this is of concern given LARCs high level of effectiveness as a method of birth control.

6.10. Since 2013 LARC prescribing by Haringey GPs had been reducing, there was a slight rise in 2015/16, but numbers need to increase significantly to reach the England rate (15.07 per 1,000 compared to 32.34 in England).

6.11. In the next 3 years Haringey in line with national guidance aims to increase local access to LARC[4]. Haringey is part of the London Sexual Health Transformation Programme and has a local Step Change programme. As part of these programmes during 2017 there will be more access to LARC via community based services, through a new

[4] http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf

young people and female LARC service [5] and increasing provision within GPs.

6.12. **Opiate substitute prescribing (OSP) /Shared care:** the prevalence of opiate[6] drug users in Haringey is estimated to be 2,000 residents. In 2015/16 there were 804 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 drug service. Shared care is aimed at service users with medium to low threshold management requirements. For some it acts as a stepping stone to abstinence, but it is primarily for those requiring stable long term prescribing.

6.13. Currently 100 people 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: [7]

- 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.

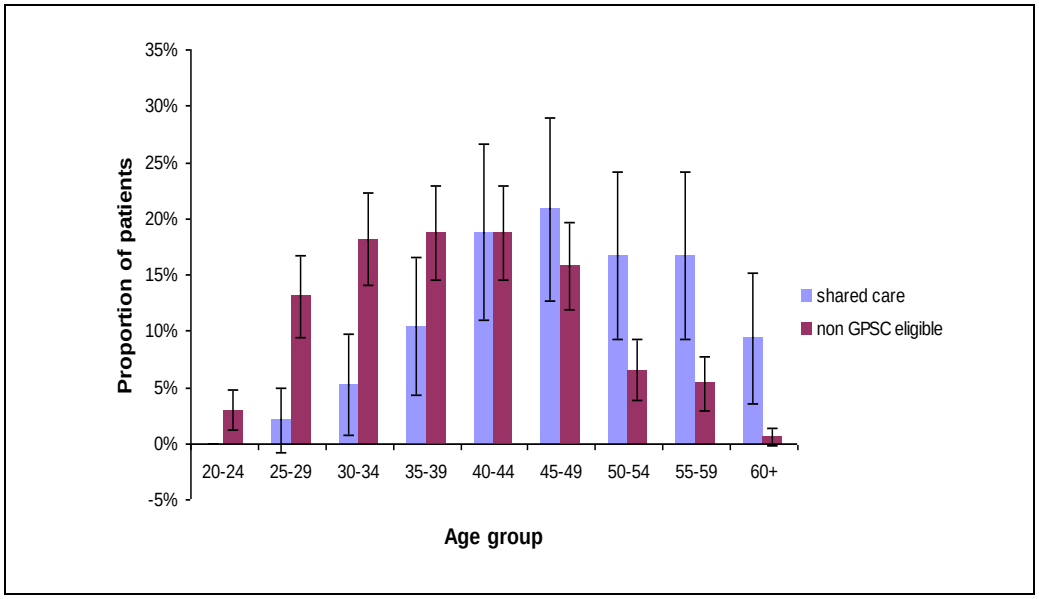
6.14. A review completed in 2013 of those in shared care shows how they differ from those in the main service in terms of age, health conditions and duration in the service. Those using the shared care service are generally older than those in the specialist service see figure 1.

Figure 1. Age distribution of shared care users and non GP shared care i.e. those in specialist treatment

[5] See Cabinet report February 2017

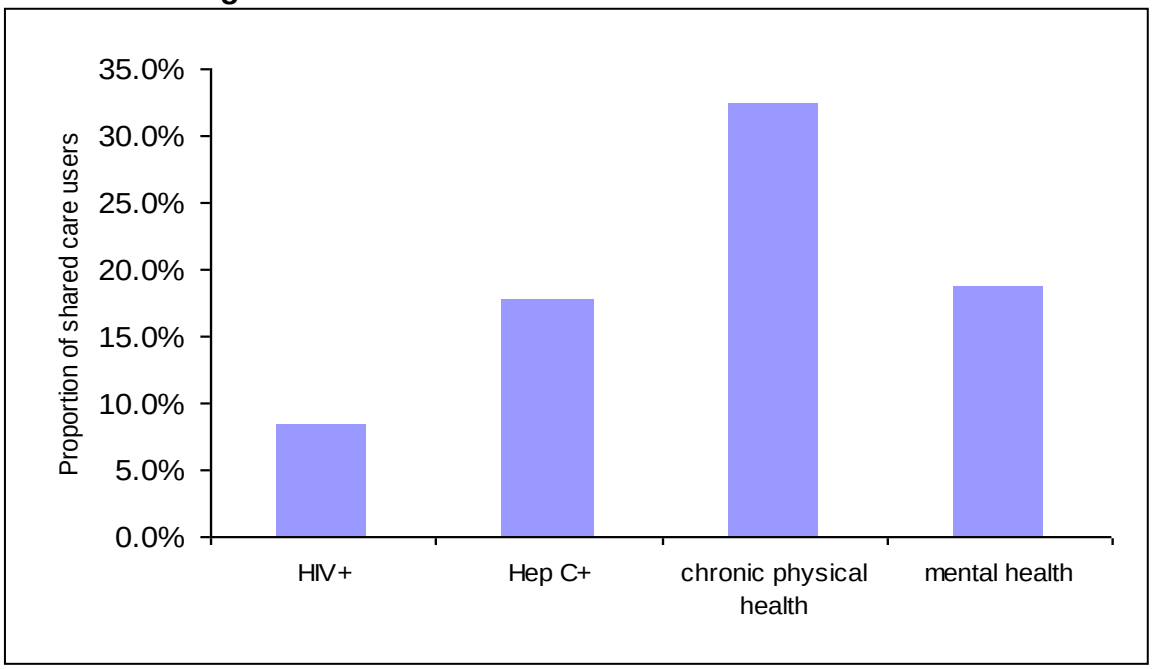
[6] Opiate use is primarily heroin and methadone

[7] Drug misuse & dependence: guidelines on clinical management. DOH. London: MSO, 1999.



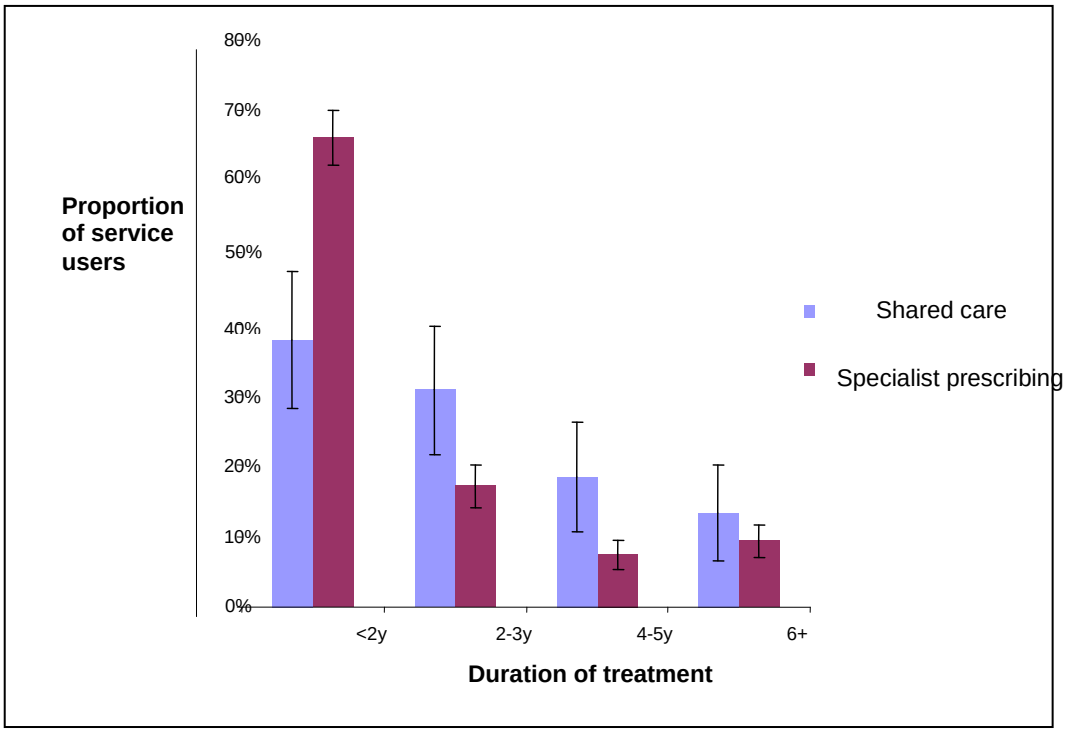
6.14.1. 58.3% of shared care users have at least one other health problem additionally to substance misuse (HIV, hepatitis C, a physical health problem or a mental health problem). 17.8% of shared care users had two or more of these problems. Figure 2 details the shared care user's co-morbidities.

Figure 2. Chronic conditions of those in shared care



6.14.2. Given the older age group and levels of chronic illness, it is not surprising that the duration of time spent in shared care was 2.4 years, ranging from 28 days to 8.5 years. Figure 3 illustrates the time spent in shared care treatment, compared to time spent in treatment for specialist prescribing service users.

Figure 3. Time spent in treatment, shared care and specialist prescribing service users



6.15. **GP with special interest for substance misuse (GPSI), GP lead sexual health:** Since 2006 GPSI's have been a key contributor to the establishment and smooth running of the shared care service. They act as peer experts, encouraging other GPs onto the scheme, assisting with production and distribution of guidance and provide peer education.

6.16. **GP lead making every contact count (MECC)** This contract introduces GP champions for sexual health and MECC. These GP leads will assist public health officers to enhance performance. We see this as a key mechanism for driving up performance.

6.17. **Procurement process**

6.17.1. A 'Meet the Buyer' event was held on 18th August 2016. The purpose of the event was intended to communicate and share information with potential providers to help them understand the commissioning intentions and offer opportunities to network and forge partnerships.

6.17.2. The Council selected the 'Open' tendering process as the most efficient route to market for this service. The procurement process started with placing a contract notice in the Official Journal of the European Union (OJEU) and Contract Finder.

6.17.3. The Invitation to Tender (ITT) and supporting documents were uploaded on Delta (e-tendering portal) where following a registration process, the potential tenderers could access the tender documents and submit their tenders electronically.

6.17.4. By the closing date of 4th November 2016, 40 organisations had registered their interest on Delta E-sourcing portal. Tenders were submitted by twenty six organisations. Tenders were evaluated solely on the basis of quality as set out within the tender documents.

6.17.5. The Tender was separated into 2 lots:

- Lot 1 – East – Post Codes: N22, N11, N15, N17,
- Lot 2 – West – Post Codes: N8, N6, N4, N10

To provide the following services

- Long Acting reversible contraception (LARC)
- Opiate substitute prescribing/shared care (OSP)
- Health checks (HC)
- Smoking cessation (SC)
- GP Champion for being General Practional Specialist Interest (GPSI)
- GP Champion for sexual and reproductive health (GPSR)
- GP Champion for Making Every Contact Count (MECC)

6.17.6. The table below details the outcome of the tender evaluations and includes details of the services which each GP practice has been selected to provide:

Name of Surgery	Lot	LARC	OSP	HC	SC	GPSI	GPSH	MECC	Shared Care Hub
Alexandra Surgery	2	Y		Y	Y				
Arcadian Gardens Surgery	1	Y		Y			Y		
Bounds Green Group Practice	1	Y		Y					
Bridge House Medical Practice	2	Y		Y	Y				
Charlton House Medical Centre	1	Y		Y	Y				
Fernlea Surgery	1	Y	Y	Y	Y				Y

Name of Surgery	Lot	LARC	OSP	HC	SC	GPSI	GPSH	MECC	Shared Care Hub
Highgate Group Practice	2	Y			Y				
Lawrence House Surgery	1	Y	Y	Y	Y			Y	Y
Queenswood Medical Practice	2	Y	Y	Y	Y				
Rutland House Surgery	2	Y		Y	Y				
Somerset Gardens Family Health Care Centre	1	Y	Y	Y	Y				Y
Spur Road Surgery	1	Y		Y					
The 157 Medical Practice	1	Y							
The Morris House Group Practice	1	Y		Y					
The Muswell Hill Practice	2	Y	Y		Y				Y
The Staunton Group Practice	1	Y	Y	Y	Y	Y			Y
Tottenham Health Centre	1	Y		Y					
Tynemouth Medical Practice	1	Y		Y	Y				
Westbury Medical Centre	1	Y	Y	Y	Y				Y
Cheshire Road Surgery (formerly Evergreen Surgery)	1		Y	Y	Y				
Crouch Hall Road Surgery	2		Y		Y				
Grove Road Surgery	1			Y	Y				

Name of Surgery	Lot	LARC	OSP	HC	SC	GPSI	GPSH	MECC	Shared Care Hub
JS Medical Practice	1			Y					
Myddleton Road Surgery	1			Y					
Queens Avenue Surgery	2			Y					
The Old Surgery	2			Y					
West Green Surgery	1			Y					

7. Contribution to strategic outcomes

7.1. *Priority 2:* '*Empower adults to lead healthy, long and fulfilling lives'* – the health checks and smoking cessation services will target the top 3 classes of disease contributing to the life expectancy gap within Haringey; circulatory diseases, cancer and respiratory diseases. Sexual health services target the reduction of transmission of STIs and has a specific target to reduce late diagnosis of HIV.

7.2. *Priority 1: 'Enable every child and young person to have the best start in life* – the service will aim to ensure low levels of teenage pregnancy and STIs in young people.

7.3. All services aim to address the cross cutting themes of fair and equal borough and working with communities.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1. **Finance**

This report seeks agreement to award a contract, with an annual value of £0.300m for four years from April 2017. The components of that contract with GPs are set out in the table below.

Cost-centre	Service	Annual amount £'000
D00551	Health Checks	£90
D00551	Stop Smoking	£20
D00332 & D00337	LARC	£130
D00622	Shared Care	£50

D00621	GP	£7
D00337	GP Lead SH	£2
D00551	MECC	£1
Total		**£300**

These allocations will be met from the Public Health budget in future years and are part of the overall strategy for operating within the Medium Term Financial Strategy.

8.2. **Procurement**

8.2.1. The procurement process was carried out in line with the requirements of EU Regulations and the Council's Procurement Code of Practice; the opportunity was advertised and bidders treated equitably in a transparent process.

8.2.2. Tenderers were evaluated on their ability to deliver various service provision in appropriate lots. Cost, however, was not part of the evaluation process as prices were set by the Local Medical Council and as such was the best value the Council could obtain.

8.2.3. Monitoring and performance criteria are an integral part of the contract specifications including, inter alia, monitoring visits, meetings and use metrics to ensure that the service is being accessed and delivered in the requisite manner to address both health inequalities and promote healthy living.

8.3. **Legal**

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

8.4. **Equality**

8.4.1. The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

- Tackle discrimination, harassment 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.

8.4.2. These contracts have been developed to address health inequalities as identified through the Joint Strategic Needs Assessment. A full Equality Impact Assessment was conducted as part of the tendering process. All providers collect data to monitor their fulfilment of equalities duties.

9. Use of Appendices

9.1. Appendix 1 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 categories: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)): (3) Information in relation to financial or the business affairs of any particular person (including the authority holding that information).

Information within this report is sourced from:
http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna

Cabinet reports linked to this report: Pharmacies Enhances Services Framework