

Appendix A

Commissioning of primary care delivered contraception & STI services

1.1 Purpose of the paper

The purpose of this paper is to provide background information for the key decision on the future commissioning of the sexual health services currently delivered by GP practices and community pharmacies. The services relates to the provision of contraception and STI services that are designed to improve the sexual health outcomes of the residents of Bristol as required under the Health and Social Care Act 2012.

Discontinuing this service would have an adverse effect on the health of the citizens of Bristol. If this service were to cease there would be a dramatic reduction in the access to contraception and sexual health services, which would lead to a rise in unplanned pregnancies and sexually transmitted infections which would further exacerbate health inequalities. Sexual ill health is not equally distributed within the population, and strong links between deprivation and STIs, teenage conceptions and abortions. There are particular sub groups that are most vulnerable, which include looked after children, care leavers, men who have sex with men, people involved in sex work, homeless people and some BME communities.

The project team have considered a range of different approaches for procuring these services. The relative benefits and risks of each approach have been appraised, and evaluated according to a set of key criteria. This process has confirmed that there are a number of complex legal, financial and policy considerations that need to be taken into account in procuring these services. This process concluded that the direct award of contract continues to be the most straightforward way of ensuring we have continuity of these mandated services. The involvement of primary care in key as a patient's GP and pharmacist are often the pathway into specialist sexual health services. Continuing to commission services in primary care will help to ensure smooth patient pathways and ensure that services are provided in convenient locations within communities that Bristol residents trust and already access for their general healthcare needs.

1.2 Current arrangements for commissioning these services from primary care

Bristol City Council currently commission GP practices and community pharmacies to provide sexual health services that fall outside of their NHS contracts commissioned by NHS England. This involves the fitting of contraceptive implants and intrauterine contraception (known as long acting reversible contraception or LARC methods), chlamydia screening and treatment, emergency contraception for young people and condom distribution. The services are commissioned through separate contracts with 48 individual GP practices and 94 pharmacies across Bristol. Since the local authority became responsible for commissioning these services in 2013, the contracts have been directly awarded on an annual basis at the start of the financial year. The contract covers a range of public health services including drug and alcohol services, health checks and stop smoking services.

1.3 What are the key reasons for commissioning these services?

There are a number of local and national drivers for commissioning these services:

Mandated public health services

Under the Health and Social Care Act 2012 there is a statutory requirement that open access sexual health services are provided /commissioned by the local authority. Additionally, local government responsibilities for commissioning most sexual health services and interventions are further detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013¹. Regulation 6 requires local authorities to provide, or make arrangements to secure the provision of open access sexual health services in their area. Regulation 6 states that:

(1) Subject to paragraphs (4) and (5), each local authority shall provide, or shall make arrangements to secure the provision of, open access sexual health services in its area—

- (a) By exercising the public health functions of the Secretary of State to make arrangements for contraceptive services under paragraph 8 of Schedule 1 to the Act (further provision about the Secretary of State and services); and*
- (b) by exercising its functions under section 2B of the Act—*
 - (i) for preventing the spread of sexually transmitted infections;*
 - (ii) for treating, testing and caring for people with such infections; and*
 - (iii) for notifying sexual partners of people with such infections.*

(2) In paragraph (1), references to the provision of open access services shall be construed to mean services that are available for the benefit of all people present in the local authority's area.

(3) In exercising the functions in relation to the provision of contraceptive services under paragraph (1)(a), each local authority shall ensure that the following is made available—

- (a) advice on, and reasonable access to, a broad range of contraceptive substances and appliances; and*
- (b) advice on preventing unintended pregnancy.*

(4) The duty of the local authority under paragraph (1)(a) does not include a requirement to offer to any person services relating to a procedure for sterilisation or vasectomy, other than the giving of preliminary advice on the availability of those procedures as an appropriate method of contraception for the person concerned.

(5) The duty of the local authority under paragraph (1)(b) does not include a requirement to offer services for treating or caring for people infected with Human Immunodeficiency Virus.

Cost effectiveness of sexual health services and future savings to local authority and NHS budgets

There is strong national evidence that investment in sexual health services will reduce future costs to local authorities as well as the NHS. Prompt access to high quality sexual health services will reduce the onward transmission of sexually transmitted infections (STIs) and unintended pregnancies, both of which will prevent a future upturn in expenditure for Bristol City Council.

¹ <http://www.legislation.gov.uk/ukxi/2013/351/regulation/6/made>

Unplanned pregnancies

The health costs of unintended pregnancies will have direct consequences on NHS budgets, including abortions, miscarriages, still births and live births depending on the outcomes of the pregnancy. However it should be noted that Bristol City Council has jointly commissioned an integrated sexual health service with the CCG for Bristol residents which includes all termination of pregnancy (abortion) services. As a joint investment between the local authority and the NHS there is an element of risk share which is of benefit to both parties, and it is not the intention of either commissioner to claw back in year savings. However with increasing financial pressures we will continue to have discussions with the CCG, NHS England and other partners to inform a broader risk sharing approach across Bristol so that savings to the wider system as a result of Bristol City Council's investment, through this contract, is recognised and understood. Additional costs for children's health services will have an impact on services commissioned by the local authority (health visitors and school nurses) as well as NHS commissioners.

The Advisory Group on Contraception have produced a cost calculator which models the costs of unplanned live births to public sector budgets beyond healthcare costs.² This includes spend on education, housing, personal social services and social welfare. The tool, which is recognised as being very conservative in its methodology, estimates that 367 live births per annum in Bristol are unplanned pregnancies, which is associated with an additional public sector spend of £1,143,475 per annum (see table).

Select Local Authority :		Deprivation Sector ⁶ :		Total Population ⁴ :	
Bristol, City of UA		Red		442,474	
	Local Authority Bristol, City of UA	Region South West	Regional L.A. Average South West	National England	
Live births ^{1&3} :	6,442	58,403	1,622	661,496	i
Estimated number of unplanned pregnancies resulting in live births ^{1&3} :	367	3,329	93	37,705	i
Total estimated education cost per annum ² :	£532,060	£4,823,646	£133,990	£54,634,562	i
Total estimated housing cost per annum ² :	£127,615	£1,156,951	£32,138	£13,104,090	i
Total estimated personal social services cost per annum ² :	£60,312	£546,783	£15,188	£6,193,091	i
Total estimated social welfare cost per annum ² :	£423,489	£3,839,336	£106,648	£43,485,867	i
Total estimated public sector cost per annum ⁴ :	£1,143,475	£10,366,715	£287,964	£117,417,610	i
Total estimated public sector cost per annum per capita* ⁴ :	£2.58	£1.91	£1.91	£2.16	i
Additional savings associated with 5% reduction in unplanned pregnancies resulting in live births :	£57,174	£518,336	£14,398	£5,870,881	
Additional savings associated with 10% reduction in unplanned pregnancies resulting in live births :	£114,348	£1,036,672	£28,796	£11,741,761	

Teenage pregnancies place a significant additional pressure on local authority budgets. Although Bristol has made significant progress in reducing its teenage pregnancy rates over the last decade, reducing spending on emergency contraception and long acting reversible contraception has the potential to reverse the progress that has been made. This risks an increase in young women and children experiencing disadvantage, living in poverty, with poor education and employment prospects. Also important, children born to teenage mothers are more likely to become teenage parents themselves and so perpetuate the cycle of disadvantage.

² The impact of unplanned pregnancies on local authority budgets cost calculator can be downloaded from <http://theagc.org.uk/useful-resources/>

Messages on delaying sexual activity continue to be integral to the strategy to reduce teenage pregnancies, but it is widely recognised that abstinence only approaches are not effective. Instead, front line professionals who work directly with the most vulnerable young people, such as foster carers, school nurses and youth workers, receive training to ensure they have the skills to deliver the right support and guidance to young people, and to signpost to sexual health services as appropriate.

Also important in terms of longer-term economic effects of unintended pregnancy is the impacts on earnings potential of mothers aged over 20 who have already completed their education.

Long acting reversible contraception (LARC), which includes intrauterine contraception, implants and injectable contraceptives, has a lower failure rate than all other methods and is the most cost-effective contraception available. A local authority with a population of 400,000 could save up to £790,000 per year by improving access to LARC and reducing unintended pregnancies.³

Sexually transmitted infections

Data on recent trends in STIs from Public Health England, show that the number of new STI diagnoses is continuing to increase in Bristol, which reflects that national picture. Young people aged 15 to 24 experience the greatest burden of STI diagnoses, which is in part due to ongoing unsafe sexual behaviours. STIs can have lasting long term and costly complications if not treated and are entirely preventable. The current primary care services which support young people's STI testing and condom use are important evidence based prevention strategies which aim to reduce the transmission of chlamydia and other STIs, including HIV. Without these services, Bristol is likely to see an increase in transmission of STIs which will put a significant financial pressure on the specialist sexual health service, Unity, which is commissioned by Bristol City Council to treat STIs. In addition, there will be increased costs resulting from Bristol residents attending open access sexual health services in other local authorities (BCC are invoiced for these attendances).

National policy

In March 2013 the Department of Health published a "Framework for Sexual Health Improvement in England" which set out the Government's ambition to improve sexual health and wellbeing of the whole population. Whilst acknowledging that some elements of sexual health have already improved in recent years, the framework highlights important issues that still need to be addressed. This includes the need to:

- continue to work to reduce the rate of sexually transmitted infections (STIs) using evidence-based preventative interventions and treatment initiatives
- reduce unwanted pregnancies by ensuring that people have access to the full range of contraception, can obtain their chosen method quickly and easily and can take control to plan the number of and spacing between their children
- ensure joined-up provision that enables seamless patient journeys across a range of sexual health and other services – this will include community gynaecology, antenatal and HIV treatment and care services in primary, secondary and community settings

The Public Health Outcomes Framework published by the Department of Health in 2012 which sets out the national & local strategic direction for public health, includes three indicators for local authorities in relation to sexual health services:

³ Figure from NICE LARC Guidance <https://www.nice.org.uk/guidance/cg30>

- Reduction in under 18 conceptions
- Chlamydia diagnoses in young people (15 to 24 year olds)
- Reduction in numbers of people with HIV diagnosed at a late stage

NICE Guidance

Guidance from NICE (2014) states that, while all methods of contraception are effective, LARC methods such as contraceptive injections, implants, the intra-uterine system or the intrauterine device (IUD) are much more effective at preventing pregnancy than other hormonal methods, and are much more effective than condoms.⁴ This is because the effectiveness of barrier methods and oral contraceptive pills depends on their correct and consistent use. By contrast, the effectiveness of LARC methods does not depend on daily concordance. NICE Guidance on contraceptive services for under 25s recommends that local arrangements should be put in place to ensure all young women can easily obtain free oral emergency contraception.⁵

NICE has recently released guidance on preventing sexually transmitted infections (STIs) through condom distribution schemes⁶. The guidance, published this year, recommends that local authorities consider providing free condoms as part of existing services that are likely to be used by those most at risk, with GP practices and community pharmacies being cited as specific examples of services. Young people aged between 16-24 are at particular risk of STIs, with most diagnoses of chlamydia and genital warts being found in this age group. Condoms are the best way to prevent most infections being passed through sex, and increasing their availability has the potential to significantly reduce STI rates.

⁴ <https://www.nice.org.uk/guidance/cg30>

⁵ <https://www.nice.org.uk/guidance/ph51>

⁶ <https://www.nice.org.uk/guidance/ng68>