

Decision Pathway – Report



PURPOSE: Key decision

MEETING: Cabinet

DATE: 03 October 2023

TITLE	Direct Award of Bristol Primary Care Sexual Health Services Contracts		
Ward(s)	City-wide		
Author: Dr Joanna Copping	Job title: Consultant in Public Health Medicine		
Cabinet lead: Cllr Ellie King, Cabinet Member for Public Health and Communities	Executive Director lead: Hugh Evans, Executive Director for Adults and Communities		
Proposal origin: BCC Staff			
Decision maker: Cabinet Member Decision forum: Cabinet			
Purpose of Report: To seek approval to make a direct award of the contracts for Bristol’s primary care sexual health services to general practices and community pharmacies that can fulfil the requirements of the service specification from 1 st April 2025 and delegated authority to formalise the service specification ensuring that it meets all national and local requirements.			
Evidence Base:			
<ol style="list-style-type: none"> 1. Since 1st April 2013, local authorities have been mandated to commission comprehensive open access sexual and reproductive health services. In Bristol, general practices are commissioned by Bristol City Council to provide long-acting reversible contraception (LARC; coils and implants), chlamydia screening for young women under 25 and condom collection for young people under 25. GPs also provide sexual health services as part of their General Medical Services contract with the Integrated Care Board (ICB) including contraception, pregnancy advice and testing or referral for sexually transmitted infections (STIs). Community pharmacies are commissioned by Bristol City Council to provide emergency hormonal contraception (EHC) for young people under 25, chlamydia screening for young women under 25, and chlamydia treatment and condom collection for young people under 25. The current primary care sexual health contracts are due to expire on 31st March 2025. The current annual budget for these services is outlined in Appendix I, however, since they are activity based, actual annual costs vary. 2. In addition to primary care sexual health services, Bristol City Council is also in the process of jointly recommissioning integrated sexual health services with North Somerset, South Gloucestershire and Bath and North East Somerset Council (BaNES) and the Bristol, North Somerset and South Gloucestershire (BNSSG) ICB. These services include sexual health promotion and prevention, contraception, STI testing, treatment and partner notification, chlamydia screening, sexual health elements of psychosexual counselling, HIV prevention, pregnancy testing, termination of pregnancy, training provision and research participation. These services, branded as Unity Sexual Health, are currently commissioned from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). UHBW sub-contract with a range of partners to deliver the service specification. The current contract expires on 31st March 2024. As lead commissioner, Bristol City Council are in the process of extending the contract for a further year to 31st March 2025. 3. Due to the local nature of primary care sexual health services, these contracts will not be commissioned as part of the wider integrated sexual health service; they will be commissioned directly by the local authority with a commitment to align the services across Bristol, North Somerset and South Gloucestershire where this 			

is possible and beneficial.

4. An options appraisal considered by Public Health Commissioners from the three local authorities indicates that primary care provides good value and outcomes. Direct award is the only means of securing primary care (GP/pharmacy) universal coverage of sexual health service provision.
5. In addition, the new [Provider Selection Regime](#) (Health and Care Act 2022) will replace existing procurement rules for healthcare services and is expected to go live in October 2024. There will be the opportunity to continue existing contracting arrangements in circumstances where the incumbent provider is the only viable provider due to the nature of the service, where alternative providers are already available via patient choice routes, or where the incumbent is doing a good job, is likely to continue to do so, and the service is not changing.
6. In Bristol, national outcomes [data](#) show that general practices fit 6 times the number of coils and implants than the specialist sexual health services and have an extensive community reach with 39 practices covering Bristol. Similarly, community pharmacies are also uniquely placed as trusted providers of EHC to young people across Bristol and have a very wide community reach.
7. General practices and community pharmacies have specially trained staff, quality and safety processes, clinical governance policies, community reach and knowledge of their local populations that make them ideally placed to continue providing these sexual health services across Bristol. In addition, there are a number of recent national changes that highlight the need to retain our primary care services including:
 - a. The [Women's Health Strategy for England](#), published in August 2022, highlights that despite women having a longer life expectancy than men, they spend significantly more years in ill health. The strategy outlines a 10-year ambition for improving the health of women across the life course, including commitments to improve access to services including LARC. It raises an urgent action around the development of local 'Women's Health Hubs', which aim to address fragmentation in provision of women's health services. Bristol City Council's Communities and Public Health Team are working closely with the ICB to develop these hubs which will have a strong focus on LARC and will require general practice involvement.
 - b. The new [Community Pharmacy Contraception Service](#) that has been rolled out nationally by NHS England enables pharmacists to provide oral contraception. This will provide an important opportunity for enhanced and joined up care and will offer access to immediate oral contraception to individuals presenting for an EHC consultation who are not otherwise using a regular form of contraception. This gives further reasons for retaining sexual health services within pharmacies.

Cabinet Member / Officer Recommendations:

That Cabinet:

1. Approve the proposed approach to make a direct award of contracts for Bristol's primary care sexual health services to general practices and community pharmacies that can fulfil the requirements of the service specification from 1st April 2025.
2. Authorise the Executive Director for Adults and Communities and the Director of Communities and Public Health, in consultation with the Cabinet Member with responsibility for Public Health and Communities to take all steps required to directly award the contracts (including any over the key decision threshold) for primary care sexual health services to general practices and community pharmacies for 3 years plus 2 + 2 subject to a maximum budget envelope (as outlined in Appendix I) and availability of sufficient, designated funding within the Public Health Grant.
3. Authorise the Executive Director for Adults and Communities and the Director of Communities and Public Health, in consultation with the Cabinet Member with responsibility for Public Health and Communities to

invoke any subsequent extensions/variations specifically defined in the contracts awarded.

Corporate Strategy alignment:

Theme 4 (Health, Care and Wellbeing) of the Corporate Strategy describes how we need to embed health in all our policies to improve physical and mental health and wellbeing, reduce inequalities and the demand for acute services. It recognises that public health is a statutory requirement of local authorities and that we need to commission public health services to improve the health and wellbeing of our residents. The continued commissioning of this sexual health contract will help to achieve these aims.

City Benefits:

While there is a requirement to provide open access sexual health services to all residents, sexual health problems are not equally distributed within the population. Strong links exist between deprivation and STIs such as chlamydia, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and black and minoritised ethnic groups. The recommissioning of primary care sexual health services ensures that there are high quality contraception services available close to home for all women requesting a coil, implant or EHC and that young people, especially those aged under 25 (who make up more than 15% of the total population of Bristol), can get easy access to STI testing and free condoms to reduce the spread of STIs and the potential for an unwanted pregnancy.

Consultation Details:

Consultations have taken place at a director-level via the Sexual Health Oversight Group, whose members decided that the only viable providers of primary care sexual health services are those currently doing so. Advice on making a direct award of the contracts to general practices and community pharmacies has also been sought from Procurement, who advised that a paper would need to be presented to Cabinet.

Background Documents:

- [Commissioning local HIV sexual and reproductive health services - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](http://phe.org.uk)
- [Preview of proposals for the Provider Selection Regime - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- [Women's Health Strategy for England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- [Pharmacy Contraception Service - Community Pharmacy England \(cpe.org.uk\)](http://cpe.org.uk)

Revenue Cost	Budget envelope as outlined in Appendix I	Source of Revenue Funding	Public Health Grant
Capital Cost	£0	Source of Capital Funding	N/A
One off cost <input type="checkbox"/>	Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

Required information to be completed by Financial/Legal/ICT/ HR partners:

1. Finance Advice: This is a recommissioning exercise and so there are no new spending commitments. However, costs may vary as this is an open access service and costs will be based on demand. The maximum budget envelope (as set out in the exempt Appendix I) will be funded from the Public Health Grant, provided that sufficient, designated funding is available to cover these costs. If sufficient funding is not available, other options would need to be explored, as the Council is unable to commit to expenditure without being clear on its ability to fund this. Exempt financial information is set out in exempt Appendix I.

Finance Business Partner: Denise Hunt, 19 September 2023

2. Legal Advice:

The procurement process must be conducted in line with the 2015 Procurement Regulations and the Councils own procurement rules. Legal services will advise and assist officers with regard to the conduct of the procurement process and the resulting contractual arrangements.

Legal Team Leader:

Husinara Jones, Team Manager/Solicitor, 20 September 2023

3. Implications on IT: I can see no implications on IT in regard to this activity.		
IT Team Leader: Alex Simpson, Lead Enterprise Architect, 3 August 2023		
4. HR Advice: The report is seeking approval to make a direct award of the contracts for Bristol’s primary care sexual health services to general practices and community pharmacies from 1 st April 2025 and delegated authority to formalise the service specification ensuring that it meets all national and local requirements. This report does not have any significant HR implications arising from it for Bristol City Council employees.		
HR Partner: Lorna Laing, HR Business Partner – Adults & Communities, Children's & Education, 1 August 2023		
EDM Sign-off	Hugh Evans, Executive Director for Adults and Communities	16 August 2023
Cabinet Member sign-off	Cllr Ellie King, Cabinet Member for Public Health and Communities	31 August 2023
For Key Decisions - Mayor’s Office sign-off	Mayor’s Office	4 September 2023

Appendix A – Further essential background / detail on the proposal	NO
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	YES
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	Yes
Appendix J – HR advice	NO
Appendix K – ICT	NO
Appendix L – Procurement	NO