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# Contract award (exception) for the Public Health Enhanced Services Contract (Services include NHS Health Checks, Long Acting Reversible Contraceptions Service and Shared Care Opiate Substitute Prescribing Programme)

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## 1. Introduction/Background

The purpose of this paper is to seek approval from Executive for an exception from the contract rules of procurement to award the Public Health Enhanced Services Contract to each of the 13 GP Practices across West Berkshire from 1st April 2019 to 31st March 2022. The 3 year contract (2+1) will be delivered by 13 GP Practices across West Berkshire. The exception will enable the Council to extend the current provision of the service fulfilling public health functions and mandatory directives guidance.

The Public Health Enhanced Services Contract consists of 3 Public Health services, 2 of which must be delivered locally under statutory local authority regulations\*. These are the NHS Health Checks Programme\*, The Long Acting Reversible Contraception Service\* and the Shared Care Opiate Substitute Prescribing Programme. These services have been delivered by West Berkshire GP Practices across West Berkshire since 2009. Previously under the umbrella of NHS Berkshire West Primary Care Trust, GP Practices agreed to deliver these services under a Locally Enhanced Service Agreement (LES) as a bolt on to existing General Medical Services (GMS) and Personal Medical Services (PMS). Since 1st April 2013, these services were delivered under a contractual agreement between West Berkshire Council and each GP Practice across West Berkshire.

## 2. Supporting Information

The Public Health Enhanced Services Contract consists of 3 Public Health services, 2 of which must be delivered locally under statutory local authority regulations\*. These are;

- The NHS Health Checks Programme\*
- The Long Acting Reversible Contraceptions Service\*
- The Shared Care Opiate Substitute Prescribing Programme

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### The NHS Health Checks Programme (SF)

The NHS Health Check Programme is a national initiative from the Department of Health (DoH), intended to prevent cardiovascular disease (CVD) by early identification and management of individuals at increased risk of CVD. The programme aims to prevent heart disease, stroke, diabetes, kidney disease and raise awareness of dementia and damage from alcohol use both across the population and within high risk and vulnerable groups. In April 2013, the NHS Health Check became a mandated public health service commissioned by Local Authorities in England and offered to individuals between the ages of 40-74 years once every 5 years.

It is calculated that the NHS Health Checks programme and the subsequent appropriate management of risk could prevent 1,600 heart attacks and strokes a year nationally, and provide a real opportunity to tackle the gap in life expectancy between deprived and less deprived populations. It is well established that it is possible to identify the risk factors that cause vascular diseases, thus identification through an NHS Health Check will enable West Berkshire Council to support its residents to act to change them.

In order to reduce risk and prevent development of CVD, the emphasis will be place on encouraging people to take up evidence based lifestyle interventions and medications as appropriate. Interventions aimed to reduce CVD risk can delay and in some circumstances prevent the onset of cardiovascular disease.

### The Long Acting Reversible Contraceptions Service (SF)

The Long Acting Reversible Contraception Service (LARC) aims to contribute to reductions in unplanned pregnancies, teenage pregnancy rates, repeat abortions and use of emergency hormonal contraception. Access to effective contraception has several advantages over other methods, particularly for some vulnerable groups. Although there are 15 different methods of contraception available, effectiveness of user dependent methods such as male and female condoms and the oral pill, depend heavily on their correct and consistent use. In contrast, long acting reversible methods of contraception do not depend on users having to remember to take pills daily, fit contraception before each sexual encounter or to negotiate with partners regarding the use of male condoms.

LARC methods including intrauterine devices (IUD), intrauterine systems (IUS) and sub-dermal contraceptive Nexplanon implants (Nexplanon implant™) provide women with a safe and effective alternative to user-dependent methods. LARC methods are around 20 times more effective than other reversible methods of contraception, excluding injectable medroxyprogesterone acetate (DPMA). IUS, IUD and Nexplanon implant methods have high patient acceptability, and compared to other methods of contraception are highly cost-effective in the long term. All LARC methods (including injectable contraception) have been demonstrated to be more cost-effective from an NHS perspective than the oral pill at between 2 and 15 years of use, IUD and injectable DPMA also dominated the oral pill at one year.

## The Shared Care Opiate Substitute Prescribing Programme

The Shared Care Opiate Substitute Prescribing Programme aims to provide support to service users through joint participation of specialists and GPs in the planned delivery of care for service users with drug problems, informed by an exchange of information beyond routine referral and discharge letters. The service aims to develop and coordinate the care of opiate drug users that have been assessed as stable and therefore suitable for management in primary care with the aim of freeing time and resources in secondary care to work with patients with complex needs. In turn, the achievement of these aims will contribute toward West Berkshire Council's Strategy of maintaining a high quality of life within our communities.

Along with the aim to narrow inequalities in premature death from these and other related conditions, the service will reduce the dangers associated with drug misuse, particularly the risk around blood-borne infections. The joint participation of GPs and the West Berkshire drug and alcohol service will support service users wishing to undergo detoxification, maintaining service users in a primary care setting for an appropriate time by prescribing an appropriate substitute medication. This evidently provides closer care to service users, improves access to primary care based treatment, encourages a holistic approach by addressing the service user's wider physical, mental and social needs, and promote access to additional specialist treatment or input where required.

### Economic Value

- NHS Health Checks Programme

Since its national implementation in 2009, Public Health England have yet to commission a national study to determine the social return on investment (SROI) of the NHS Health Checks Programme. Whilst we seek to analyse the financial benefits of implementing the service locally, we must keep in mind that an evaluation of the cost-effectiveness of the programme is dependent on the delivery route of the programme, including its roll out plans. However, an early economic analysis of the programme based on the eligible criteria (40-74 year olds screened every 5 years) found the programme to be highly cost effective, with a conservative estimate of its cost per Quality Adjusted Life Year (QALY) of approx. £3,000. The National Institute for Health and Care Excellence (NICE) 'threshold' over which treatments and interventions are less likely to be recommended for use is typically between £20,000 and £30,000 per QALY.

The NHS Health Checks Programme also supports early detection of certain conditions or risk factors, enabling early identification which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will be much more cost effective than treating chronic conditions and result in an overall improvement in the health and wellbeing of the general population. PHE estimate that over the next 4 years, around £57 million will be saved through NHS Health Checks and that over 15 year period, £176 million will be saved.

- Shared Care Service

Drug misuse and dependency is associated with a range of harms including poor physical and mental health, unemployment, homelessness, family breakdown and criminal activity. The health and wellbeing of family members and carers can also be effected. Investment in drug treatment can substantially reduce the economic and social costs of drug related harm. Opiate substitution treatment is the most widely studied medical intervention treatment for heroin dependence, with consistent reports of reduced drug use, injecting and mortality. Several types of psychosocial intervention within specialist services are associated with reductions in offending. The evidence points to opiate substitution treatment as an important driver of crime reduction, with reduced offending proportionate to the time people spend in treatment. Taken together, research suggests that investment substantially reduces social costs associated with drug misuse and dependency. Current estimates suggest that the net benefit-cost ratio is approximately 2.5:1, meaning that every £1 invested in drug treatment results in a £2.50 benefit to society.

To date, there is limited economic evaluations of the cost effectiveness of Methadone Maintenance Therapy (MMT) and Buprenorphine Maintenance Therapy (BMT) for opiate abuse. The reliability of some studies are compounded due to approaches to modelling, different time horizons, country of origin, and effectiveness of data used. Although most economic research is considered to be of high quality, one piece of industry economic evidence suggests that the incremental cost-effectiveness ratio (ICER) when comparing MMT versus no drug therapy was £12,584/QALY and £30,048/QALY when comparing BMT versus no drug therapy. This suggests that both therapies on average are cost effective as an opiate substitution treatment against non-therapy treatment.

- Long Acting Reversible Contraception Service (LARC)

Long-acting reversible contraceptive methods are highly effective for all women of reproductive age who may wish to regulate their fertility. Early analysis of the cost effectiveness of LARC shows that the contraceptive pill is less cost effective than any of the current available LARC methods, even if used for 1 year. The methods of LARC available for clinicians to use within this contract are more cost effective than injectable contraceptives also. An economic analysis estimation of the return on investment (ROI) for publically funded contraception in England by Public Health England (2018) suggests that the return on investment (ROI) is £1.51 for every £1 spent after one year, reflecting the high savings from averted birth costs. The ROI grows gradually to £2.82 for every £1 spent over 5 years, and £3.68 over 10 years, due to the averted costs of providing healthcare to children as they age. When considering total cost savings across the public sector (including both healthcare and non-healthcare cost savings), the ROI is £9.00, meaning a saving of £9.00 for every £1 invested in publically provided contraception. The biggest cost saving categories were ongoing child healthcare costs (£18,309 per live birth over 10 years) and education costs (£21,429 per live birth over 10 years). The welfare cost savings are reported to be substantial when summed across welfare categories.

### 3. Options for Consideration

- Grant an exception to the contract rules of procurement to award the contract to GP Practices across West Berkshire.
- Re-tender the service across West Berkshire before 1<sup>st</sup> April 2019.

### 4. Proposals

It is recommended that Executive agree the retrospective exception to the contract rules of procurement and agree to award a 3 year contract (2+1) to West Berkshire GP Practices to deliver the Public Health Enhanced Services Contract (Services include NHS Health Checks, Long Acting Reversible Contraception Service and Shared Care Opiate Substitute Prescribing

### 5. Conclusion

The new 3 year contract will provide stability to the continued commitment and delivery of key health and wellbeing outcomes across West Berkshire at a quality and price which is unmatched in today's economic environment.

### 6. Consultation and Engagement

Public Health and Wellbeing Dept, Legal Dept, Commissioning Dept.

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#### Subject to Call-In:

No

Delays in implementation could compromise the Council's position

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#### Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aims:

**P&S – Protect and support those who need it**

**HQL – Maintain a high quality of life within our communities**

The proposals contained in this report will help to achieve the following Council Strategy priority:

**HQL1 – Support communities to do more to help themselves**

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