

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 5th September 2017

Decision Type: Non-Urgent Executive Non-Key

Title: GATEWAY REVIEW OF THE PUBLIC HEALTH SERVICE LEVEL AGREEMENTS WITH GENERAL PRACTICES

Contact Officer: Mimi Morris-Cotterill, Assistant Director (Public Health)
E-mail: mimi.morris-cotterill@bromley.gov.uk

Chief Officer: Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 This report sets out a review of the performance of Service Level Agreements with Bromley GP Practices for the delivery of specified Public Health programmes and outlines the 2018/19 commissioning intentions for these services.

2. RECOMMENDATIONS

- 2.1 The Care Services PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:

- i) Approve the award of Service Level Agreements to GPs for the provision of NHS Health Checks and Sexual Health Services by granting an exemption from tendering as per Sections 3 and 13 of the Council's contract procedure rules for a period of three years until 31 March 2021; and,
- ii) Approve an exemption from tendering under Sections 3 and 13 of the Council's contract procedure rules and award a contract to Bromley GP Alliance as an Alternative Provider of NHS Health Checks for a period of three years until 31 March 2021.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Public Health programmes benefit vulnerable adults and children.
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Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Children and Young People Excellent Council Safe Bromley Supporting Independence Healthy Bromley
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Financial

1. Cost of proposal: Not Applicable: All covered under existing budgets from the Public Health Grant.
 2. Ongoing costs: Recurring Cost: Contract management and financial support for Public Health will be part of 'Business as Usual' and will be covered through a general support recharge to Public Health.
 3. Budget head/performance centre: Assistant Director, Public Health (Sexual Health). Head of Vascular Disease Prevention Programme (NHS Health Checks)
 4. Total current budget for this head: £3.5 million (Sexual health), £640,000 (NHS Health Checks), 2017-18
 5. Source of funding: Department of Health: Public Health Grant.
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Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Not Applicable
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Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Applicable: Executive decision
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Procurement

1. Summary of Procurement Implications: See report.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Borough-wide Sexual Health services, 95,000 people eligible for an NHS Health Check.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

Current Contract Value (2017/18)

General Practice Service Level Agreements		
- Sexual Health		£374k
- NHS Checks		£176k
Bromley GP Alliance – NHS Health Checks	(pilot)	<u>£12k</u>
Total contract sum p.a.		<u>£562k</u>

Estimated New Contract Value (3 years from 2018/19 to 2020/21)

General Practice Service Level Agreements		£1,650k
- Sexual Health		
- NHS Health Checks		
Bromley GP Alliance – NHS Health Checks		<u>£90k</u>
Total cumulative contract sum for three years.		<u>£1,740k</u>

Context

- 3.1. This paper reviews the provision of NHS Health Checks and Sexual Health Services by general practices under the Public Health Service Level Agreements with GP Practices (SLA).
- 3.2. These annual agreements are exempt from contract procedure rules by the Executive and the latest approval was granted in October 2016 (CS17046).
- 3.3. GP participation in these Public Health programmes remains vital as GP practices hold patient lists covering the local population and have direct access to those patients the Public Health programmes seek to target.

Current Commissioning Arrangements

- 3.4. All 45 registered GP Practices in the Borough have signed up to deliver one or more elements of these services from 2014 to 2018. This excellent engagement of GP Practices is indicative of the good relationships that Public Health has with these primary care contractors. It will serve as the bedrock for developing integrated preventative models with community providers in future.
- 3.5. Each SLA is held with the individual General Practice and the budget allocated across each individual contractor is in general relatively low, an average of £10,000p.a., with each SLA aggregated value well below the threshold for the light touch regime of £589,148. Additionally, there is no guarantee of any payment through the contract as it is based on actuals against a set of competitive prices included in the service specifications.

NHS Health Checks

- 3.6. This programme is designed to prevent vascular diseases and local authorities are mandated to offer NHS Health Checks to 20% of the total eligible population per year. No target is set for the percentage of those eligible to receive a health check but continuous improvement to the percentage is expected and is one of the five statutory requirements:

- Invite each eligible person aged 40-74 for an NHS Health Check once in every five years and for each person to be recalled every five years if they remain eligible
- Risk assessment to include specific tests and measurements
- Each person having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- Record specific information and data and, where the risk assessment is conducted outside the person's GP practice, information to be forwarded to the person's GP
- Improve continuously the percentage of eligible individuals having an NHS Health Check

3.7 Eligible people are identified through GP registers which include clinical information held by practices that are not available anywhere else. The actual checks itself can either be carried out by GP practices or through other providers. However, the statutory requirement of incorporating health check results in patients' clinical records and the ongoing record management means GP practices will continue to play a key role in the provision of this programme.

Local Delivery

3.8 44 (out of 45) Bromley GP Practices have signed up to offer NHS Health Checks to 20% of their eligible patients. Efforts were made to engage the remaining GP practice without success due to their perceived view of insufficient financial reward. Alternative provision for the eligible population from this practice will need to be commissioned.

3.9 Payment to practices is based on completed checks - £16 for each check carried out and while practices are not paid for the invitation, there is an administration fee of £6 for each completed check payable to GP practices regardless of provider. The administration fee covers management of NHS Health Check register, data entry including data transfer from other providers and necessary follow ups as a result of the check. In addition, there are levels of incentive payments for achieving 10% and 20% of invitations, to stimulate required activity.

3.10 To control spend, Bromley caps those eligible to receive an NHS Health Checks to 10% of the total eligible population. The current uptake is below this level so there is no concern that the NHS Health Checks budget will overspend. The budget also allows alternative providers to be commissioned when GP practices underperform.

3.11 Other providers including community pharmacies and ToHealth, (a private company providing an outreach NHS Health Checks service) were commissioned in the past (2014-2016) through the PH framework agreement to ensure accessibility. However, these providers were considerably more expensive than GP practices (see Table 2 below).

Table2: No. of Checks Carried out by Provider and Costs during 2015/16

Provider	Checks carried out	Price per Check	Total Cost per Check (Includes £6 admin fee to GPs) ¹
<i>Checks carried out by Providers</i>			
GP Practices	5,994	£16.00	£22.00
ToHealth	1,851	£39.92	£45.92
Community Pharmacies	274	£28.02	£34.02
<i>Total Checks</i>	8,119		

3.12 In addition, their inability to meet the statutory requirement of ensuring test results are transferred back to the patient's clinical record held by GP practices had been identified by internal audit as an area of risk. As a result and due to saving requirements, these contracts were not renewed in 2016 and GP practices remain the only providers of NHS Health Checks locally.

Performance

3.13 While 98% of all practices sign up to the GP SLA for provision of NHS Health Checks, performance to target level is variable across the borough, with some performing very well and others not so well. Despite the variable performance levels, GP's continue to provide the majority of NHS Health Checks and have increased this delivery in 2016-17. When comparing the number and percentage of NHS Health Checks by different Providers over the last three years, GP practices delivers majority of the checks (see Table 3 below).

Table 3: Number of NHS Health Checks and percentage carried out by Providers 2014-17

Provider	2014-15		2015-16		2016-17	
	Number	%	Number	%	Number	%
GP Practices	6187	72%	5994	74%	6,705	99.6%
ToHealth	2027	24%	1851	23%	-	
Community Pharmacies	319	4%	274	3%	-	
GP Alliance*	-		-		27	0.4%
Total Checks	8,533		8,119		6,732	

*Based on one month activity in March 2017 when the pilot began delivery. This compares to an average of 13 health checks per month per practice

3.14 Furthermore, General Practices have met the competency specified in the SLA service specifications and have delivered all elements of the NHS Health Checks to required quality standards.

3.15 However, despite the increase in GP provision, there is an overall reduction in the percentage of both offers and checks completed, see table 4 below. This reduction is directly attributed to the decommissioning of alternative providers in 2016/17.

Table 4: Performance against national targets

National and local targets		Bromley 2014-15	Bromley 2015-16	Bromley 2016-17
Total eligible population	Target	93,215	94,312	95,190
The number and percentage of eligible population aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check (national target)	20%	21,400 (23%)	18,748 (19.9%)	17,524 (18.4%)
The number and percentage of eligible population aged 40-74years offered an NHS Health Check who received an NHS Health Check (national target)	50%	8,533 (39.9%)	8119 (43.3%)	6,738 (38.5%)
The percentage of eligible population aged 40-74years who received an NHS Health Check (local target)	10%	9.2%	8.6%	7%

Future Provisions through GP SLA

3.16 Previous experience of using alternative providers has affirmed the advantage of contracting with General Practice. Having direct access to practice clinical system (in Bromley 98% of all practices use EMIS), has enabled:

- The entering of NHS Health Checks results directly into the clinical system so NHS Health Checks form part of the patient's primary care medical record, which is a mandatory requirement;
- Correct management of any ongoing risk factors for the patient, administration of the NHS Health Check register and call recall system and
- Performance monitoring and payment validation

3.17 With the SLA, practices manage the invitations and register for the NHS Health Checks and have the benefit of matching the number of invitations to their capacity to deliver the checks, which, if commensurate with their annual targets, works well. They have also proved they can

achieve significantly more checks than any other previous providers and offer value for money (see Tables 2 and 3).

3.18 While the actual NHS Health Check can be delivered by other providers, GP practices will continue to remain as the main provider due to their unique ability to deliver all five statutory elements of the health checks and re-commissioning general practices to deliver this programme is recommended.

Alternative Provision

3.19 Due to the overall reduction in the percentage of offers and checks completed, alternative provision is necessary to address both current and future gaps, especially in ensuring those eligible patients from the non-participating practice are offered a service.

3.20 Having access to individual patient's clinical record, the ability to manage the health check register on an ongoing basis and the use of the same or compatible clinical system are crucial to successful delivery of NHS Health Checks. The statutory requirements together with the risk associated with data transfer have in essence restricted market entry to, primarily, general practices.

3.21 In light of these, there is only one potential alternative provider in the current market, Bromley GP Alliance (BGPA). Hence, they were commissioned as part of a pilot project to assess their suitability to be an Alternative Provider. This was commissioned under a tender waiver due to the unique data sharing agreement in place with the GP Practices enabling them to have access to the patient's full clinical record (with patients' consent).

3.22 Pilot results so far are promising, delivering an average of 21 checks each month compares with 13 checks per month per practice. In addition, the pilot has shown that:

- GP Practices will need to continue to be the main provider of NHS Health Checks;
- The GP Alliance has the unique capability of being able to effectively fill the gap where GP Practices require further support;
- The NHS Health Checks performed by the BGPA are of high quality; and,
- There are no data discrepancy issues.

In conclusion, BGPA has proved to be a suitable alternative provider for the service.

Sexual Health Services

3.23 General practitioners in Bromley are commissioned to provide an integrated sexual health service model in primary care. Under the GP SLA, opportunistic STI screening is offered by participating practices to their patients who do not have symptoms but are at risk of an infection and to offer HIV testing to new patients at registration. Regular testing for at risk population is recommended by the National Institute of Health and Care Excellence (NICE) and helps to control and avoid transmission of STIs.

3.24 Practices are also commissioned to increase the uptake of Long Acting Reversible Contraception (LARC). LARC is a more cost effective, non-user dependent method. It is recommended by NICE as an effective method to prevent unplanned pregnancies, including teenage conceptions.

3.25 There are three levels of provision and practices eligible to participate can opt to deliver any one of these levels depending on the clinical qualifications of the practice team:

- Basic Level 1 – STI screening to include the opportunistic dual testing of Chlamydia and Gonorrhoea under the National Chlamydia Screening Programme for young people under 25, STIs and HIV testing for adult patients and condom distribution
- Level 1 – Basic level 1 plus provision of Long Acting Reversible Contraception (LARC) which is outside the scope of services contracted under standard GP contracts.
- Level 2 – Essentially level 1 service but participating practices can also provide, by referral, services to non-registered patients as well as their registered patients.

3.26 All 45 GP practices in the Borough have signed up to deliver a level of service during 2017/18 which has an estimated total value of £328,600. Of these, 8 are level 2 practices. No activity targets are set and remuneration is based on actuals and paid against a set of prices that are comparable with those set by other London Boroughs. There was a price reduction for STI screens in 2015/16 with an adjustment to incentives to improve positivity rates.

Performance

3.27 While all practices have signed up to the GP SLA for provision of Sexual Health Services, and similar to NHS Health Checks, performance is variable across the borough, with some providing a consistently high volume of activities and others comparatively low. However, all participating practices continue to meet the clinical standards specified in the SLA.

3.28 While there is a drop in the number of LARC methods fitted in 16/17, these methods have a life span of 3 to 5 years so activities will fluctuate according to the “life” of the methods.

Table 5: Level of overall activity provided by general practices under the GP SLA

Services provided by GP SLA	2014/15	2015/16	2016/17
National Chlamydia Screening Programme	704	1,256	1,238
LARC (excluding Depot injections)	1,606	1,446	1,423

3.29 Practices with fewer activities tend to be smaller and are often single-handed. Notwithstanding the lower level of activities, they continue to capture positive infections amongst their patients. This means these practices are targeting appropriately those at risk of STIs which fulfils our key objectives of early intervention for this group of patients. In 2016-17, the overall positivity rate was 7.8% which is in line with national recommendations.

3.30 All participating practices are required to generate quarterly performance reports for auditing by the Sexual Health team in Public Health. Where inconsistencies are found, practices will be contacted for clarification and where deemed necessary, a monitoring visit.

Future Provisions through GP SLA

3.31 General practices continue to play an important role in normalizing testing as a prevention method and to ensure early diagnosis of STIs especially HIV to minimize the spread of infections.

3.32 Bromley is classified as a high prevalence area (prevalence above 2/1000 residents 15-64 years) and bordering boroughs are areas with the highest incidence of HIV in the country. The number of Bromley residents living with HIV infection continues to rise, showing a year on year increase with some very late diagnosis.

Table 6: Very Late Diagnosis by GPs

	2014/15	2015/16	2016/17
New Diagnosis	13	24	8
Very Late Diagnosis by GPs	5	1	3

- 3.33 HIV testing is a proven way of tackling late diagnosis. Often individuals do not consider themselves at risk and early diagnosis gives patients access to treatment, prevents onward transmission and saves lives.
- 3.34 GPs are therefore best placed to identify those at risk patients especially through new patient registration for HIV testing.
- 3.35 In addition, general practices provide the unique opportunity for the delivery of additional services, and is the only provider in the market place that has the ability to offer wide service delivery points across the borough. These are readily accessible to the population being local and having more opening hours than community clinics. They are also acceptable to certain groups of the population due to the stigma attached to visiting GUM clinics.
- 3.36 Bromley GP rate of LARC insertion is ranked the second highest in London. This complements the provision in community clinics and plays an important role in the continued reduction of teenage conception rates in the borough.

Table 7: Comparison of LARC provisions by GPs and Community Service

	2015/16	2016/17
GP provisions	1,446	1,423
Community Contraceptive Service	2,173	2,402
Total	3,619	3,825

- 3.37 Provision of LARC methods involves invasive procedures and carries with them a set of clinical risks which are mitigated by qualified, experienced and well trained clinicians. As such, participants of the SLA have to acquire additional clinical qualifications set by the Faculty of Sexual and Reproductive Healthcare and for level 2 practices they must satisfy the UK Medical Eligibility Criteria for Contraceptive Use.
- 3.38 Both staff qualifications and additional training are included as quality outcome indicators in the service specification and regular checks are carried out to ensure compliant.
- 3.39 Bromley have invested a significant amount on training in primary care to build extra capacity and capability in the system as part of our strategy to divert patients from the more expensive acute sexual health clinics to primary and community settings.
- 3.40 Clinical qualifications, standards and expertise are key considerations when exploring the market. These criteria together with the level of investment made, it is recommended to re-commission sexual health services from general practices.

PROPOSED COMMISSIONING ARRANGEMENTS

- 3.41 For the GP SLA and given the track records of practice performance, quality standards and a limited provider market, it is proposed that an exemption from tendering be granted to support

the continuation of NHS Health Checks and Sexual Health programmes in primary care by enabling the Director of Public Health to establish a new round of SLAs with GP Practices for three years until 31 March 2021.

- 3.42 No significant changes are anticipated at this stage for both programmes, although a method of capping volume and managing performance will be implemented to give a degree of flexibility to the provision of the services which are subject to saving decisions.
- 3.43 For the NHS Health Check Alternative Provider, it is also proposed that an exemption from tendering be granted to appoint Bromley GP Alliance as an alternative provider of NHS Checks based on its unique ability to establish an Information Sharing Agreement with all participating general practices through an SLA for a period of three years until 31 March 2021.
- 3.44 Based on the pilot project, the number of health checks to be carried out by Bromley GP Alliance is estimated to be 1,250 per annum with an estimated contract value of £30,000 per annum (£90,000 for the duration of three years). The spend is within the allocation of NHS Health Checks budget.

4. MARKET CONSIDERATIONS

- 4.1 Previous market considerations for primary care provision of these services conclude that general practices are the only providers in the market place, who can, from both clinical and operational perspective, deliver these services safely and effectively. As practices hold the local patients lists, they have direct access to patients being targeted by these programmes. This is a unique position that is not held by any other potential providers in the market.
- 4.2 The evaluation of the pilot project has shown that Bromley GP Alliance, due to its unique position to acquire the information sharing agreement with GP practices in Bromley, is feasibly the only alternative provider with the ability to offer NHS Health Checks on the same basis as GP practices.

5. POLICY IMPLICATIONS

- 5.1 This report is in relation to the business processes that will be established or maintained to administer existing contracted services. Authorisation to commission these services remains with Members working within the stipulations and statutory responsibilities laid out in the Public Health grant. The work is in accordance with the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

6. COMMISSIONING AND PROCUREMENT IMPLICATIONS

- 6.1 In 2013 when Public Health transferred to the Council, incentive schemes for the provision of preventative services by Bromley GP practices known as Local Enhanced Services (LES) were transferred, along with other contracts, to the Council up to a total value of £1m.
- 6.2 As the LES scheme is part of the General Medical Services (GMS) contract, only NHS England can use this arrangement for commissioning services from these primary care contractors. A new contracting mechanism of Service Level Agreement was then used and treated as partnership arrangements to promote the principle of integrated working with partners in health to secure and advance the health and welfare of local residents. As the initial referral is not subject to competition, they are exempt from contract procedure rules.
- 6.3 The request for exemption from tendering for the Public Health Service Level Agreements with General Practices for NHS Health Checks and Sexual Health Services is in line with CPR 13.1

and the Director of Public Health, Director of Commissioning, Director of Corporate Services and Director of Finance have given their approval as required.

7. FINANCIAL IMPLICATIONS

7.1 The budget and expenditure for these services are detailed in the table below:

Service	2014-15		2015-16		2016-17		2017-18
	Budget £'000	Spend £000	Budget £'000	Spend £000	Budget £'000	Spend £000	Budget £000
GP SLA							
- Sexual health	357	331	374	311	374	307	374
- NHS Health	302*	155	302*	148	176	148	176
Total GP SLA	659	486	676	459	550	455	550
Alternative Providers							
- ToHealth	84**	80	84**	73		0	
- Community Pharmacies	*	12	*	7		0	
- Bromley GP Alliance					84*	1	84*
Total Alternative	84	96	84	80	84	1	84
Grand Total	743	582	760	539	634	456	634

* Joint budget – GPSLA – NHS Health Checks and Community Pharmacy

** Budget for Alternative Providers of NHS Health Checks

7.2 It can be seen that there has been an underspend on these contracts for the last three years. The contracts are based on a unit price basis rather than a block contract and therefore the Council are not paying for services that are not received.

7.3 With the new arrangement there is sufficient budget to carry out the NHS Health Checks and sexual health visits at the estimated levels of usage.

7.4 Any in year underspends that may occur because of the take up are dealt with as part of the budget monitoring process and are contained within the overall Public Health grant envelope. The current Public Health Grant for 2017/18 is £15.1m for Bromley.

8. LEGAL IMPLICATIONS

8.1 This report seeks the approval of the Executive to award a number of Service Level Agreements/Contracts to various GPs and GP Alliance for the provision of Sexual Health and NHS Health Checks for a period up to 3 years with an estimated total value of £1,740,000.

8.2 Paragraph 3.6 of the report indicates that the total value of each contract is not expected to exceed the financial threshold for light touch contracts. On this basis the Council is not obliged to follow a procurement procedure as stated in Part 2 of the Public Contracts Regulations 2015.

8.3 Under rule 16.7 of the Contract Procedure Rules where the total value of a contract does not exceed £500,000 officers may approve contracts within their financial limit. In this case the programme as a whole is expected to cost £1,650,000 and as such the report author wishes to bring this report to the Executive.

- 8.4 Under the Contract Procedure Rules rule 8.2 contracts with a total value under £100,000 should not be awarded unless at least 3 quotations have been sought using the Council's eProcurement system. This has not been complied with however the report states in paragraphs 3.12 and 3.25 that all GP practices in the Borough have been invited to participate in the programmes.
- 8.5 Waivers are required when a decision is made to negotiate with one or more candidates pursuant to rule 13 of the Contract Procedure Rules. Contracts with a total value under £50,000 may be agreed by a Chief Officer. Contracts with a total value between £50,000 and £100,000 additionally need the agreement of the Director of Commissioning, the Director of Finance and the relevant Portfolio Holder with a report being made to Audit Subcommittee.
- 8.6 Under rule 1.3 of the Contract Procedure Rules, the formal advice of Legal Services does not need to be sought for certain contracts including those with a total value less than £100,000.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Personnel Implications.
Background Documents: (Access via Contact Officer)	Report CS17046 – Public Health Commissioning Intentions 2017-18, October 2016