

**NORTH SOMERSET COUNCIL
DECISION**

**DECISION OF: DIRECTOR, PEOPLE AND COMMUNITIES
WITH ADVICE FROM: SECTION 151 OFFICER AND
HEAD OF STRATEGIC PROCUREMENT
DIRECTORATE: PEOPLE AND COMMUNITIES**



DECISION NO: PC66 2018/19 SCHEME

SUBJECT: Request to directly award contracts to North Somerset pharmacies to provide Public Health services

KEY DECISION: YES

1. BACKGROUND:

- 1.1 This request seeks to combine services commissioned from pharmacies by the Council into a single contract with each participating provider through direct contract award.
- 1.2 Approvals are currently in place for the direct award of contracts from the Council to North Somerset pharmacies. However, the expiry dates for these contracts differ, reflecting the separate commissioning arrangements within Council directorates. Contracts for services to minimise drug related harms are due to expire on 31 March 2019 whilst those to improve sexual health and smoking cessation are in place until 31 March 2020.
- 1.3 A recent transfer of responsibilities for substance misuse contracts within the Council to Public Health provides an opportunity to align approvals and commissioning for pharmacy services for the first time, providing greater clarity and ease of communication with providers.
- 1.4 A contracting period of 5 five years plus 2 is requested which reflects the anticipated continued medium term need for such services and agreement about the relative priority of these services following a recent review of Public Health funding.
- 1.5 Each pharmacy will be invited to sign a contract to deliver all the specified services to provide good access throughout North Somerset.
- 1.6 Table 1 shows the Public Health services included in this request and the combined annual value of these services.

Table 1: Public Health Pharmacy delivered services and costs

Services specified (rationale)	What the costs include	Aggregated annual contract values for all Pharmacies
1. Substance Misuse - supervised consumption of methadone/ buprenorphine (ensure therapeutic benefits delivered to individual as prescribed, reduce illicit trading)	Pharmacy activity only	£60,000
2. Substance Misuse - needle exchange (reduce blood borne virus transmission & wound infection)	Pharmacy activity only	£12,000
3. Sexual health - under 25s (reduce unwanted pregnancy and promote safer sexual health)	Pharmacy activity, Emergency Hormonal Contraception, Chlamydia screening & free condoms	£10,000
4. Support to stop smoking (reduce smoking prevalence, prevent long term conditions, reduce premature deaths and health inequalities)	Pharmacy activity & Pharmacotherapy (NRT/Champix)	£75,000
Total		£157,000

2. DECISION:

Approval is requested to award contracts and to not complete Commissioning and Procurement Plans. The contract period requested is five years with the option for an additional two-year extension (5 + 2), commencing 1 April 2019. The services comprise drug misuse services, mandated sexual health services and support to stop smoking services.

3. REASONS:

3.1 Rationale for commissioning these Public Health services

Supervised consumption of self-administrated methadone and buprenorphine is an important mechanism for ensuring the safe and effective provision of this substitute medication to treat drug misuse. NICE guidelines recommend that supervised consumption should be delivered to a wide range of people in specialist treatment services including new service users (for a minimum of three months), all vulnerable service users and those living with small children. Needle exchange services provide injecting drug users with new, sterile injecting equipment and access to safe disposal of used equipment. They are important in preventing the spread of blood borne viruses, particularly Hepatitis C, and reducing the risk of other health problems such as wound infections and endocarditis.

Needle exchange services also provide an important way of moving individuals towards less risky drug use methods and provide referral routes into treatment. The safe disposal of injecting paraphernalia offered by needle exchanges helps to prevent accidental needle stick injuries and reduces hazardous litter.

Commissioning of Sexual Health services (including contraception and infection control) is a mandatory Public Health function of local authorities in the Health and Social Care Act 2012. The Council's requirements are set out in The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives Regulations, 2013. Specific requirements for sexual health services are available here:
<http://www.legislation.gov.uk/ukxi/2013/351/regulation/6/made>.

Public Health also commissions support to stop smoking services which offer the best evidence of effectiveness, combining psycho-social support and pharmacotherapy. (http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf and referenced on page 12 of the Tobacco Control Plan for England, July 2017: [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022 2 .pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf)).

Investment in support to stop smoking is a key priority due to the health harms associated with smoking, its role in widening health inequalities together with strong evidence of effectiveness of smoking cessation support services. Smoking is the leading cause of preventable illness and premature death in England (NHS Digital. 'Health Survey for England 2014 Trend Tables Commentary' 2015, page 20). Smoking also accounts for almost half the difference in life expectancy between the poorest and richest in the population (Marmot M. 'Fair Society, Healthy Lives' 2010). The distribution of smoking prevalence in North Somerset reflects this strong association with deprivation. Weston-super-Mare based practices report the highest prevalence - eight GP practices reporting prevalence over 20% including one reporting a smoking prevalence of 42.1%.

3.2 Rationale for seeking to directly award contracts to pharmacies

3.2.1 Strategic procurement recommendations

The recommendation from the Council's Strategic Procurement Service is that a full procurement process is not required as the suppliers and prices are prescribed. Therefore, the most cost-effective option is to proceed to direct contract award.

3.2.2 Other advantages of pharmacies as public health service providers

Pharmacies have a range of attributes which in combination, provide a unique market advantage for delivering public health services, including:

Quality - Established quality and safety standards for both staff and facilities which are subject to external assurance processes which review clinical governance processes, Local Pharmaceutical Committee requirements and NHS Information Governance requirements.

Accessibility - Good coverage throughout the area and with extended opening times ensuring good access for people in rural areas, people with limited mobility and those whose working hours preclude day time access.

Client relationship - 'First contact' access and confidential/trusted relationships (particularly important for services of a personal nature including sexual health). Physical location within communities also facilitates community orientation and cultural sensitivity.

Primary care relationships – Pharmacies provide capacity beyond GP practices to support individuals with a range of health conditions. The expanded role of pharmacies increases their perception as a key primary care provider and helps to ensure appropriate levels of support within the health system.

4. OPTIONS CONSIDERED:

Alternative procurement options were considered to be unnecessary due to the specialist nature of the services and suppliers. The recommendation from the NSC Strategic Procurement Service was to directly award contracts.

5. FINANCIAL IMPLICATIONS:

5.1 Costs: Aggregated annual costs of contract payments to pharmacies are £157,000. As the contract period requested is up to 7 years, the total costs are £1,099,000 (approximately £1.1 million). Costs are based on historical activity payments which help to predict future activity.

5.2 Funding: An allocation from the Public Health ring fenced grant will be made for the contract period. Pharmacy services do not form part of the specific measures proposed to mitigate the grant savings requirements.

6. LEGAL POWERS AND IMPLICATIONS

The Strategic Procurement Service advised that a 'light touch' regime should apply to these public health contracts as specified in the Public Contract Regulations 2015.

7. CONSULTATION

Consultation in formulating this Director's Decision request has involved seeking views from the Director of Public Health and the Strategic Procurement lead within the Council and the Local Pharmaceutical Committee lead externally.

8. RISK MANAGEMENT

North Somerset Council's Public Health service will performance manage the contracts which includes provision to reduce risks and adhere to good clinical governance practices. Contracts will be reviewed annually and updated to reflect changes in best practice.

9. EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? No adverse impacts are anticipated as this is a request for continuation of 'business as usual' in providing services through pharmacies.

Reducing health inequalities is a key factor in continuing to contract these public health services. Pharmacies afford good access to people throughout North Somerset and can foster ongoing, trusted client relationships. The preventative nature of the interventions seeks to reduce the risks of developing diseases amongst all eligible residents, whilst uptake monitoring and feedback also enables targeting, by encouraging pharmacies to deliver more in areas of greatest need. Where age restricted services are provided such as the under 25s sexual health services, eligibility is based on national standards and age-specific differences in disease prevalence, which seek to maximise the cost-effectiveness of services.

10. CORPORATE IMPLICATIONS

Provision of public health services in pharmacies contributes to the delivery of a range of health improvement actions in the People and Communities Strategy 2017-2020 and the health and well-being objectives of the Corporate Plan.

11. BACKGROUND PAPERS

None.

SIGNATORIES:

DECISION MAKER(S):

Signed: 

Title: Director of People and Communities

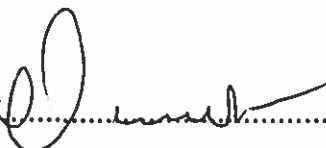
Date: 25.1.19

WITH ADVICE FROM:

Signed: 

Title: Section 151 Officer

Date: 24/1/19

Signed: 

Title: Head of Strategic Procurement

Date: 25/1/19

