

Item: 8.5

Report to: Primary Care Commissioning Committee

Date of Meeting: 23 April 2021

Subject: Repeat Contraception - Sexual Health Services

Presented by: Kate Memluks, Commissioning Lead – Quality, NHS Hull CCG

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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this paper is to request Primary Commissioning Committee approval to cease the additional payment to CHCP for the prescribing of repeat contraception from 1 July 2021.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee;

- a) approve the discontinuation of the additional payments to CHCP for repeat contraception prescriptions and the service ceases on 1 July 2021.
- b) approve the CCG and Local Authority request CHCP signpost patients to their GP Practice for contraception that require a prescription from 1 July 2021.
- c) approve CHCP gaining patient consent to share the outcome of all consultations that prescribe a contraception which will require monitoring and prescribing in GP Practice.

REPORT EXEMPT FROM PUBLIC DISCLOSURENo Yes

If yes, grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes below)*

Sexual and Reproductive Health services is intended to support the following CCG objectives:

- Reduce public sector demand and variation whilst promoting access based on need and meeting NHS Constitution and statutory requirements.
- Ensure that patient and public views contribute to the integrated commissioning process

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	The finance implications associated with these services is detailed within the paper.
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HR	None
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Quality	Improved access to services via GP Practices.
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Safety	The consultation outcome will be shared with the GP Practice ensuring patients receive a safe service.
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ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

A group was established to review the best way forward comprising of representation from:

- CCG - Commissioning
- CCG - Contracting
- CCG - Quality
- CCG - Communications and Engagement
- Public Health – Head of Vulnerable Services
- CHCP – Service Lead

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

None.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section 7 in the enclosed report.	

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

This report supports delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

SEXUAL HEALTH SERVICES – REPEAT CONTRACEPTION

1. BACKGROUND

Hull City Council Public Health Service are responsible for commissioning a range of sexual health services for the population of Hull, including repeat prescriptions.

The service was commissioned in 2019, CHCP were awarded the contract.

The contract no longer included the payment for repeat prescriptions for contraception.

It had been agreed with CCG and CHCP Directors of Finance that the CCG would cover the costs incurred by CHCP for a short period of time. This equated to around £25,000 per quarter by NHS Hull CCG, which ensured that the service did not prematurely end without a viable long term way forward.

A solution was then sought and it was deemed that as the GMS contract for GP Practices includes the prescribing of repeat contraception and the monitoring of the health of the

patient who is prescribed such medications that the sexual health service needed to sign post the patient to their GPs.

Activity Summary –

The activity which was supported has been decreasing month on month since December 2020, as we have worked with CHCP to reduce the service. However figures of the likely ongoing demand for Primary Care could be suggested from the following information from CHCP as follows:

New Repeats	Column Labels					Grand Total
	Jul	Aug	Sep	Oct	Nov	
Row Labels						
Injectable Repeat	47	42	41	45	57	232
Patch	17	12	19	19	13	80
Pill	154	135	260	280	236	1065
Grand Total	218	189	320	344	306	1377

2. CURRENT REQUIREMENTS FOR GP PRACTICES

The GMS Standard Contract stipulates in relation to Contraceptive services that:-

9.3.1. The Contractor shall make available the following services to all of its patients who request such services:

- (a) the giving of advice about the full range of contraceptive methods;
- (b) where appropriate, the medical examination of patients seeking such advice; (c) the treatment of such patients for contraceptive purposes and the prescribing of contraceptive substances and appliances (excluding the fitting and implanting of intrauterine devices and implants);
- (d) the giving of advice about emergency contraception and where appropriate, the supplying or prescribing of emergency hormonal contraception or, where the Contractor has a conscientious objection to emergency contraception, prompt referral to another provider of primary medical services who does not have such conscientious objections;
- (e) the provision of advice and referral in cases of unplanned or unwanted pregnancy, including advice about the availability of free pregnancy testing in the practice area and, where appropriate, where the Contractor has a conscientious objection to the termination of pregnancy, prompt referral to another provider of primary medical services who does not have such conscientious objections;
- (f) the giving of initial advice about sexual health promotion and sexually transmitted infections; and

(g) the referral as necessary for specialist sexual health services, including tests for sexually transmitted infections.

3. REQUIREMENTS BY CHCP SEXUAL HEALTH SERVICES

To enable safe and quality services to be provided by GP Practices CHCP Sexual health Services must:-

- Amend the Sexual Health services website and information leaflets to direct patients to their GP Practice for initial consultation where possible
- Sign post patients who contact the service to their GP Practice for initial consultation where possible
- Gain patient consent from patients to share the outcome of the consultation when they are assessed within the service and issued with a prescribed contraception that will require repeat prescriptions to be issued by the GP.
- When patients do not consent for the information to be shared advise them that they will need to go through an initial assessment again with the service or with the GP.
- Advise all patients to attend their own GP
- Assurance the actions have taken place will be received by the commissioner at Local Authority and shared with the CCG before 1 July 2021.
- Monitor the situation for six months to the end of December 2021.

CHCP have confirmed that they have started to gain consent from the patient to share the outcome of the consultation with the patients GP, they are issuing a three-month supply of contraception and advising the patient to contact their GP. They have an online triage booking facility which will be amended to direct the patients to their GP.

It has been agreed that CHCP, CCG and Local Authority Communications Teams will work together to ensure the information that contraception is available from GPs is shared.

School age patients requiring contraception will be advised by their school nurse to contact their GP, however, where they are reluctant the service will offer a consultation to these vulnerable patients.

A meeting will be arranged to review the situation before the end of October 2021 and then a review meeting will take place in January 2022.

GP Practices will be encouraged to report any incidents via DATIX to enable these to feed into the review meetings.

4. RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee;

- a) approve the discontinuation of the additional payments to CHCP for repeat contraception prescriptions and the service ceases on 30 June 2021.
- b) approve the CCG and Local Authority request CHCP signpost patients to their GP Practice for contraception that require a prescription from 1 July 2021.
- c) approve CHCP carrying out the actions as described in this report.