Progress on Tendering Contraceptive Services in Brent

1. Summary

This paper outlines progress made in relation to the proposals on reconfiguring contraceptive services in Brent and seeks approval

- Decisions made at the Sexual Health in Primary Care Meeting, 19th February, 2007.

2. Introduction

The PCT agreed in November 2006 to

- Reduce the budget for Westside Contraceptive Services by £159,000
- To tender the services from April 2007 in order to achieve the savings.
- A new service to be in place by September 1st 2007.

3. Financial Constraints

The turnaround proposal (A39) had also endorsed the need to build capacity in primary care, recognising that a reduced provision in our specialist providers would entail increased demand in primary. In order to enable this shift the PCT will in fact be looking to increase spending in building capacity in primary care.

The existing budget for services does not include costs for infrastructure and the budget for drugs, especially long acting and reversible contraception (LARCS) has been historically under funded and has not kept pace with technology. The Department of Health and Family Planning Association has actively encouraged the use of LARCS as being more cost effective in the longer term and plays a key role in reducing teenage conception rates and abortion rates in Brent, both of which are extremely high. The waiting list for LARCS is approximately 2.5 months.

Funds are being sought from other areas in the sexual health budget to redress this.

Due to notice to provider arrangements reductions to this budget cannot be applied until a newly commissioned service is in place (timescale attached).

4. Objective for Tendering Contraceptive Services

In the light of the above constraints, the aim of the PCT in tendering this service is to:

- Unify the budget for specialist contraceptive care and commission a ‘whole’ service.
- Have clearly identified budgets for drugs in order to decrease waiting lists.
- Increase rates of STI testing, particularly Chlamydia, and move closer to an integrated model for STI screening and contraceptive care (as recommended by the National Sexual Health Strategy).

Mansel Chamberlain has provided tender support and we will also be seeking legal input via the procurement team.

5. Governance Arrangements

Dr Amanda Craig as the chair of PEC will be providing the clinical and governance lead for the tender and managing contraceptive services during the transition period.

A programme of fortnightly meetings have been set up with Samih Kalakeche, Amanda Craig, Anjum Fareed and Westside Contraceptive services to manage risk in relation to:

- Agreement and arrangements for transitional risk management and transfer of liabilities.
- Continuity of Care to patients.
- Reducing risk of pregnancy risk associated with site closure and clinic closure.
- Communication flows to staff and patients and GP's.
- Managing finances over the transition period.

6. Building Capacity in Primary Care
Amanda and Dr Madhukar Patel will be providing the lead in governance arrangements in ensuring that general practitioners are appropriately supported in building capacity in primary care.

Joint Commissioning and Primary Care leads, with Westside Contraceptive Services have analysed and discussed current GP IUD activity levels. Several concerns have been raised in relation to training as many of our GP's are currently operating out of the scope of HPA guidelines. They have been unable to access training either through our own provider or from outside in the last few years.

Given the reconfiguration of services taking place it was felt to be unrealistic to withdraw GP's from the IUD scheme at this point in time.

GPs, Primary Care, Voluntary Sector and Westside leads met on 19th February to discuss this at length.

Westside Contraceptive Services activity indicates a predominance of level 1 sexual health care: pregnancy testing, the pill, condoms, DP. Many of our GP's are already contracted to provide this level of care but continue to rely on Westside to meet their patient's needs. It is anticipated that encouraging women to return to GP's will release considerable capacity in the clinics for more specialised contraceptive care (IUDs, smears, LARCS, specialist referral, training, outreach).

Taking the above discussion into account the following decisions were made. The board is asked to endorse these decisions:

> **Decision:** Westside Contraceptive Services to provide initial care to women who present for level 1 care and then ensure that advice is given to return to their GP's for future (top up) care. The service is asked to exercise discretion where women

are not registered with a GP or who present with complex circumstances (such as female genital mutilation or young women under 16 for example).

Decision: It was felt that the rationale for operating out of the HPA scope needed to be clear, backed by the PCT, with realistic timescales of the numbers of GPs to be trained. It was agreed that all GP's requiring training would be trained within one year and a plan of action would be drawn as soon as possible.

Anjum Fareed
Samih Kalakeche
26th February, 2007