Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	23 January 2018
Reporting Member / Officer of Strategic Commissioning Board	Councillor Brenda Warrington – Executive Leader Jeanelle De Gruchy, Director of Population Health — Population Health
Subject:	**SEXUAL AND REPRODUCTIVE HEALTH SERVICES – CONTRACT EXTENSION AND FUTURE INVESTMENT**
Report Summary:	This report seeks approval for a range of contracts and changes to service delivery within sexual health services. It includes approval for contract extensions to continue using two contracts that are jointly commissioned across Greater Manchester (for the provision of chlamydia screening and for support for the most vulnerable groups for HIV and Sexually Transmitted Infection (STI)) and changes to the delivery of chlamydia screening within General Practice and the extension of the Pharmacy Emergency Hormonal Contraceptive service.
Recommendations:	That Strategic Commissioning Board be recommended to: (i) Approve the extension of the RuClear contract in line with the extension granted by the Lead Commissioner Manchester Council. (ii) Approve the extension of the HIV and STI screening and support service (GMPaSH) in line with the extension granted by the lead Commissioner Salford Council. (iii) Approve the ceasing of the current Locally Commissioned Service with general Practice for Chlamydia Screening and replace with a service for provision of self-sampling Kits and enhanced condom offer. (iv) Approve the removal of chlamydia screening from the Pharmacy Emergency Hormonal Contraception service. (v) Approve the extension of the Pharmacy Locally Commissioned Service to include Ulipristral (Ella One) Emergency hormonal Contraception. (vi) Approve the continued commitment to the national HIV screening service.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Budget Allocation	The recommendations will be financed in line with existing budget allocations within the Population Health directorate:
Recommendation (i)	£0.075 million
Recommendation (iii)	£0.023 million
Recommendation (iv)	The current year budget

	allocation is £ 0.075 million (per recommendation i)
Recommendation (v)	No financial impact as pharmacies are not paid for distribution of kits
Recommendation (vi)	Estimated cost of £ 0.002 million will be financed from the existing Population Health service revenue budget
Recommendation (i)	£ 0.075 million

Legal Implications: (Authorised by the Borough Solicitor)

Under the Council's Procurement Standing Orders contracts can be (1) extended if there is extension provision in the contract (F.1.2) and (2) varied in certain circumstances including where the specification to achieve particular outcomes require changing so additional supplies/services are necessary, and it wouldn't make sense to change contractors for technical reasons, significant inconvenience or cost, and they are not more than 50% of the value of the contract (F.1.5). In all cases the achievement of best value for money is a key consideration.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Starting Well and Developing Well programmes for action

How do proposals align with Locality Plan?

The provision of sexual and reproductive health services is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services
- Planned care services

How do proposals align with the Commissioning Strategy?

The provision of sexual and reproductive health services contributes to the Commissioning Strategy by:

1. Empowering citizens and communities
2. Commission for the 'whole person'
3. Create a proactive and holistic population health system

Recommendations / views of the Health and Care Advisory Group:

The Health and Care Advisory Group recommended that the Locally Commissioned Service (LCS) for the provision of Chlamydia testing by General Practice is included in the LCS Framework.

The contents of the report were supported at the Health and Care Advisory Group by the Sexual Health clinical lead Dr Jane Harvey.

Public and Patient Implications:

The recommendations will ensure continued access to services.

Quality Implications:

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which

	requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	Provision of Sexual and reproductive health services has a positive effect on health inequalities. Poor sexual health and lack of access to contraception contributes to inequalities, with more deprived populations experiencing worse sexual health. The proposed continuation of services will ensure the continued targeting of resources for those at greatest need. The proposed provision of additional Emergency Hormonal Contraception will extend and improve the service to address health inequalities.
What are the Equality and Diversity implications?	The sexual and reproductive health services provided are available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership. Some service provision is targeted to address health inequalities experienced by more marginalised groups.
What are the safeguarding implications?	Sexual and Reproductive Health Services have an important role in the identification and response to abuse. The service has explicit resources for this, is linked into Child Sex Exploitation and Domestic Abuse services and has pathways to safeguard children and vulnerable adults
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report therefore a privacy impact assessment has not been carried out
Risk Management:	The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Richard Scarborough, Planning and Commissioning Officer  Telephone: 0161 0161 342 2807  e-mail: Richard.scarborough@tameside.gov.uk

1. INTRODUCTION

1.1 Under the Health and Social Care Act 2012, Local Authorities have a statutory duty to commission confidential, open access services for Sexually Transmitted Infections and Contraception, as well as ensuring that the local population has reasonable access to all methods of contraception. A range of services are commissioned from NHS providers, General Practice, Pharmacy and third sector organisations in order to fulfil these obligations.

1.2 Improving the sexual and reproductive health of the local population is a public health priority. Sexual and reproductive ill-health can have a detrimental effect on our relationships and on our emotional and physical wellbeing. Good sexual and reproductive health is dependent on a positive and respectful attitude to sex, relationships and sexuality; pleasurable and safe sexual experiences free from coercion; the absence of infection and dysfunction; and the avoidance of unintended conceptions.

1.3 Sexually transmitted infections (STIs) can be passed from an infected person to their partner during sexual intercourse. Sexually transmitted infections can lead to long-term health problems if not detected and treated. Infections such as HIV can be managed but not cured.

1.4 The correct and consistent use of a reliable method of contraception is important for protection from an unintended conception. Over the last decade, there has been an increase in the proportion of women opting to use a long acting, reversible method of contraception (such as the contraceptive implant) though the contraceptive pill is still a popular choice.

1.5 An Executive Decision in January 2016 approved the joint procurement of a sexual and reproductive health service in a cluster arrangement with Stockport and Trafford Councils with Stockport leading the procurement and awarding the contract. A two year extension to this contract was approved in July 2018

1.6 This arrangement is in line with the Greater Manchester sexual health strategy, produced by the Greater Manchester Sexual Health Network, to recommission services in cluster based arrangements using a single Greater Manchester service specification.

1.7 The Greater Manchester Sexual Health Commissioners Group, a sub group of the Greater Manchester Sexual Health Strategic Partnership, collaborates to jointly commission additional services across Greater Manchester. Collaboratively commissioned services include an opportunistic chlamydia screening programme provided by RuClear and an STI and HIV screening and support service provided by the PaSH partnership. Both of these contracts are coming to the end of their initial term and the lead commissioners and the Partnership have agreed to extend as permitted within their contract terms subject to local agreements.

1.8 A national HIV self-sampling service operates under a framework procured by ESPO on behalf of Health Prevention England. This framework will expire on 31 March 2019 but has an available extension until 29 October 2019. A tender is in progress to procure a new framework with the intention of having a new service in place by 1 April 2019.

1.9 General Practice provide two Locally Commissioned Services (LCS) for Sexual and Reproductive health; Long Acting Reversible Contraception (LARC) and Chlamydia screening.

1.10 Pharmacies deliver one LCS, Emergency Hormonal Contraception (EHC) which includes a chlamydia screening element.

1.11 This report details the arrangements for each of these additional services and the proposed extensions and implications for Tameside and seeks authorisation to proceed as detailed in the recommendations. In summary these are

- To extend the RuClear contract in line with the extension granted by the Lead Commissioner Manchester Council
- To extend the HIV and STI screening and support service (GMPaSH) in line with the extension granted by the lead Commissioner Salford Council
- To cease the current LCS with general Practice for Chlamydia Screening and replace with an LCS for provision of self-sampling Kits and enhanced condom offer.
- To remove chlamydia screening from the Pharmacy EHC service
- To extend the Pharmacy LCS to include Ulipristral (Ella One) Emergency hormonal Contraception.
- To continue commitment to the national HIV screening service.

1.12 Clinical governance and oversight for sexual and reproductive health in Tameside is provided by Dr Jane Harvey. Dr Harvey has reviewed the clinical aspects of the proposals within this report and supports the recommendations made.

2. OPPORTUNISTIC CHLAMYDIA SCREENING PROGRAMME

2.1 Manchester City Council, on behalf of all of the local authorities of Greater Manchester, holds a framework contract with Manchester University NHS Foundation Trust (MFT) for the provision of an opportunistic chlamydia screening programme for asymptomatic young people aged under-25 (branded as RuClear). The framework was procured via a competitive tender and the initial contract period is due to expire on the 31st March 2019 and has a further two year extension period.

2.2 The service has been reviewed by the GM Commissioners who have agreed some changes to the service delivery (detailed below) with contract prices for the provision of kits and testing remaining the same. The framework will be extended by Manchester and individual Authorities can opt to continue with the framework or make alternative arrangements.

2.3 The Chlamydia screening programme is a key service in assisting us in meeting the targets of the national Chlamydia screening pathway. Chlamydia is the most common bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It is estimated that one in ten young people are infected. By diagnosing and treating asymptomatic chlamydia infections, chlamydia screening can reduce the duration of infection, which will reduce an individual's chance of developing complications, and also reduce the time when someone is at risk of passing the infection on, which in turn will reduce the spread of chlamydia in the population.

2.4 The National Chlamydia Screening Programme (NCSP) recommends that all sexually active men and women under 25 years of age be tested for chlamydia annually or on change of sexual partner (whichever is more frequent)

2.5 Indicators linked to the NCSP pathway are included in the Public Health Outcomes Framework (PHOF) and the Public Health England Sexual and reproductive Health Profiles. The indicators assess progress in controlling chlamydia in sexually active young adults. Guidance recommends local areas achieve an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old resident population to detect and treat sufficient asymptomatic infections to affect a decrease in incidence.

2.6 The chlamydia detection rate reflects both screening coverage levels and the proportion of tests that are positive at all testing sites, including primary care, sexual and reproductive

health and specialist sexual health services. Areas achieving or above the 2,300 detection rate should aim to sustain or increase, with areas achieving below it aiming to increase their rate.

2.7 The Tameside chlamydia detection rate has previously been one of the highest nationally and highest in GM but has fallen dramatically from 3789 in 2015, to 2619 in 2016 and 1794 in 2017 along with decrease in the number of tests and percentage of population covered. Whilst Tameside figures have dropped significantly they are now more in line with the rest of GM. There have been problems with the coding and reporting of chlamydia tests by laboratories via CTAD (Chlamydia Testing Activity Dataset) which are now being resolved following work by PHE with labs and RuClear. For some time it has been suspected that Tameside figures included a lot of double counting as our rates were extremely high but we could not justify them. It is likely that, prior to the commencement of our new contract for the Sexual and Reproductive health Service in September 2016, all screens initiated within this service were being double counted.

2.8 Percentage positivity rate is not a reported indicator but is contained within the data. Tameside's 2017 figure is 10.9% the third highest in GM. This may indicate that either the tests we do are more targeted or that the level of infection in the population is higher.

2.9 The pathway target positive detection rate is 2.3% (Approximately 600 positives for Tameside) and it is estimated that 25-35% of the population needs to be tested to achieve this. In 2017 we achieved 453 positive test results with 16.5% of the population tested.

The RuClear Service

2.10 The RuClear service has two elements. A self-sampling service enabling individuals to request a screening kit online for delivery to their home address and a screening initiation service for clinical settings including General Practice, Termination of Pregnancy services, and Midwifery services and Brooke. Activity is charged to the local authority based upon the address of the patient. (For example a Tameside resident using Brooke in Manchester or a Termination of Pregnancy service in Trafford would be paid for by Tameside). Approximately one third of activity is via initiation sites and two thirds via self-sampling.

2.11 Across Greater Manchester the use of the screening initiation service within General Practice has been varied with the majority of practices making little or no use of the service. The service is only available to patients age 16 to 24 (in line with the National Chlamydia Screening Programme) and is for screening purposes and not to be used where testing is indicated as part of differential diagnosis or for patients that are symptomatic. Where a Practice wishes to offer a screen to a young person a different sample kit is used and labels have to be manually created. A Practice may therefore use their regular sample testing system or the RuClear system depending upon the eligibility factors. This dual system may have proven to be too complicated within a busy practice environment.

2.12 Due to the low numbers of screens being initiated at most General Practice initiation sites across Greater Manchester the provider, RuClear, have stated that it is not viable to support sites that are issuing minimal numbers due to the overhead in training and support and the wastage of kits going out of date.

2.13 Two alternative models have been offered for sites with low activity levels, either a referral card that can be given a young person with the details of the RuClear digital service for them to access or the provision of a supply of take away kits that can be given to eligible patients. These kits could be used by the patient in the surgery and given to the receptionist to put in the sample bag or taken away to be completed and posted back. The expectation would be that any practice holding kits would promote the service to eligible patients and also give out kits to young people not registered with the practice that request them. The Practice would be promoted as a location where kits could be collected.

2.14 In Tameside, General Practices are currently paid based upon screens received by RuClear at the rate of £4.50 for each kit received and £16 for each positive. In the 6 month period April to September 2018 a total of 39 screens were received from Tameside practices, all were negative. Practices will be paid payments totalling £175.50 for this activity.

2.15 Pharmacies delivering the Emergency Hormonal Contraception service also offer the RuClear service and should hold a stock of home sampling kits to give out. No additional payment is made to pharmacies for this service. In common with other areas of Greater Manchester the provision via pharmacy is minimal and experience has shown that, even where a young person takes a kit as part of an EHC consultation it is rarely completed and returned.

2.16 The RuClear service currently has no budget for the promotion or development of the service. The lead commissioner has agreed a contract variation to include an annual fee of £2000 per participating Authority to fund needed IT developments and promotion of the service. Activity levels for all participating areas are considerably lower than the indicative activity figures that were given when the service was procured which has affected the financial viability of the service. By giving the service additional resource, ring-fenced for targeted promotion, it is expected that activity levels will be increased. Promotion will be targeted such that once activity levels are at the level of the indicative volumes of activity it will be ceased.

2.17 RuClear spend and activity in the 6 months April to September 2018

	Initiation test	Cost	Postal kits sent	Cost	Postal Kits returned	Cost of testing	Total cost
April-September	320	£6476.80	867	£4681.80	663	£12,815.79	£23,974
Indicative figures / projected spend	500	£10,120	750	£4050	600	£11,598	£25,768

2.18 Since May 2017 RuClear have accepted requests for screens from Tameside residents aged over 24. A decision was taken to extend the offer in the Tameside, Trafford and Stockport cluster in order to ease pressure on the main Sexual and Reproductive health Services (SRHS) whilst there were capacity issues during service transformation as the new contract was being initiated. There was capacity to do this due to the underperformance of provision of screens compared to the indicative and budgeted levels of service. This extension of service is now being removed as capacity increases in the SRHS and the service has implemented a more comprehensive digital offer that people over 24 can access. The number of home test kits returned to the SRHS service has increased from 133 in Q4 17/18 to 270 in Q2 18/19.

2.19 In the 12 month period July 2016 to August 2018 356 RuClear kits were sent to Tameside residents aged over 24 with 348 being returned at a total cost of £8650. There were 15 chlamydia positives and 2 Gonorrhoea positives detected from this activity. This activity will now be targeted at the age 16 to 24 client groups in order to improve performance against the chlamydia pathway. The targeted promotion of the service will be essential in increasing take-up of the service.

2.20 **Recommendations for consideration – RuClear and Chlamydia screening**

- Extension of current RuClear contract.
- Cease provision of current GP LCS for chlamydia screening initiation.

- Implement a universal offer for General Practice by providing takeaway kits for with a payment of £5 for each kit distributed and returned. Or alternatively a neighbourhood offer with fewer General Practices participating with a single annual payment of £200 per participating practice.
- Cease provision within the Pharmacy EHC service.

Options related to RuClear contract

Recommendation - Extension of current RuClear contract.

2.21 The framework contract with RuClear has been extended by Manchester within the terms of the original procurement and contract. The contract is a key service in tackling the spread of Chlamydia in Greater Manchester and working towards the targets in the national Chlamydia pathway. RuClear have established a clear brand across Greater Manchester and have a well-managed clinical service. The service is subject to contract monitoring which is performed by Manchester council as contract holder. In addition there is a steering group for all the Greater Manchester jointly commissioned services, the Joint Contract Oversight Group (JCOG) which meets quarterly to analyse performance data for all jointly commissioned contracts and advises the lead commissioner. The Tameside commissioner attends the JCOG meetings on behalf of the Tameside, Stockport and Trafford cluster.

Alternate Option - Cease the contract with RuClear.

2.22 Ceasing this contract would have a severe impact upon our ability to control the spread of chlamydia and gonorrhoea in the Borough. The RuClear programme is a targeted screening programme; whilst some of this activity could be picked up by the Sexual and Reproductive Health Service there would be additional costs associated with developing this as an extension to the current contract. Alternative provision would not benefit from the clear GM wide branding and universal offer.

Options related to General Practice.

Recommendation - Implement a new General Practice neighbourhood offer using home screening kits

2.23 The RuClear programme can be provided within the general Practice setting with the provision of home screening kits for issue to eligible young people. (Further details see appendix One) General Practice is a trusted brand and young people are likely to take advice re screening in this environment.

Provision can either be universal, with all practices given the opportunity to take part, or be limited to a small number of practices per neighbourhood. Where a practice is not taking part they can be provided with information cards directing the young person to the online RuClear service.

- If a universal offer is implemented a remuneration rate of £5 for each kit returned to RuClear is proposed.
- If a neighbourhood model is implemented then a single fee of £200 per annum is proposed.

Advice is sought from SLT and HCAG as to the preferred option.

Alternate Option - Continue as is.

2.24 Continuing the current offer with all practices regardless of the level of uptake of the service is no longer an option as it has not proved to be viable for RuClear to supply the kits given the numbers that are expiring and the effort to sustain the service in training etc.

Alternate Option - Cease providing RuClear via General Practice

2.25 The provision of a service via General Practice is an important element of the provision, particularly for young people who do not want kits delivering to their home address. General

Practice are well placed to increase take-up of chlamydia screening in order for us to improve our performance on the chlamydia pathway. Without provision in community settings it will be difficult to reach all target groups and achieve desired outcomes.

Options related to Pharmacy

Recommendation - Implement a new Pharmacy Offer

2.26 A new pharmacy LCS based on the referral of young people to the digital offer as a standalone service could be implemented in selected pharmacies. This may generate more activity and provide an additional setting where engagement with Young People can take place. However, the additional resources in the RuClear service to promote the digital service using social media are expected to focus on the target population and increase take-up. It is proposed therefore that this option is not implemented at this time but can be considered if increased take up and targeting of the service is required in the future.

Alternate Option - Continue as is.

2.27 Continuing the current offer with all Pharmacies who deliver the EHC service regardless of the level of uptake of chlamydia screens is no longer an option as it has not proved to be viable for RuClear to supply the kits given the numbers that are expiring and the effort to sustain the service in training etc.

Alternate Option - Cease Pharmacy Provision

2.28 Only minimal numbers of chlamydia screens are initiated via pharmacies so the impact of ceasing will be negligible. Young people can be signposted to other services including the online offer and General Practice.

Summary of Recommendations - RuClear and Chlamydia screening

2.29 That participation in the RuClear contract is extended for two years from 1 April 2019 to include the additional £2000 per annum contribution towards IT development and promotion

2.30 That the Initiation Service is withdrawn from General Practice.

2.31 That the RuClear element of the Pharmacy EHC contract is removed.

2.32 That General Practices are offered the option of holding self-sampling kits with a payment of £5.00 made for each kit issued and returned to RuClear or Practices providing the service on behalf of their neighbourhood be paid a fee of £200 per annum.

3. GM SEXUAL HEALTH IMPROVEMENT PROGRAMME (PASH)

3.1 The GM Sexual Health Improvement Programme (branded as the Passionate about Sexual Health Programme; PaSH), is provided by a consortium led by BHA for Equality in partnership with George House Trust and the LGBT Foundation. It provides STI and HIV prevention and support services and support for people living with and affected by HIV and AIDS. The service targets our most vulnerable and high risk population in terms of sexual health needs and provides information and advice as well as initiatives like community HIV Point Of Care Testing (POCT).

3.2 The contract was awarded by Salford Council (on behalf of all of the local authorities of Greater Manchester) following a competitive tender exercise and commenced in July 2016. The initial contract period was three years with an allowable two years extension.

3.3 A memorandum of agreement is in place between Salford and the other nine GM authorities to set out and govern the relationship between the parties and their obligations. Any party may terminate its participation in the project with six months notice.

3.4 Participation in this contract was agreed by the Strategic Commissioning Board in November 2016.

3.5 The service has been reviewed by the GM Commissioners who have agreed to extend the contract by two years. The service and partnership will be an important partner in in the new GM HIVE (Ending new transmission of HIV across Greater Manchester within a generation) project and the GM City Regions application to become a Fast Track City.

3.6 The service is subject to contract monitoring which is performed by Salford council as contract holder. In addition there is a steering group for all the Greater Manchester jointly commissioned services, the Joint Contract Oversight Group (JCOG) which meets quarterly to analyse performance data for all jointly commissioned contracts and advises the lead commissioner. The Tameside commissioner attends the JCOG meetings on behalf of the Tameside, Stockport and Trafford cluster.

3.7 The majority of the funding for this service is provided by Manchester and Salford who have the areas of greatest need. The Tameside contribution to the contract is £22,560 per annum which is the lowest contribution of all participating authorities.

3.8 The PaSH consortium has developed and established the service across Greater Manchester and delivers services to the residents of Tameside both within the Borough and from locations outside the Borough. For example recent provision has included provision of POCT at a venue in Stalybridge, an information stall at MIND and information sessions at People First Tameside. In the first quarter they provided 26 Tameside residents with 1 to 1 brief interactions around HIV and sexual health and four with structured/extended information and advice, 25 residents attended group sessions, 3 residents took a HIV test and condoms were distributed to five outlets in the Borough.

3.9 The service is subject to quarterly contract monitoring which is performed by Salford council as contract holder. In addition there is a steering group for all the Greater Manchester jointly commissioned services, the Joint Contract Oversight Group (JCOG) which meets quarterly to analyse performance data for all jointly commissioned contracts and advises the lead commissioner. The Tameside commissioner attends the JCOG meetings on behalf of the Tameside, Stockport and Trafford cluster.

Options for consideration

Extension of current contract.

3.10 The contract with BHA for Equalities has been extended by Salford within the terms of the original procurement and contract. The contract provides a key service in tackling the spread of STIs and HIV in Greater Manchester and working with our most at risk populations. Continuation of this service is in line with the GM Sexual Health strategy.

Cease participation in the contract.

3.11 Ceasing participation in this contract would have an impact upon our ability to control the spread of STIs and HIV in the Borough amongst the populations that are most at risk. Alternative provision would not benefit from the GM wide branding and universal offer which maximises the relatively small level of resource we contribute to this service.

Recommendation

3.12 That participation in the PaSH contract is extended for two years from 1 July 2019

4. NATIONAL HIV SELF SAMPLING SERVICE

4.1 The National HIV Self Sampling Service was commissioned by Public Health England. A framework contract was procured by ESPO and is delivered by Preventx. Local authorities and other public bodies are able to use the framework to be included in the national web based service. The contract has an initial term until 31 March 2019 with a possible extension until 29 October 2019 however as yet this option to extend has not been exercised.

4.2 The national HIV Self sampling service operates a website, WWW.test.hiv where HIV self-sampling kits can be ordered by individuals to be received through the post. During periods of major campaign activity around national HIV Testing week and world AIDS day PHE fund all requests received. During this time there is substantial national promotion coordinated through the It Starts With Me campaign website https://www.startswithme.org.uk/ . Outside of this period kits are only supplied to people where the local authority of residence has contracted for the service. The cost of the service is £2.00 for each kit supplied and £6.00 for each kit processed on return. Current return rates are approximately 63%.

4.3 From the start of the national service in November 2015 until end of September 2018 Tameside residents visited the website 1365 times and 650 kits have been ordered. Tameside have been party to the contract since January 2016 and in that time 487 kits have been ordered with 303 tests being completed at a total cost of £2792. The remaining orders will have been funded by PHE during the free periods of campaign activity. The service has made two positive diagnoses for Tameside residents.

4.4 Public Health England commenced the procurement of a replacement service on 29 October 2018 with the intention of having a new service in place by 1 April 2019. The new service will be broadly the same as the current service with the addition of the provision of kits in bulk for local commissioners to distribute if required. Pricing will not be known until a new contract is awarded.

4.5 Offering a range of opportunities for people to test for HIV is a key component to tackling rates of HIV infection. The GM HIVE project will seek to increase testing rates across Greater Manchester. Early diagnosis of HIV is associated with better outcomes for the individual and less transmission to others.

4.6 Support for continued funding of this service is sought, on the assumption that funding requirements will be similar, so that once details of the replacement service are available a contract can be entered into with the new provider to ensure continuity of service. A contract award can be made based on Officer discretion due to the low financial value.

Options for consideration

Continue to provide funding for the national HIV self-sampling service

4.7 The replacement national service will be procured as a compliant framework by ESPO that is available for Local Authorities to utilise. A waiver to Tameside procurement standing orders is in place allowing the use of frameworks provided by a range of organisations and this includes ESPO.

4.8 The national HIV self-sampling service is promoted nationally and is now established as a national brand with links from a variety of other websites and information points to encourage individuals to test for HIV. The service has proved to be very cost effective and it is expected that the replacement service will continue to be similarly priced. The current framework contract allows for limits on spend to be set and for withdrawal from the contract with minimal notice period. The expectation is that this will feature in any replacement contract.

Cease participation in the contract.

4.8 Ceasing this contract would have an impact upon our ability to control the spread of HIV and to improve our late diagnosis rate. There are a range of other opportunities for Tameside residents to test including at the Sexual Health Service, General Practice and Point Of Care Testing events held by the PaSH partnership. However, the national service has an additional level of visibility and local participation capitalises on the national investment. The GM strategic approach and the HIVe project seek to increase opportunities for testing and the number of tests; ceasing this service would potentially reduce the number of tests by Tameside residents by approximately 150 tests a year.

Recommendation

4.9 That, subject to a requirement for similar funding level of approximately £2,000 per annum, participation is continued in the national HIV screening programme from 1 April 2019.

5. EMERGENCY HORMONAL CONTRACEPTION (EHC)

5.1 Emergency Hormonal Contraception is provided by a range of local Pharmacies as a Locally Commissioned Service. The number of pharmacies providing and the value of claims has increased in the last year since provision has been monitored electronically via the web based Neo system alongside all the CCG commissioned pharmacy services. The service has traditionally been available for delivery by any qualifying pharmacy and by pharmacist qualified to deliver the service. The greater visibility of the service via NEO has prompted more pharmacists to complete the training and commence delivery.

5.2 The service is delivered under a Patient Group Direction (PGD) to enable Pharmacists to supply or administer medication without a prescription.

5.3 The current Pharmacy contract is for the supply of Levonorgestrel only. We pay £10 for consultation and £6 for the prescription/supply. There are some consultations without prescriptions and some double prescriptions where clinically indicated. Pharmacies can sell EHC privately and EHC is also available via general Practice and the Sexual Health Service.

5.4 Current pharmacy annual spend on EHC is running at £21732 which would be approximately 1360 prescriptions. This has increased over the last couple of years as additional pharmacies have started to provide.

5.5 Ulipristral (EllaOne) is a newer brand of emergency contraceptive pill that has until now not been commissioned from Pharmacies in Tameside. It must be taken within 120 hours (5 days) of having unprotected sex. Like all methods of emergency contraception it is most effective if it is taken soon after sex. If the pill is taken with 24 hours it will prevent 98% of pregnancies.

5.6 Ulipristral is more effective than Levonorgestrel particularly after 24 hours and can be used in the period between 72 and 120 hours when Levonorgestrel cannot be used. The table below details the effectiveness of Ulipristral versus Levonorgestrel.

	Levonorgestrel	Ulipristral
First 24hrs	95% effective	98% effective
Up to 48hrs	85% effective	98% effective
Up to 72hrs	58% effective	98% effective
Up to 120hrs	*Wouldn't have been supplied	98% effective

5.7 Given the greater effectiveness, and the extended timescales, provision of Ulipristral as an alternative to Levonorgestrel would have much better outcomes and impact for both the individuals and the local health and social care economy.

- more clinically effective
- Reduction in unplanned pregnancy
- Reduction in number of termination of pregnancies
- reduction in women attending General Practice and the Sexual Health clinic for prescription of Ulipristral or copper coil where they have been informed by pharmacy that it is too late for Levonorgestrel to be effective.

5.8 Modelling by Trafford, who have implemented pharmacy provision of Ulipristral, suggests that 32% of pharmacy EHC provision is Ulipristral. Within General Practice in Tameside and Glossop 23% of EHC prescription is Ulipristral. This would indicate that approximately 440 prescriptions per annum could move from Levonorgestrel to Ulipristral if we implemented the provision of Ulipristral after the first 24 hours following UPSI in our pharmacy EHC service.

5.9 The numbers of abortions for women living in Tameside has been rising since 2014. There were 978 abortions performed for Tameside in 2017 and increase of 3%. The rate of abortions per 1000 women aged 15-44 in Tameside has risen from 19.2 in 2014 to 22.6 in 2017, the Tameside and Glossop abortion rate is 21.6 the second highest CCG rate in GM and compares to England rate of 17.2. Investment in the provision of Ulipristral should have a positive effect on the budget for abortions.

5.10 An updated PGD for the supply of Ulipristral for emergency hormonal contraception has been approved. This can be easily implemented with existing Pharmacy providers of the EHC service.

5.11 In order to support the training of pharmacies the Centre for Pharmacy Postgraduate Education is able to run a local training session for up to 40 delegates.

5.12 **Cost implications - Emergency Hormonal Contraception**

- The cost of Ulipristral (Ellaone) is £14.05.
- We are currently paying £6 per dose of Levonorgestrel.
- Using the prescribing patterns experienced by Trafford there would be an increase in costs of approximately £3,500 per annum.
- Savings should be seen in a reduction in the number of abortions and reduction in General Practice activity.

Recommendation – Emergency Hormonal Contraception

5.13 It is recommended that the provision of Ulipristral by pharmacies in Tameside is implemented from 1 April 2019

6. PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

6.1 Authorisation for continued allocation of funding is required to

- enable us to give Manchester authority to extend the contract with RuClear for the provision of chlamydia screening;
- change the model of delivery of chlamydia screening via General Practice;
- enable us to continue participation in the GM Sexual Health Improvement Programme (PaSH);

- authorise continued participation in the National HIV Screening Programme;
- implement the provision of Ulipristral Emergency Hormonal Contraception by Pharmacies.

7. FINANCIAL SUMMARY

7.1 The recommendations detailed can all be achieved within current budget allocations and should have a positive impact on other budgets such as Abortion costs.

8. GROUNDS UPON WHICH WAIVER/AUTHORISATION TO PROCEED SOUGHT

8.1 The Contract with Manchester FT for the RuClear chlamydia screening programme was competitively tendered by Manchester and has been extended within the original terms of the procurement and contract. The contract is subject to contract and performance monitoring and performance is scrutinised by a GM commissioners group.

8.2 The contract with BHA for Equality for the PASH service was competitively tendered by Salford and has been extended within the original terms of the procurement and contract. The contract is subject to contract and performance monitoring and performance is scrutinised by a GM commissioners group.

8.3 The National HIV Screening Programme is currently being procured as a framework by ESPO and a waiver is in place to utilise frameworks published by ESPO.

8.4 Contracts are in place with General Practice and Pharmacies for the provision of Locally Commissioned Services. All sexual health services provided within primary care settings are available for delivery by all qualified practitioners subject to proof of training and accreditation where required.

8.5 Clinical oversight for sexual and reproductive health in Tameside is provided by Dr Jane Harvey. Dr Harvey has reviewed the clinical aspects of the proposals within this report and supports the recommendations made.

9. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED:

9.1 The provision of open access services for Sexually Transmitted Infections and Contraception is a statutory duty under the Health and Social Care Act 2012.

9.2 Sexual health and contraception are health inequality issues with consequences that are serious and long-lasting. Failure to prevent or treat sexual ill health or to provide adequate contraception generates avoidable cost and demand across the health and social care system.

9.3 Effective sexual and reproductive health services reduce costs from a range of areas including:

- Health costs – including unintended pregnancies, abortion services and STI treatment, and additional costs for treating complications arising from undiagnosed STI infections.
- Other public sector costs – including children born from unintended pregnancies, social welfare expenditure (such as family tax credits), personal social services (such as interventions for those experiencing neglect or abuse), housing and education (GM Sexual Health Strategy 2018).

9.4 Services that promote good sexual health, test for and treat STIs and prove access to condoms all contribute to reducing the number of diagnoses of STIs and HIV. NICE health economic modelling estimated the costs of treating each episode of STIs, HIV and PID complications, as follows:

- £121.92 for chlamydia;
- £206.17 for gonorrhoea;
- £210.59 for syphilis;
- Treating 1 episode of pelvic inflammatory disease at £3,124;
- On average, it costs £13,900 a year to treat a case of HIV
  (GM Sexual Health Strategy 2018)

9.5 In addition to the benefits to the individual and the community of being sexual healthy, there are economic benefits. The Department of Health's *Framework for Sexual Health Improvement in England* concludes that there is an £11 saving for every £1 spent on contraception.

10. RECOMMENDATIONS

10.1 As set out at the front of the report.

APPENDIX ONE

General Practice neighbourhood offer for Chlamydia screening and condom distribution

Service Outline

- Each participating practice will be provided with a number of chlamydia home screening kits for issue to eligible young people.
- They will also be provided with promotional material - posters, information leaflets and other resources to include information on contraception.
- Borough wide promotion will advertise the availability of home test kits at general practice and other services will signpost young people to them.
- Practices will be expected to issue kits on demand to any eligible young people requesting them regardless of whether they are registered patients or not.
- Practices will be expected to promote the service opportunistically to their eligible registered patients.
- Kits may be taken away by the young person or be completed in the Surgery and returned to reception for return to RuClear.
- Any Practice issuing less than 6 kits per year will not be paid for the service and the service may be withdrawn.
- Each participating practice will also be issued with a supply of condoms for supply to young people. Supply of condoms to be independent of the supply of chlamydia screening kits.
- Condoms will be made available to practices via meetings such as the practice manager's forum and neighbourhood meetings.

Participating practices to be paid £5 for each kit distributed and returned where operating individually or alternatively where providing a neighbourhood service with fewer General Practices participating a single annual payment of £200 per participating practice.

APPENDIX TWO

GM HIVE briefing

HIVE - Ending new transmission of HIV across Greater Manchester within a generation

What are we aiming for?

We aim to reduce transmission of HIV in Greater Manchester and, ultimately, end new transmissions of HIV within twenty five years. HIVE has £1.3m funding from the GMHSCP to deliver the first phase, and is being led by the GM Sexual Health Network and a steering group of community representatives, third sector partners, clinicians, General Practice and Local Authority Commissioners.

Where are we starting from?

- Over 5,600 people living with HIV in Greater Manchester[1]
- Around 745 people in Greater Manchester unaware they are infected[2]
- Almost 300 new cases diagnosed every year[3]
- Higher than national average rates of infections[4], new diagnoses and late diagnoses[5].
- Manchester has more than double the national average number of infections, and Salford almost double[6].
- 44% of new cases classified as 'late diagnoses' when successful treatment is most costly and least likely to be successful[7]
- Risk of onward transmission: an estimated 13% of cases remain undiagnosed and therefore untreated and are at risk of transmitting the infection on.
- Prompt diagnosis: the evidence is clear that early diagnosis has long term health benefits and allows for cost effective management of HIV as a long term condition.
- Effects of late diagnosis: HIV symptoms are frequently subtle until the latter stages of the illness, resulting in a later diagnosis which impacts on both the individual and society:
- The health of the individual – late diagnosis is linked to poorer patient outcomes.
- The health of the population – later diagnosis results in an increased risk of onward transmission of HIV.
- Effect on the public purse: the lifetime cost of HIV is estimated to be £360,000. Compared to early diagnosis, late diagnosis is believed to increase the cost of treatment by 100% in the first year after diagnosis, and 50% in subsequent years.

How will we get there?

By working closely with communities most affected to substantially increase:

- uptake of testing – to pick up infection early, when management is easier and more effective both clinically and cost effectively

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[1] 4,906 diagnosed and 745 undiagnosed, based on 2016 data
[2] Based on 2016 PHE estimates of 13% of people in England and Wales excluding London
[3] 296 new cases diagnosed earlier
[4] 2.93 per 1000 15-59 year olds; compared to England average 2.31. (PHE England data 2016)
[5] 12.9 per 100,000 over 15s
[6] 6.45 per 1000 in Manchester; 4.23 per 1000 in Salford. (PHE England data 2016)
[7] 2016 data

- awareness and uptake of prevention including PrEP – to reduce the risk of people acquiring HIV
- access to timely and effective treatment – increasing the number of people who have an undetectable viral load and levels of virus that are untransmittable (U=U)

How are we progressing?

- Our overall vision is set out in our Population Health Plan, published January 2017
- Signed up to the Fast Track City global partnership[8] and goals[9] in Autumn 2018
- Delivery of the first phase of activity is due to begin in Spring 2019
- We aim to realise our vision by 2043

[8] http://www.fast-trackcities.org/about

[9] 1. Attain 90-90-90 targets
Ensure that at least 90% of PLHIV know their status
Improve access to ART for PLHIV to 90%
Increase to 90% the proportion of PLHIV on ART with undetectable viral load
2. Increase utilization of combination HIV prevention services
3. Reduce to zero the negative impact of stigma and discrimination
4. Establish a common, web-based platform to allow for real-time monitoring of progress