Reference: FOI.ICB-2627/189

Subject: Long-Acting Reversible Contraception (LARC) Primary Care Commissioning, Capacity and Funding data

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
Please provide the information set out below in relation to the commissioning of LARC services within your integrated care board area, with a particular focus on primary care provision. Where data is not available for the most recent financial year, please provide the most recent year for which it is held, and indicate the relevant period.	
Section 1: Primary care LARC capacity 1. How many GP practices within your ICB area are currently commissioned or accredited to provide LARC fittings (i.e. hold the relevant Local Enhanced Service, Locally Commissioned Service, or equivalent arrangement)?	The ICB does not hold this information. LARC fitting is commissioned by the Local Authorities. They can be contacted as follows: Bristol City Council - https://www.bristol.gov.uk/data-protection-foi/freedom-of-information-foi North Somerset Council - https://www.n-somerset.gov.uk/council-democracy/data-protection-freedom-information/freedom-information/about-freedom-information-foi

	South Gloucestershire Council - https://www.southglos.gov.uk/council-and-democracy/data-protection-and-freedom-of-information/making-a-freedom-of-information-request/
Section 2: Payments and funding for LARC in primary care 2. What is the current payment rate for a LARC fitting under the locally enhanced service or equivalent arrangement in your ICB area? Please specify: a) The fitting fee paid to the GP practice b) Whether the device cost is reimbursed separately, and if so, at what rate or mechanism c) Whether different rates apply for different device types (IUS, IUD, implant) d) Whether different rates apply for different clinical indications (i.e., gynaecological vs contraceptive use) 3. What was the total expenditure by your ICB on LARC fitting payments to primary care providers in each of the last three financial years for which data is held (please specify which financial year your data is from)?	As above.
Section 3: Integrated commissioning arrangements 4. Does your ICB operate, or participate in, any integrated commissioning arrangement for contraception services that spans both primary care	4. Yes, BNSSG ICB contributes a block amount to the Local Authorities via a Section 256 agreement for the fitting of Non-Contraceptive LARC in Primary Care. Please find enclosed copies of the Memorandum of Agreement for each Local Authority.

and local authority-commissioned sexual health services? If so, please describe the model briefly and provide any relevant documentation (e.g. a memorandum of understanding, joint commissioning framework, or service specification). 5. If an integrated commissioning arrangement is in place, does your ICB hold any data on cost savings or efficiency gains attributable to this arrangement? If so, please provide a summary.	Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information. 5. No – data is held at a Local Authority level.

The information provided in this response is accurate as of 28 August 2026 and has been approved for release by Jenny Bowker, Director of Strategic Commissioning - Neighbourhood Health for NHS Bristol, North Somerset and South Gloucestershire ICB.

Memorandum of Agreement

relating to the transfer of monies

under

Section 256

of the

NHS Act 2006

MEMORANDUM OF AGREEMENT SECTION 256

Reference number: **Memorandum of Understanding Section 256 – 20/21_26/27_BCC_non- contraceptive_LARC**

Title of Scheme: **Provision of contraceptive services (IUCD) in primary care (Bristol) and in maternity services (UHBW and NBT), and Brook Prescribing costs (Bristol)**

1. How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

Under the Health and Social Care Act 2012, local authorities became responsible for commissioning comprehensive sexual health services including most contraceptive services but excluding GP additionally-provided contraception. Bristol City Council commissions open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception).

The ICB is responsible for commissioning maternity services and abortion services (including post abortion contraception)

The ICB transfer of funds will facilitate consistent standards in practice and enable the Local Authority to consider the wider commissioning of contraceptive services for the area.

2. Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).

Context

In response to the move of the public health service from Bristol Primary Care Trust (PCT) to Bristol City Council (BCC) in response to the Health and Social Care Act 2012, commissioning responsibilities and budgets were divided according to national guidance. It was agreed locally at that time that BCC would be responsible for:

- Funding the fitting and removal of Long-acting Reversible Contraception (LARC) in general practice, excluding the cost of devices.
- The provision of Emergency Hormonal Contraception (EHC) for women under 25 by pharmacies, including the drug costs
- The provision of chlamydia screening and C card (condoms) in general practice and pharmacies.
- The commissioning of specialist integrated sexual and reproductive health services.

The cost of LARC devices and related medicines prescribed in primary care is funded by the ICB (previously the CCG and before this the PCT) as part of GP prescribing. Other contraceptive and sexual health services which formed part of the GP contract were the responsibility of NHSE. This has since been delegated to the CCG and now the ICB.

It is agreed that BNSSG ICB (previously Bristol CCG) will transfer additional fixed annual funds of £139,751 to the Local Authority for the following elements of sexual health provision for Bristol patients from the 2026/27 financial year onwards:

- Brook prescribing costs £66,020
- Broadmead LARC £6,826
- Baseline costs IUCs - LARC for gynaecological purposes in general practices £66,905

In addition, it is agreed that the ICB will reimburse for post-birth contraception drugs and devices prescribed post birth before discharge from maternity services at UHBW and NBT. Post birth contraception prescribing activity will be paid on an annual block basis of £42,000 per annum, based on a review of the 2025/26 actual figures. The block payment will be reviewed annually and adjust if actual figures (based on actual activity) differ by 20% or more above or below the baselined figures.
Quarterly activity should continue to be shared with the ICB to support monitoring of the above.

Historically, the ICB has invoiced BCC monthly for the prescribing drug costs of Levonorgestrel, a particular type of EHC. (These costs equated to approximately

£3,000 per year). Ongoing, it is agreed that BCC is not currently required to make any further payments for the prescribing of EHC by GPs. This will be reviewed in the financial year 2029/2030, or before if an increase of 20% or more of the levonorgestrel EHC cost is observed, using the 2023/2024 costs of £2,227 as a baseline.

This Section 256 document acts to clarify funding arrangements and reduce administration costs between the ICB and BCC.

Provision of contraceptive services (IUCD) in primary care (2020/21 onwards)
Contraceptive Devices Enhanced Service in GP practices (fitting and removal): Long-Acting Reversible Contraception (LARC) methods (fitting and removal). This includes sub-dermal implants (SDI), and intra-uterine contraception (UIC) (the intra-uterine systems (IUS) and intrauterine devices (IUD).

The transfer of funds will provide payment for the fitting of IUCDs (including LNG-IUS) which have been fitted for non-contraceptive purposes (e.g. alleviation of menorrhagia, iron deficiency, pelvic pain, especially around endometriosis, and endometrial hyperplasia).

- LARC methods are the most effective forms of contraception, and are more effective at preventing pregnancy than other hormonal methods, and much more effective than condoms (NICE CG30 updated 2019, NICE Contraceptive – assessment Comparative effectiveness of contraceptive methods 2022).
- An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should lead to a reduction in rates of unintended pregnancy.
- All currently available LARC methods (copper intrauterine devices, intrauterine systems, injectable contraceptives, and sub-dermal implants) are more cost effective than the combined oral contraceptive pill even at only 1 year of use.
- Copper intrauterine devices, intrauterine systems and subdermal implants are more cost effective than the injectable contraceptive.

Prescribing costs (2020/21 onwards)
Sexual health prescribing costs are shared between the ICB and Local Authority.

In partnership with UHBW, Brook provides sexual health services for residents of Bristol, South Gloucestershire and North Somerset aged 24 and under. They provide sexual health screening, contraception, pregnancy testing, free condoms and advice and guidance with a clinic site located in Bristol city centre.

Following historical arrangements when the Primary Care Trusts split commissioning responsibilities between the local authorities and Clinical Commissioning Groups, there is an agreement with BNSSG ICB to transfer funds for a fixed envelope to support prescribing costs and service provision from Brook as well as Broadmead Medical Centre for LARC. This fixed amount will continue for the length of this MOU from 2025/26 onwards.

From the financial year 2025/26 BNSSG ICB agree to fund prescribing costs for levonorgestrel oral emergency contraception prescribing in Bristol GP practices.

Prior to this date these prescribing costs were recharged to BCC. In the case where an increase of greater than 20% is observed this will be reviewed and re-negotiated using 23/24 as a baseline.

Post birth contraception in maternity (2025/26 onwards)
The provision of post birth contraception prior to discharge from hospital is recommended by NICE/RCOG/RCM. BCC pump-primed the set up and implementation of this service in St Michael's and Southmead Hospitals between 2023-25. The service is currently being evaluated by the University of Bristol and UHBW with the support of BCC.

To ensure that post birth contraception provision is sustainable in the long term it has been embedded as a requirement in the new contract for clinical sexual health services across BNSSG. This contract is held with UHBW by BCC Public Health on behalf of BNSSG Local Authorities.

A case was put to the ICB for a financial contribution towards the cost of post birth contraception. This would cover the costs for all post birth contraceptive drugs and devices prescribed by maternity services (including those prescribed on the post-natal wards, at c/section and in the post birth community coil clinics) to recognise the expected shift in prescribing from primary care to maternity services. The ICB has agreed to this and requested for 2025/26 that they receive the post birth contraception prescribing data from maternity services via the UHBW sexual health service on a quarterly basis in order to discuss and inform a fixed sum to be paid annually as part of this MOU from 2026/27, following a review of actuals, impact on primary care spend and outcomes. The review of the 2025/26 figures has resulted in an agreed annual figure of £42,000. This payment will be reviewed annually and adjusted if there is a difference of 20% or more compared to the expected figures.

3. FINANCIAL DETAILS (AND TIMESCALES)

Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

Payment:

a) Block consolidated payment

NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) agrees to pay a single annual payment of £139,751 to Bristol City Council (BCC), on or after 1st April commencing in 2026/27, upon receipt of an invoice from BCC.

The Provider (BCC) will submit invoices to:
NHS Bristol, North Somerset and South Gloucestershire ICB
FAO XXBGARLAND
QUY Payables N095
PO Box 312
LEEDS

LS11 1HP

b) Post birth contraception prescribing costs (block payment from 26/27 onwards)

In addition, the ICB agrees to pay a single annual payment of £42,000 to Bristol City Council (BCC), on or after 1st April commencing in 2026/27, upon receipt of an invoice from BCC.

The Provider (BCC) will submit invoices to:
NHS Bristol, North Somerset and South Gloucestershire ICB
FAO XXMJONES
QUY Payables N095
PO Box 312
LEEDS
LS11 1HP

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

4. **Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.**

Bristol City Council Primary Care contracts in Public Health Services and relevant contract variations. In addition, contract monitoring and quarterly payment claims will evidence investment.

Signed:

For the Integrated Care Board

Position:

Date:

Signed:

For the Local Authority

Position: Head of Service

Date: 25/06/2026

Electronic signature

Each party agrees that this Agreement may be signed by electronic signature (jpg image of signature added to this document, or hand signed printed and scanned) and that this method of signature is as conclusive of their intention to be bound by this Agreement as if signed by manuscript signature.

Memorandum of Agreement

relating to the transfer of monies

under

Section 256

of the

NHS Act 2006

MEMORANDUM OF AGREEMENT SECTION 256

Reference number: **2025/26 North Somerset Council**

Title of Scheme: **Provision of contraceptive services (IUCD) in primary care (North Somerset.)**

1. How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

Under the Health and Social Care Act 2012, local authorities became responsible for commissioning comprehensive sexual health services including most contraceptive services, but excluding GP additionally-provided contraception. North Somerset Council commissions open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception).

The ICB transfer of funds will facilitate consistent standards in practice and enable the Local Authority to consider the wider commissioning of contraceptive services for the area.

2. **Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).**

Contraceptive Devices Enhanced Service in GP practices (fitting and removal): Long-Acting Reversible Contraception (LARC) methods (fitting and removal). This includes sub-dermal implants (SDI), and intra-uterine contraception (UIC) (the intra-uterine systems (IUS) and intrauterine devices (IUD).

The transfer of funds will provide payment for IUCDs (including LNG-IUS) which have been fitted for non-contraceptive purposes (e.g. alleviation of menorrhagia, iron deficiency, pelvic pain, especially around endometriosis, and endometrial hyperplasia).

- LARC methods are the most effective forms of contraception, and are more effective at preventing pregnancy than other hormonal methods, and much more effective than condoms (NICE CG30 updated 2019, NICE Contraceptive – assessment Comparative effectiveness of contraceptive methods 2022).
- An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should lead to a reduction in rates of unintended pregnancy.
- All currently available LARC methods (copper intrauterine devices, intrauterine systems, injectable contraceptives, and sub-dermal implants) are more cost effective than the combined oral contraceptive pill even at only 1 year of use.
- Copper intrauterine devices, intrauterine systems and subdermal implants are more cost effective than the injectable contraceptive.

FINANCIAL DETAILS (AND TIMESCALES)

3. Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) have agreed to pay a single block sum of £30,730.81 to North Somerset Council (NSC) for the period 1 April 2025 – 31 March 2026, upon receipt of an invoice.

The Provider (NSC) will submit an annual invoice to:
NHS Bristol, North Somerset and South Gloucestershire ICB
FAO XXBGARLAND
QUY Payables N095
PO Box 312
LEEDS
LS11 1HP

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the

original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

4. **Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.**

North Somerset Council Primary Care contracts in Public Health Services and relevant contract variations. In addition, contract monitoring and an annual payment claim will evidence investment.

Signed: …… for ICB

…… Position

…… Date

Signed: …… for NSC

…… Position

…… Date

Electronic signature

Each party agrees that this Agreement may be signed by electronic signature (jpg image of signature added to this document, or hand signed printed and scanned) and that this method of signature is as conclusive of their intention to be bound by this Agreement as if signed by manuscript signature.

Memorandum of Agreement

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Section 256

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NHS Act 2006

MEMORANDUM OF AGREEMENT SECTION 256

Reference number: **MOA_Section 256_26/27_SGC_non-contraceptive LARC**

Title of Scheme: **Provision of contraceptive services (IUCD) in primary care (South Glos.)**

1. How will the section 256 or 257 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

Under the Health and Social Care Act 2012, local authorities became responsible for commissioning comprehensive sexual health services including most contraceptive services, but excluding GP additionally-provided contraception. South Gloucestershire Council commissions open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception).

The ICB transfer of funds will facilitate consistent standards in practice and enable the Local Authority to consider the wider commissioning of contraceptive services for the area.

2. **Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).**

Contraceptive Devices Enhanced Service in GP practices (fitting and removal): Long-Acting Reversible Contraception (LARC) methods (fitting and removal). This includes sub-dermal implants (SDI), and intra-uterine contraception (UIC) (the intra-uterine systems (IUS) and intrauterine devices (IUD).

The transfer of funds will provide payment for IUCDs (including LNG-IUS) which have been fitted for non-contraceptive purposes (e.g. alleviation of menorrhagia, iron deficiency, pelvic pain, especially around endometriosis, and endometrial hyperplasia).

- LARC methods are the most effective forms of contraception, and are more effective at preventing pregnancy than other hormonal methods, and much more effective than condoms (NICE CG30 updated 2019, NICE Contraceptive – assessment Comparative effectiveness of contraceptive methods 2022).
- An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should lead to a reduction in rates of unintended pregnancy.
- All currently available LARC methods (copper intrauterine devices, intrauterine systems, injectable contraceptives, and sub-dermal implants) are more cost effective than the combined oral contraceptive pill even at only 1 year of use.
- Copper intrauterine devices, intrauterine systems and subdermal implants are more cost effective than the injectable contraceptive.

FINANCIAL DETAILS (AND TIMESCALES)

3. Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) have agreed to pay a single block sum of £73,862.00 to South Gloucestershire Council (SGC) for the period 1 April 2026 – 31 March 2027, upon receipt of an invoice.

The Provider (SGC) will submit an annual invoice to:
NHS Bristol, North Somerset and South Gloucestershire ICB
FAO XXBGARLAND
QUY Payables N095
PO Box 312
LEEDS
LS11 1HP

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the

original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

4. **Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.**

South Gloucestershire Council Primary Care contracts in Public Health Services and relevant contract variations. In addition, contract monitoring and an annual payment claim will evidence investment.

Signed:

For Integrated Care Board:

Position:

Date:

Signed: [redacted]

For the Local Authority: [redacted]

Position: Director of Public Health for South Gloucestershire

Date: 22nd May 2026

Electronic signature

Each party agrees that this Agreement may be signed by electronic signature (jpg image of signature added to this document, or hand signed printed and scanned) and that this method of signature is as conclusive of their intention to be bound by this Agreement as if signed by manuscript signature.