

Putting NICE guidance into practice

Resource impact report: Sexually transmitted infections: condom distribution schemes (NG68)

Published: April 2017

Summary

This report looks at the resource impact of implementing NICE's guideline on [sexually transmitted infections: condom distribution schemes](#) in England.

This guideline was developed as a result of a review of NICE guideline PH3 (published February 2007).

We anticipate that this guideline will be cost saving where the recommendations are not current practice. We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally using the local resource impact template.

This report focuses on the recommendations that we think will have the greatest resource impact nationally, and will need the most additional resources to implement, or will potentially generate the biggest savings. They are:

- Provide tailored multicomponent condom schemes (recommendation 1.2.1).
- Offer pathways to other services (recommendation 1.2.4).

Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Implementing the guideline may result in the following, leading to additional costs:

- Increased provision of multicomponent condom schemes for those up to the age of 16 and others for whom there is a duty of care.
- A potential increase in provision of multicomponent condom schemes for everyone aged up to 25 if the local scheme is extended to this age range.
- Increased referrals of young people to other services, such as sexual health, drug and alcohol and partner violence services.

Implementing the guideline may result in the following benefits and savings:

- Fewer pregnancies and abortions.
- Fewer cases of sexually transmitted infections, pelvic inflammatory disease and HIV.
- A reduction in socioeconomic deprivation associated with under-18 conceptions. This includes a reduction in mental health difficulties and an increase in educational attainment.

Table 1 shows an illustration of the potential resource impact for a population of 100,000 based on a set of assumptions.

Table 1 Summary of potential resource impact per 100,000 population

Recommendation	Change £
Areas of potential savings	
Abortions	-430
Pregnancies	-9,100
Sexually transmitted infections	-1,000
Pelvic inflammatory disease	-1,900
HIV	-250
Provide tailored multicomponent condom schemes. Recommendation 1.2.1	
C-Card scheme	-230
Offer pathways to other services. Recommendation 1.2.4.	
Number referred to sexual health services	140
Number referred to drug or alcohol services	440
Number referred to partner violence services	130
Potential resource impact for population of 100,000	-12,200

Community and pharmacy contraception services are commissioned by local authorities. Contraception schemes provided as an additional service under the GP contract are commissioned by NHS England. Providers are community, primary care, non-statutory and voluntary sector organisations.

1 Introduction

- 1.1 The guideline offers best practice advice on condom distribution schemes to prevent sexually transmitted infections.
- 1.2 This report discusses the resource impact of implementing our guideline on sexually transmitted infections: condom distribution schemes in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline. We anticipate that this guideline will be cost saving where the recommendations are not current practice.
- 1.4 Community and pharmacy contraception services are commissioned by local authorities. Contraception schemes provided as an additional service under the GP contract are commissioned by NHS England. Providers are community, primary care, non-statutory and voluntary sector organisations.

2 Background

- 2.1 In 2015 there were approximately 435,000 new diagnoses of sexually transmitted infections (STIs) in England ([Sexually transmitted infections and chlamydia screening in England: 2015](#) Public Health England). In the UK as a whole, 6,095 people were diagnosed with HIV in 2015 ([National HIV surveillance data tables](#) Public Health England).
- 2.2 Condoms can reduce the risk of many STIs including HIV, chlamydia and gonorrhoea. In the UK in 2011, the cost of treating

STIs (excluding HIV) was estimated at £620m ([Unprotected nation](#) Family Planning Association).

- 2.3 Some condom schemes only provide free or cost-price condoms. Multicomponent schemes combine this with information, education or support. The C-Card scheme is probably the most widespread multicomponent scheme in the UK. Local authorities commission C-Card schemes and define who is eligible. Typically they target young people aged 13 to 24 (see [C-Card condom distribution schemes](#) Brook).
- 2.4 Reducing STIs is a key objective in [A framework for sexual health improvement in England](#) (Department of Health). A whole system approach with integrated services can help achieve this ([Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV](#) Public Health England).

3 Assumptions made

- 3.1 The resource impact template makes the following assumptions:
- Multicomponent condom schemes are targeted at young people aged up to 16 but, in practice, may be available for people up to 25. The template allows the age range to be selected to suit local circumstances.
- 3.2 If a national tariff or indicative price exists for an activity, we have used this as the unit cost. You can amend unit costs in the resource impact template to take account of local factors.
- 3.3 Using these prices ensures that the costs in the report are the cost of commissioning predicted changes in activity at the tariff price, but may not represent the actual cost to individual organisations delivering the activity.

- 3.4 For services for which there is no national average unit cost, organisations are encouraged to input estimates into the local resource impact template to reflect local practice and assumptions.

4 Recommendations with a potential resource impact

- 4.1 Provide tailored multicomponent condom schemes in preference to other types of condom scheme for young people aged up to 16 and others for whom there is a duty of care. (Recommendation 1.2.1.)

Background

- 4.1.1 Multicomponent condom schemes offer training, information and other support. This is tailored to the young person's needs and circumstances and includes education on how to use condoms effectively and safely.

Assumptions made

- 4.1.2 Increased use of condoms will create savings from fewer abortions, fewer unplanned pregnancies, and a reduction in the number of STIs, cases of pelvic inflammatory disease and diagnoses of HIV.
- 4.1.3 The correlation between condom usage and the amount of savings generated is not clear. You can use the local resource impact template to model local assumptions.
- 4.1.4 We have estimated that the rate of abortions in young women under the age of 16 is 0.38%. Applying this to the number of young women aged 13 to 16 in England means that there are around 4,600 abortions a year among this group.

Costs

- 4.1.5 We calculated a weighted average cost of an abortion from the [National schedule of reference costs 2015 to 2016](#). The costs used are from the [National Tariff 2016/17](#). This gives a weighted average cost of around £510.

- 4.1.6 We estimated that the rate of pregnancies among young women under 16 is 0.86%. Applying this to the number of young women aged 13 to 16 in England gives around 10,400 pregnancies per year among this group.
- 4.1.7 The cost of a maternity is based on a pathway tariff, including a payment for each of the antenatal, delivery and postnatal stages. The costs used are taken from the [National Tariff 2016/17](#). This gives an average pathway cost of around £4,600.
- 4.1.8 Health economic modelling for the topic estimated the costs of treating each episode of STIs as follows:
- £121.92 for chlamydia
 - £206.17 for gonorrhoea
 - £210.59 for syphilis.
- For simplicity, we used £180 as an average of these costs in the resource impact modelling. The rate of STIs for people aged 13 to 16 is estimated as 1.27%.
- 4.1.9 Health economic modelling for the topic estimated the costs of treating 1 episode of pelvic inflammatory disease at £3,124. The rate of pelvic inflammatory disease is estimated at 0.28% in young women aged 13 to 16.
- 4.1.10 The unit cost to treat a case of HIV is taken from NICE's guideline on [HIV testing: increasing uptake among people who may have undiagnosed HIV](#). On average, it costs £13,900 a year to treat. The rate of HIV is estimated as 0.004% among people aged 13 to 16.
- 4.1.11 HIV prevalence varies significantly across the country, so where there is a cost saving from HIV prevention using condoms, it will also vary significantly. We advise you to input local data on prevalence into the resource impact template to model the impact ([National HIV surveillance data tables](#) Public Health England).

- 4.1.12 The cost of a multicomponent condom scheme such as a C-Card scheme will vary depending on local circumstances. The resource impact template provides a framework of potential cost components based on estimates of costs from existing schemes. We chose a typical cost of £0.48 per head of teenage population as representative.
- 4.2 Offer pathways into other services including: sexual and reproductive health, alcohol and drug, mental health and partner violence services, as needed. (Recommendation 1.2.4.)

Background

- 4.2.1 Multicomponent condom schemes offer referrals to other services.

Assumptions made

- 4.2.2 An estimated 3.34% of young people currently register with a local multicomponent condom scheme, such as the C-Card scheme.
- 4.2.3 The resource impact template assumes that, in future, 1 in 15 girls will be referred to sexual and reproductive health services each year. As girls make up around half of the population, 1 in 30 young people (3.33%) will be referred. It also assumes that around 1 in 25 young people (4%) may be referred to drug or alcohol services, and around 1 in 50 (2%) may be referred to partner violence services.
- 4.2.4 The services young people are referred to will vary, based on local availability and current pathways. This can be modelled in the resource impact template, together with percentage referral rates.

Costs

- 4.2.5 The cost of an intervention by sexual health or partner violence services is not defined in the national tariff. As a proxy, we have used the tariff for an Other Therapist, Child, One to One, currency code A01C1 from the [NHS Reference Costs 2015 to 2016](#). This is £70.30.

- 4.2.6 We have assumed that the cost of an intervention from a drug or alcohol service is £123. This is estimated from the [Unit costs of health and social care 2016](#): it is the midpoint between the cost of an alcohol service intervention (£122) and a drug service intervention (£124).
- 4.2.7 The local resource impact template can be used to model the local population, pathways to local services and unit costs to estimate the resource impact.

Benefits and savings

- 4.2.8 The correlation between condom use and the amount of savings generated is not clear, nor is it consistent nationally. But savings can be estimated locally. Use the local resource impact template to model local assumptions.

5 Implications for commissioners

- 5.1 Appendix 1 gives a summary of the potential resource impact of implementing the recommendations in a population of 100,000 people. The table uses a set of assumptions that reflect a 10% change in rates of variables. Commissioners should enter their own data in the resource impact template to model their local circumstances for the recommendations that are selected for implementation. We have not considered the wider public value resource impact.
- 5.2 Sexually transmitted infections fall under programme budgeting category 17C – Sexually Transmitted Diseases. Abortion and maternity costs fall under category 18X – Maternity and Reproductive Health. HIV falls under category 01A – HIV and AIDS.
- 5.3 Different organisations may need to take different approaches to implementing this guideline. A whole-systems approach to service

commissioning is needed, with collaboration and flexible working across services and sectors.

Appendix 1 Summary of potential resource impact per 100,000 population using a modelled scenario set of assumptions

Recommendation	Current activity	Future activity	Change £	Basis of change
Areas of potential savings				
Abortions	8.4	7.6	-430	Future rate – reduced to around 90% of the current rate
Pregnancies	19	17	-9,100	
Sexually transmitted infections	58	52	-1,000	
Pelvic inflammatory disease	6.2	5.6	-1,900	
HIV	0.18	0.16	-250	
Provide tailored multicomponent condom schemes. Recommendation 1.2.1.				
C-Card scheme	-	-	-230	Current cost per head - 10% lower than assumed model value
Offer pathways to other services. Recommendation 1.2.4.				
Number referred to sexual health services	3	5	140	Current referral rate – 10% lower than current default values
Number referred to drug or alcohol services	2	6	440	
Number referred to partner violence services	1	3	130	
Potential resource impact for population of 100,000			-12,200	

Appendix 2 Summary of potential resource impact per 100,000 population by organisation type using a modelled scenario set of assumptions

Recommendation	Change £	Affected organisation type(s) ¹	
		Commissioner	Provider
Areas of potential savings²			
Abortions	-430	CCGs	Secondary care trusts (typically)
Pregnancies	-9,100	CCGs	Secondary care trusts
Sexually transmitted infections	-1,000	Local authorities	Secondary care trusts, Primary care providers
Pelvic inflammatory disease	-1,900	CCGs	Secondary care trusts
HIV	-250	NHS England	Secondary care trusts
Provide tailored multicomponent condom schemes. Recommendation 1.2.1.			
C-Card scheme	-230	Local authorities	Secondary care trusts, Primary care providers
Offer pathways to other services. Recommendation 1.2.4.			
Number referred to sexual health services	140	CCGs, Local authorities	Secondary care trusts, Primary care providers
Number referred to drug or alcohol services	440	Local authorities	Mental health trusts
Number referred to partner violence services	130	NHS England	Primary care providers
Potential resource impact for population of 100,000	-12,200		

¹ Organisation types shown are generalisations of commissioning and provider functions. Local variation may apply. Voluntary and third sector organisations and charities are not included.

² Savings may not be cash releasing

About this resource impact report

This resource impact report accompanies the NICE guideline on [sexually transmitted infections: condom distribution schemes](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

© National Institute for Health and Care Excellence 2017. All rights reserved.