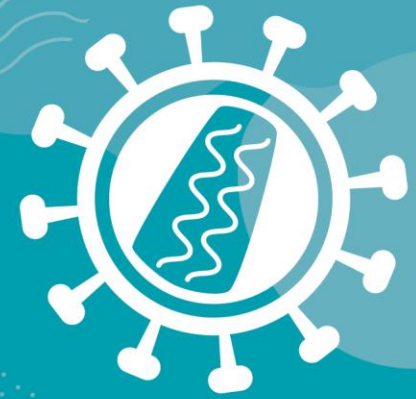


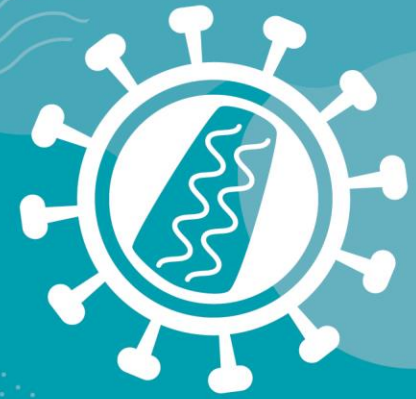
'Not PrEPared' – Barriers to accessing PrEP in England

Adam Freedman
National AIDS Trust, UK



‘Not PrEPared’:
Barriers to accessing HIV
prevention drugs in England

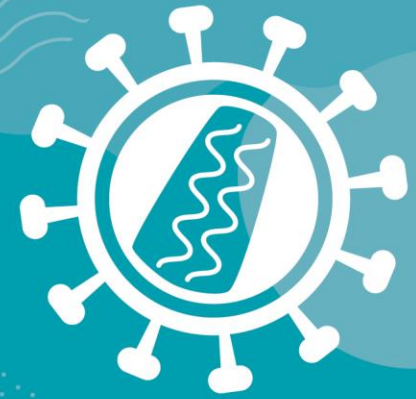
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Conflict of Interest

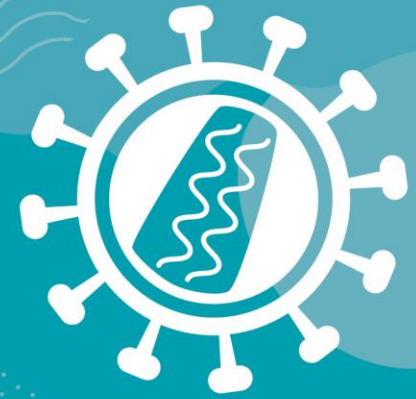
In relation to this presentation, I declare that I have no conflict of interest

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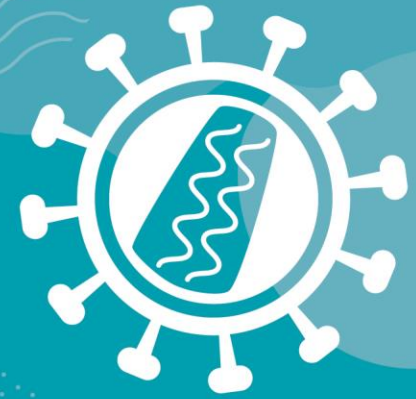
Background

- This was a collaborative research project conducted by 5 charities: National AIDS Trust, Terrence Higgins Trust, PrEPster, Sophia Forum and One Voice Network.
- The research was conducted following reports that people were not able to access PrEP on the NHS, despite trying to do so. Data was collected just prior to the mpox outbreak and aimed to examine capacity of PrEP services, post-lockdown.
- Data is drawn from 3 surveys & 6 follow-up interviews:
 - Online community survey of respondents experiencing PrEP access challenges (**1,120** eligible respondents).
 - Online survey of clinicians who prescribe PrEP (**79** respondents).
 - FOI requests from sexual health commissioners/providers (Local authorities in England – **134** out of 151 responded).
 - **6 qualitative interviews** as a follow-up with community respondents.



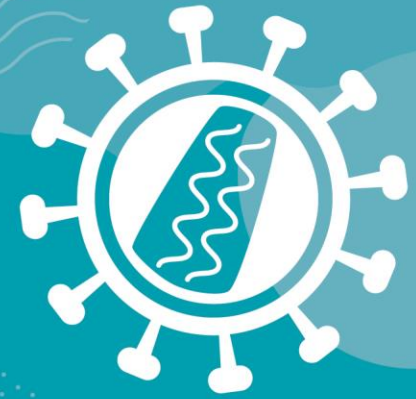
Inequity in PrEP access

- Just over **93%** of the community survey respondents were gay and bisexual men and **87%** identified as white – mirroring wider PrEP access patterns.
- **No local authority reported more than 5 women** using their PrEP services.
- **16%** of service commissioners reported they did not have any demographic data on PrEP users.
- Positively, **71%** of local authorities had plans for targeted outreach to communities under-represented in PrEP prescribing.



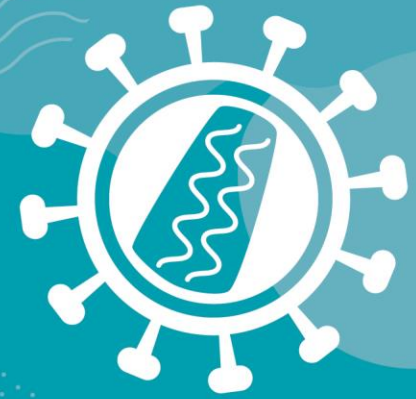
Access & capacity challenges

- There was variation in how PrEP services are set up (different appointment booking systems which provide barriers to potential patients and varying prescription length).
- **47%** of clinicians said there was insufficient workforce levels in their clinic to meet patient demand.
- Median wait time for appointments reported by local authorities was **7 days**.
- **23%** of community respondents reported being turned away from PrEP services as there were no available appointments.
- **35%** of community respondents reported waiting **12 weeks or more** for a call back for an appointment.
- **Only 35% of respondents reported that they were able to access PrEP at the time of responding.**



Clinician training needs & PrEP eligibility criteria

- Nearly 1 in 5 clinicians (**18%**) did not feel they had enough support or training for themselves or their colleagues in assessing PrEP eligibility.
- **58%** of clinicians had concerns about missed opportunities for PrEP initiation amongst their patients.
- There were also reports from the community of their eligibility for PrEP being missed, and challenges in clinician understanding about when PrEP should be prescribed, and to whom.



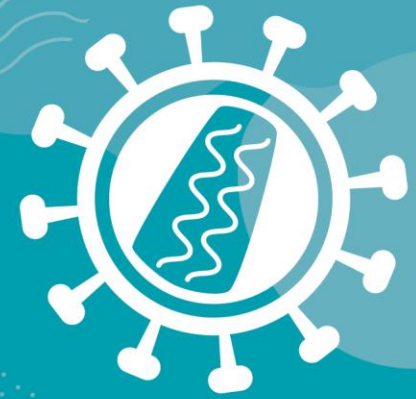
The impacts

- Unfortunately, we heard of case(s) of people acquiring HIV while waiting for PrEP. This is unacceptable.
- The community reported mental health impacts when they couldn't access PrEP (**48%** reported this) and **21%** reported impacts to their dating/sex lives.
- Community respondents used alternative strategies to prevent HIV transmission, including using condoms for most or all the time when having sex (**28%**), using a temporary supply of PrEP, for example borrowing from friends or buying online (**18%**), and changing the type of sex they had (**16%**).
- This behaviour change is not however a long-term solution – it is imperative that access to PrEP is improved so people are not required to modify their sex lives in these ways.



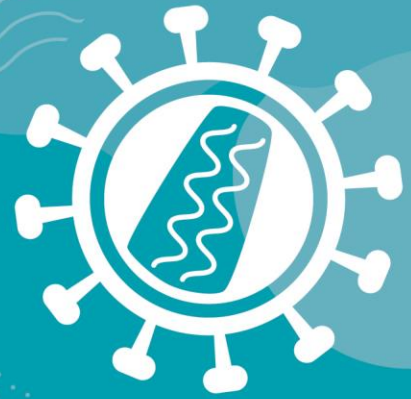
Recommendations

- PrEP access is increasingly challenging for many already aware of the drug and attempting to get it through the NHS.
- The Government needs to properly resource sexual health services, along with providing targeted additional funding and support for localities that are struggling to meet demand for PrEP.
- Sexual health services should expand training on dispensing & prescribing PrEP for their staff, and about changes to PrEP eligibility criteria. This includes training on forthcoming changes to PrEP guidelines.



Recommendations

- Services also need to undertake audits of clinic capacity and which demographics are accessing PrEP, increase PrEP prescription length and implement new PrEP appointment systems to improve access to all at risk.
- We need more robust data collection on the demographics of who is accessing PrEP.
- Service commissioners need to commission PrEP services using evidence-based principles of best practice & explore commissioning in the community (e.g. via pharmacies, GPs), to improve access to other demographic groups and relieve pressure on sexual health services
- Service commissioners need to produce guidance on how clinicians can expand appointment capacity in PrEP clinics and actively monitor equitable access to PrEP services across all demographics.



Thank you!

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Report available at: <https://www.nat.org.uk/publication/not-prepared>