Mapping the Provision of HIV Pre Exposure Prophylaxis in the UK: 2025 report

BASHH
British Association for Sexual Health and HIV
PrEP Working Group

Contents

Background

HIV PrEP is a vital tool in preventing new HIV diagnoses, but provision in the UK remains inequitable.

HIV Pre-exposure prophylaxis (PrEP) is a highly effective medication used for the prevention of HIV acquisition. Its introduction to the UK has likely led to the reduction of new HIV diagnoses, particularly in Gay, Bisexual and other Men who have sex with men (GBMSM).[1,2]

PrEP is routinely available within sexual health services across the UK.[3, 4, 5, 6]

To help achieve the national target of ending new HIV diagnoses by 2030, the government has produced a roadmap with the aim of delivering equitable access, uptake and use of HIV PrEP for all people at risk of HIV acquisition. [7]

However, surveys of PrEP users in the UK have demonstrated wide variation in PrEP access across the UK.

In response to this, the British Association of Sexual Health and HIV has established a multidisciplinary short life working group. This group aims to provide national leadership, clinical expertise and share best practice resources in order to support services with PrEP delivery.

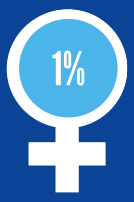
In order to map current PrEP provision across the UK a survey was sent to all service leads of level 3 Genitourinary Medicine clinics in April 2024. This report provides the results of the survey alongside recommendations to improve PrEP access and equity.

Summary: Key Findings

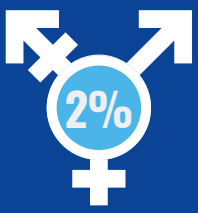
69 clinics responded

All 4 nations represented

Less than half of clinics can offer appointments within 48 hours



PrEP users are cisgender women



PrEP users are transgender

Access to PrEP

- Only 40% of services are able to offer appointments to initiate or continue PrEP within the recommended 48 hour target.[7]
- Nurses were able to initiate PrEP in 77% of services, with Health Advisers able to initiate in 31% of services.

We recommend all registered clinicians should be enabled to initiate PrEP, and the wider MDT should be able to continue PrEP where supervision can be supported.

PrEP follow up

- The majority of clinics adhered to the BASHH/BHIVA guidance for follow up.
- Many used virtual options like home screening or telephone appointments to reduce the need for attendance in clinic.

We recommend that clinics make use of virtual options where possible to increase clinical capacity and increase choice of access for PrEP users.

Complex PrEP

- 16% services were not linked to an acute NHS trust or HIV service provider.
- 10% did not have access to a local MDT for complex PrEP cases.

We recommend that all services should have access to an MDT for discussion of PrEP users with complex needs.

Barriers to PrEP

Many barriers to PrEP were discussed.

- Clinical barriers included staffing and capacity as well as access to alternative methods of PrEP.
- Structural barriers identified included geographical access to clinics, stigma, and lack of awareness.

We recommend that services should be supported to increase capacity, and that awareness campaigns should focus on underserved populations.

PrEP innovations

- Services found many innovative ways to deliver PrEP and increase capacity, from initiating PrEP in outreach settings, to upskilling health care assistants to offer continuation of PrEP.
- **We recommend that innovative practice and resources are shared between services, and that clinicians feel empowered to develop novel ways of delivering PrEP.**

Summary: Recommendations

Recommendations for sexual health services

Demedicalisation of routine PrEP.

- PrEP has an established safety profile with few side effects and drug interactions. Nurses, Health Advisers, pharmacists and other non-registered professionals should be supported to develop their role to increase capacity and to offer PrEP in a range of settings.

All clinical staff should have adequate training to identify opportunities to offer PrEP.

- Training programmes for non-registered staff can be found on the BASHH website (log in required) and through STI Foundation competency training.

Immediate transition from PEP to PrEP for individuals with an ongoing risk.

- This maximises the opportunities to initiate PrEP and prevent ongoing risk.

In order to promote PrEP equity

- PrEP should be offered in a range of community outreach settings outside of the sexual health clinic.

Patients should be supported to access services in as flexible a way as possible.

- Utilising online testing or virtual options can increase clinical capacity and improve patient choice.

Recommendations for commissioners

Services should be supported to increase capacity to improve access to HIV prevention within 48 hours.

- This may mean increasing funding for staffing, upskilling current staff, or integrating online testing into PrEP services.

All services should have access to an MDT to discuss complex PrEP provision.

- Services not linked to an HIV care provider or NHS trust should be supported to build links with other services to provide high quality advice for all service users.

All services should have access to second-line PrEP options for patients who require an alternative regimen.

- There is currently postcode inequity in who can access alternative PrEP agents leading to a two-tier PrEP service.

PrEP awareness campaigns should be targeted towards other settings

- This may include antenatal services and GP practices, to ensure people who don't access sexual health services are aware of PrEP.

Methods

A survey was sent out to all GUM service leads in the UK via BASHH Clinical Governance Group between March and June 2024. Reminders were sent where a response was not received. Duplicates were removed.

In all, 69 responses were received (27.6% response rate) with all 4 nations represented in the responses.

Findings

Demographics of PrEP Users

We asked services for the number of patients currently accessing PrEP at individual services (or to approximate if true number unknown).

There was wide variation in numbers of active PrEP users per service, ranging between 40 and 4986. The most common number of PrEP users was between 200-299, with the median number of PrEP users being 300.

Despite the rate of new HIV diagnoses continuing to increase among heterosexual women, PrEP uptake remains low with an average of 1% of PrEP users being cisgender women.

An average of 2% of PrEP users identified as transgender. This is congruent with GUMCAD data reporting 1% of sexual health service users are transgender. However this may not reflect unmet need of those who do not attend sexual health services.

On average 1% of PrEP users were cis women

(Median 1, IQR: 1, 3)

On average 2% of PrEP users were transgender

(Median 4, IQR: 1, 5)

Findings

PrEP workforce in the UK

A national Patient Group Direction (PGD) for PrEP has been available since 2018, allowing non-medical registered professionals to supply PrEP without a prescription. Some centres have also developed local Patient Specific Directions (PSD) to allow non-registered professionals (e.g. health advisers and health care assistants) to supply PrEP with supervision. **We asked which clinicians are able to initiate and continue PrEP within individual services:**

- **Doctors were able to initiate and continue PrEP in all services.**
- **Nurses could initiate PrEP in 77% of services, and continue PrEP in 89% of services.**
- **Health Advisers could offer PrEP initiation in 31% of services, and could offer continuation in 33%.**
- **Other registered professionals, for example pharmacists, could dispense PrEP in 6% services (continue in 9%), and Healthcare Assistants in 1.5% (continue in 4.5%).**

PEP to PrEP

For those moving from Post Exposure Prophylaxis (PEP) to PrEP there was variation in how this was offered. 11% offered PrEP at the same appointment as PEP initiation. 57% offered PrEP at the end of PEP visit. 13% offered PrEP as a separate appointment after finishing PEP.

Despite BASHH standards for sexual health services recommending access to an appointment within 48 hours, only 40% of services were able to meet this target.

Only 19.6% services could guarantee an appointment to continue PrEP within 48 hours.

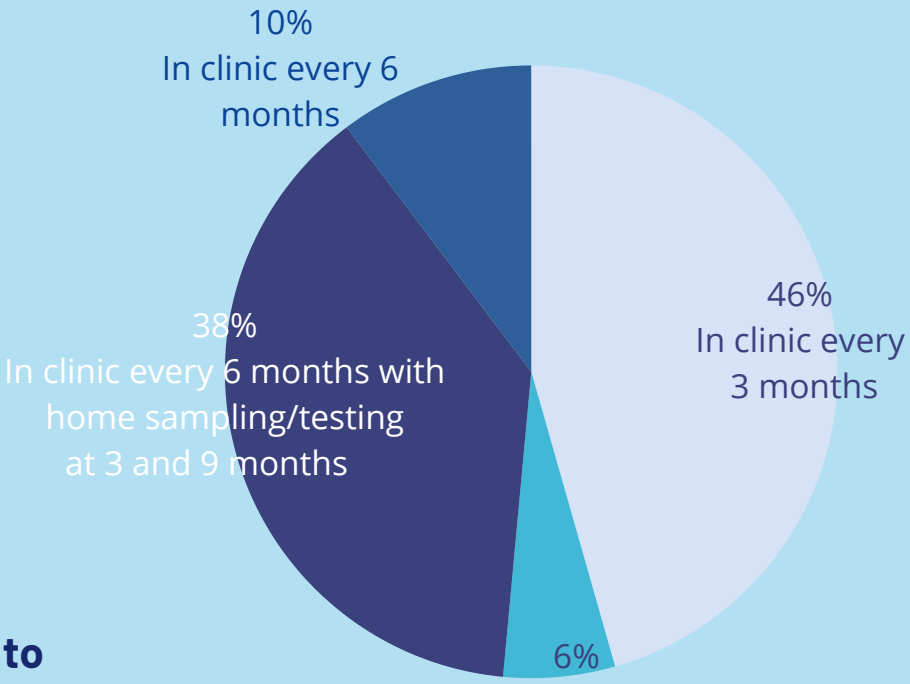
Findings

PrEP follow up

BASHH/BHIVA guidance for PrEP currently recommends testing for STIs, including HIV, every 3 months while using PrEP, with renal function tests annually for those with a baseline eGFR > 90mL/min/1.73 m or more frequently for individuals over the age of 40 or with additional risk factors for renal disease.

We asked how PrEP users were followed up in different services:

Most clinics surveyed were following the BASHH/BHIVA guidance for follow up with flexibility according to patient need and service availability.



'Other' Included annual face to face appointments with additional home sampling, telephone consultations, or a variation of options depending on patient needs

16% services were not linked to an acute NHS trust or HIV service provider.

10% did not have access to a local MDT for complex PrEP cases.

58% services offer a virtual PrEP follow-up option

Findings

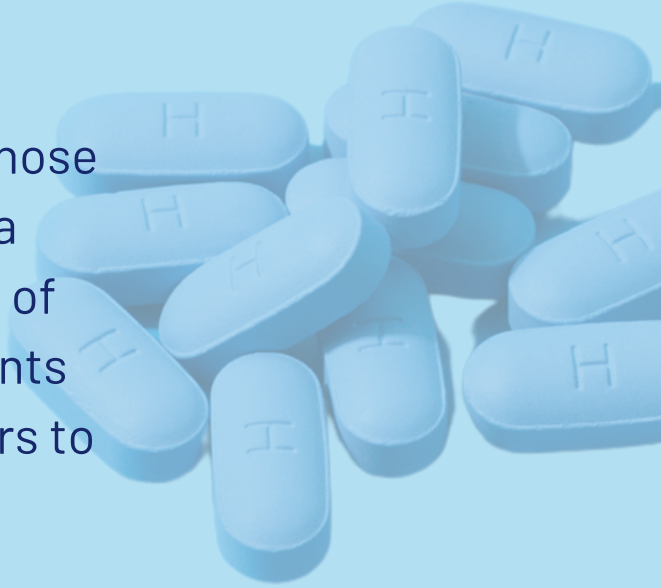
Barriers to PrEP delivery

Although UK incident HIV in GBMSM is reducing, there is still some way to go before the target of zero HIV transmission by 2030 is reached. PrEP is still only available from level 3 sexual health clinics, meaning that those who do not attend these services may miss out on HIV prevention interventions. Indeed, significant disparities in PrEP use have been identified, meaning some people at risk of HIV are still not accessing HIV prevention.

We asked clinicians about the barriers they faced when delivering PrEP.

Clinical barriers included: lack of resources - including clinical time and trained staff, access to Blueteq for second-line PrEP, clinic capacity, availability of appointments and PrEP only being available in level 3 sexual health services, meaning people who don't access sexual health services may not be aware of PrEP.

Structural barriers included: lack of awareness about PrEP, especially for those not in the historical 'risk groups', stigma around PrEP use, cultural acceptability of PrEP, and geographical barriers - patients sometimes having to travel up to 3 hours to their nearest clinic.



Findings

PrEP Innovations

Sexual health services have a wealth of experience in delivering care using innovative methods and settings. PrEP delivery is no exception to this. Clinicians acknowledge that achieving PrEP equity means venturing beyond the walls of the sexual health clinic and developing place-based solutions and digital pathways to enable PrEP delivery.

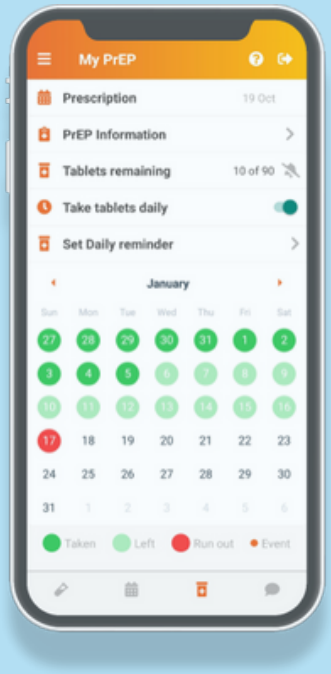
We asked about innovative ways of delivering PrEP.

In-clinic innovations included: training up junior staff (included non registered staff) to initiate or continue PrEP, telephone or virtual clinics to avoid patients needing to attend, procuring small centrifuges to enable accurate and timely renal monitoring, repeat prescriptions by post, utilising other clinics (for example Mpox vaccination clinics) to offer PrEP, offering PrEP continuation through a web application.

Outreach innovations included: Delivering PrEP in LGBTQ+ venues, public sex environments, asylum seekers groups, prisons and harm reduction services. Pop-up PrEP events at pride, and bespoke services for young people. Some clinics had already begun working alongside primary care and community pharmacies to deliver PrEP outside of level 3 sexual health services.

Case study 1: a place-based digital pathway

A clinic in Brighton has developed a co-designed digital pathway to create capacity for PrEP users.



PrEP users who are medically stable and have no additional vulnerabilities are offered an app-based care pathway. This enables fewer clinic attendances, with a mix of home sampling kits and clinic attendances to facilitate sexual health screening and renal monitoring. The EmERGE app links to the clinic EPR enabling patients to stay connected with the service.

Using this system has freed up approx 1000 appointments per year, meaning focus can be directed to outreach clinics serving marginalised groups.

An example of one such outreach clinic is PrEP2U in partnership with Terrence Higgins Trust offering PrEP initiation in a community setting. This reaches people with greater levels of vulnerability who wouldn't usually attend sexual health services as well as non-traditional PrEP users like women and heterosexual identifying men. Together with Terrence Higgins Trust staff, PrEP initiation is also offered in a local LGBTQ+ venue, again identifying young people who have not accessed PrEP services before.

Case Study 2: Upskilling the workforce

The need to increase capacity of PrEP appointments led to innovation by several London NHS trusts. Identifying available capacity in the services, a training programme was developed to enable non-registered healthcare professionals, such as health advisers and health care assistants to be able to supply PrEP under patient specific direction (PSD).

Experienced staff undertake additional training with a pharmacist. They then work with senior nurses to follow a competency pathway which enables them to assess, test and dispense PrEP for patients who are medically stable and have no additional vulnerabilities.

Not only has this increased capacity, allowing PrEP users to access a wider range of appointments, it has also improved morale, with non-registered staff enjoying the role development, and training staff appreciating the opportunity to teach and assess learners.

One centre found that enabling health advisers to dispense by PSD released almost 100 hours of senior prescriber's time in a 6 month period.

Case Study 3: Partnership with primary care

In order to respond to long waiting times to commence PrEP, a service in Manchester built on an existing partnership with primary care. This allows for individuals to initiate and continue PrEP via their GP practice, with remote prescribing and governance from a level 3 sexual health service.

The service was able to offer 617 appointments between 2023-2024. More than a third (37.8%) had not previously accessed a sexual health service. A similar number (36.5%) were diagnosed with a sexually transmitted infection, indicating that the people accessing PrEP were at a higher risk of HIV acquisition.

This initiative has expanded access and provision of PrEP, and has shown that primary care is a safe and acceptable place for this service.

It has been particularly successful in reaching people who struggle to, or otherwise do not access, traditional sexual health services. It has also reduced the burden on clinical services, allowing them to increase capacity to manage other conditions.

Discussion

Beyond HIV Prevention

One quote highlighted the benefits that PrEP can offer beyond HIV prevention, offering opportunities for health promotion:

> **"We have found that patients who attend regularly for their PrEP are building a therapeutic relationship with the service. We have noticed a high proportion experiencing isolation, loneliness and poor mental health and have been able to offer support/signposting. Over time we find that they disclose more giving an opportunity for health promotion, and it provides us with information of the evolving scene of chems/saunas/parties etc."**

Equitable access to PrEP is vital to help achieve the national target of zero HIV transmissions by the year 2030. Although clinics have made efforts to innovate and stretch limited resources to meet PrEP need, many clinics are unable to adequately meet the needs of the community who are aware of PrEP and present to services, let alone those who are unaware of PrEP or their HIV risk.

Services need support from commissioners to be able to improve access, create capacity in the service and maximise opportunities to offer PrEP to whoever may benefit from it.

BASHH can assist by sharing resources and highlighting innovative practice, as well as championing the role of sexual health services in providing the care and expertise that patients deserve.

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With thanks to

We would like to thank everyone from NHS sexual health services who kindly gave their time and shared their experiences as part of our survey.

BASHH PrEP working group

Hasan Mirza	Specialist Pharmacist
Elizabeth Okecha	HIV/GUM Consultant
Stephanie Katiyar	Specialist Pharmacist
Jodie Crossman*	**Clinical Nurse Specialist**
Claudia Estcourt	Professor of HIV/GUM
Darren Cousins	HIV/GUM Consultant
Anna Kafkalia	NHSE Programme Manager
Joshua Anderson	BASHH Lay Trustee
Portia Jackson	Specialist Pharmacist
Kerry Street	Specialist Pharmacist
Harry Coleman	HIV/GUM Consultant
Killian Quinn	HIV/GUM Consultant
Sarah Duncan	HIV/GUM Consultant
David Rook	GUM Trainee
Sarah Keegan	GUM trainee
James Mead	HIV Prevention Lead, Eddystone Charity
Greg Owen	Co-founder, iwantprepnow
Marc Tweed	Centre Manager, THT
Will Nutland	Director, The Love Tank CIC
Juddy Otti	Project Coordinator, Sophia Forum
Eleanor Hamlyn	HIV/GUM Consultant
Vanessa Apea	HIV/GUM Consultant
Tor van Hamel Parsons	SAS Doctor

***lead author**