



RESEARCH

INFORMATION

How can we best deliver HIV Pre Exposure Prophylaxis (PrEP) for maximum health gain?



INTRODUCTION AND AIMS

In July 2017, Scotland became one of the first countries worldwide to roll out PrEP (Pre-Exposure Prophylaxis), a new way of preventing HIV infection. PrEP involves taking anti-HIV pills before having sex and is available as part of routine NHS care from sexual health clinics across Scotland, to anyone with a higher chance of getting HIV. People taking PrEP need regular check-ups, including tests for sexually transmitted infections and HIV, monitoring tests, advice on taking the pills and possible side effects, and opportunities to review their safer sex strategies. This project aimed to:

1. Find out how PrEP services have been delivered during the first two years of roll out.
2. Explore different people's views on and experiences of PrEP roll out to understand what worked well (facilitators) and what worked less well (barriers) and why.
3. Make recommendations on the best ways to deliver PrEP in the future.



KEY FINDINGS

- Targeted interventions to raise awareness and make PrEP a normal part of life are needed to reduce stigma and to reach people who could benefit from PrEP but don't use sexual health clinics.
- Partnership working and shared learning between public health professionals, NHS staff, community-based organisation staff, and representatives from key populations are central to success.
- National coordination of PrEP education and roll out helps prepare PrEP providers and ensures peer support for novel situations, like assessing the results of monitoring tests.
- More flexible organisation of services and provision of PrEP care that is tailored to diverse needs would help people to start PrEP and stay on it.
- Clearer guidance on the different ways to take PrEP and more time discussing side effects and how to deal with them would be helpful to PrEP users and providers.





WHAT DID THE STUDY INVOLVE?

We conducted focus groups and individual interviews with 117 participants. We spoke to:

- 54 NHS staff involved in PrEP delivery across the 14 Health Boards in Scotland.
- 15 staff from community-based organisations serving gay, bisexual and/or men who have sex with men [MSM], transgender communities, and Black African communities.
- 9 community-based organisation service users – all Black African, predominantly women, and not using PrEP.
- 39 people who had attended a sexual health clinic: varying PrEP status (n=23 taking PrEP; n=6 stopped PrEP; n=5 declined PrEP when offered; n=5 assessed as not needing PrEP), age range 20-72 years, all MSM, 13% transgender, largely White (80% British, 18% Other).

We focused on understanding awareness of and access to PrEP, starting PrEP, and staying on PrEP and using it well.



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

- Awareness of and access to PrEP varies between different groups in society. Sexual health clinics need to develop ways to ensure that all who could benefit can access PrEP care.
- PrEP should be made available in a range of settings to ensure that people who prefer not to attend sexual health clinics can still access it.
- Specialised training for NHS staff is required to address gaps in cultural and communication competencies. Training should be co-produced with community-based organisation staff and potential/current PrEP users.
- Tailored, culturally appropriate information and resources would help people to identify PrEP as a suitable HIV prevention option, normalise PrEP, and reduce PrEP and HIV stigma.
- There should be flexibility in how and when PrEP can be accessed, with appointment and drop-in clinics and extended opening hours to fit in with people's busy lives.
- Efficiency in delivering PrEP could be achieved by having a nurse-led care pathway for non-complex PrEP users and a doctor-led care pathway for those with additional medical complexity. Check lists and standard guidance could also be helpful.
- Good IT systems are essential, as they provide a useful way to keep track of how the whole PrEP service is doing and to remind and follow-up PrEP users about regular check-ups.

Illustrative quotes from participants

"We were all able to share things like protocols, and how we were all working...so that each Health Board doesn't need to do things individually, and I think that helped hugely."
NHS staff

"The way it was pitched...there is no clear message that it's for Africans, it's around gay men, gay men, gay men. It's not working for the African community. The messages have to be strong and specific, [for] the communities who can access PrEP."
Community based organisation staff



WHAT IMPACT COULD THE FINDINGS HAVE?

For people who could benefit from PrEP

- A wider range of people would learn about and benefit from PrEP, reducing HIV infections.
- Services would respond flexibly to inequalities in HIV/PrEP literacy and spend more time on the aspects of PrEP which can be tricky for users, such as how to take it properly and managing side-effects. This would help with effective and sustained use of PrEP.
- Findings will contribute to reducing PrEP stigma, opening up discussions, and making PrEP a normal part of HIV prevention.

For policy

- Targeted awareness-raising and normalising interventions for key populations would bring the benefits of PrEP to a wider cross-section of society and protect more people from HIV.
- Encouraging partnership work across the HIV sector would ensure efficient and acceptable PrEP care pathways.

For practice

- New models of PrEP care are needed in settings that are acceptable to those people who could benefit from PrEP but who are currently missing out.
- Collaborative efforts across public health, clinical, and community practice are likely to bring the best results and benefit wider communities affected by HIV.



HOW WILL THE OUTCOMES BE DISSEMINATED?

Early findings were shared at the 33rd Congress of the International Union Against Sexually Transmitted Infections (Estonia, Sept 2019) and the European Centre for Disease Control and Prevention Panel Meeting on PrEP (Sweden, Feb 2020). We are planning a series of webinars hosted by HIV Scotland and the Scottish IReSH network to share and discuss our findings with public health, clinical and community audiences in the UK and beyond. We will present the research at conferences and publish it in peer-reviewed scientific journals.



CONCLUSION

Scotland was one of the first countries worldwide to successfully roll out a national PrEP programme. There is no single best way of delivering PrEP in Scotland; we have identified optimal components and indicators of good practice. Our findings will shape PrEP services in Scotland and inform the international evidence on how to best deliver PrEP for maximum health gain.



RESEARCH TEAM AND CONTACT

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Additional Information

This project ran from June 2018 to October 2020. The total budget was £295,686.

