

Specialised Services Circular

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Pre-Exposure Prophylaxis (PrEP) to prevent HIV: clarification of commissioning position

Circulation

For action

Local Team Assistant Directors of Specialised Commissioning
 Regional Team IFR Leads
 Finance Leads
 Local Team Pharmacists

Local Teams to circulate to:
 Acute Trust Chief Executives;
 Acute Trust Medical Directors
 Acute Trust Chief Pharmacists
 Director of Public Health / Local Authority commissioners
 Regional Directors, Public Health England

Clinical Reference Group Chairs: onward circulation relevant CRG members.

For information

Regional Directors of Specialised Commissioning
 Regional Medical Directors
 Regional Clinical Directors of Specialised Commissioning
 Director of Nursing Specialised Commissioning
 Regional Directors of Nursing – Specialised Commissioning

Background

NHS England is the responsible commissioner for all antiretroviral drugs (ARVs), including where they are used in HIV prevention either in preventing mother to child transmission or as post exposure prophylaxis following sexual or occupational exposure to HIV infection (PEP / PEPSE).

In February 2015, the MRC presented the results of the PROUD study (**P**re-exposure **O**ption for reducing HIV in the **U**K: immediate or **D**elayed) to the international Conference on Retroviruses and Opportunistic Infections (CROI). The study was sponsored by the MRC CTU at UCL and Public Health England in partnership with 12 NHS trusts in England and looked at whether offering daily HIV Pre-Exposure Prophylaxis (PrEP) to men who have sex with men (MSM) was a reliable way to prevent them from becoming infected if exposed to the virus. The results indicate that PrEP is highly protective for this group, reducing the risk of infection by 86%. Publication in a peer review journal is expected in the next few months.

Other international research has indicated that PrEP can be effective in reducing the risk of HIV where ARVs are taken regularly so as to provide protection. The US published guidelines in May 2014 recommending PrEP for high risk groups including MSM, heterosexual injecting drug users and discordant couples.

The UK study results are promising and add to the existing evidence base. Work now continues to determine a commissioning position on PrEP. This circular aims to clarify the current commissioning position of NHS England with regard to PrEP.

Summary

At present, the commissioning position is that PrEP is **not routinely commissioned** and access to PrEP is limited to those in the PROUD study. Whilst the study has now published its results, the MRC / PHE have agreed to continue follow up until April 2016. Access to treatment until this time will be funded by the manufacturer.

The HIV CRG is undertaking work to provide advice to NHS England on a potential revision to NHS England routine commissioning policy..

A range of stakeholders - including Local Authorities who are responsible for commissioning HIV prevention services - are involved in the sub group. The sub group has scoped an evidence review to address the following questions:

- What risks groups might benefit from PrEP?
- Does PrEP reduce HIV infection?
- Are most-at-risk MSM interested in PrEP as additional protection against HIV?
- Will adherence be sufficient to provide protection and avoid drug resistance?
- What effect will taking PrEP have on sexual risk behaviour?
- How would a PrEP service be delivered and what would it involve?
- Will PrEP be cost-effective and affordable in England?
- What outcomes will be measured?

Action

Commissioning Teams are asked to:

- Note the current position which is that Pre Exposure Prophylaxis for HIV prevention is not routinely commissioned and is not funded.
- Note the work of the HIV CRG working with the MRC, PHE, local authority commissioners and others to assess the evidence and costs of PrEP and to develop draft policy recommendations for consideration.
- Secure assurance from providers that PrEP is not being provided or charged as to do so in the absence of a commissioning policy is at the provider's own financial risk and

would represent inequity of provision.

Further Information

Contact Claire Foreman, Accountable Commissioner for HIV CRG
claireforeman@nhs.net



James D Palmer
National Clinical Director
Specialised Services



Cathy Edwards
Operational Delivery Director
Specialised Commissioning