Royal College of Nursing response to
NHS England Consultation on Specialised Services clinical commissioning policies and service specifications:
Proposed clinical commissioning policy proposition on Pre-Exposure Prophylaxis (PrEP) for HIV

1. Introduction

1.1 The RCN welcomes the overall proposal for the commissioning of PrEP. The proposal will have a beneficial impact on equality.

1.2. Securing a reduction in the incidences of HIV in England will require bold and determined application of scientific and social research. PrEP has been demonstrated to provide protection for those most at risk from HIV, and on that basis we would encourage NHS England to fully fund its implementation, as has been done by other health services around the world, many in pursuit of the United Nations AIDS (UNIAIDS) '90/90/90'[1] target strategy, which we would also encourage NHS England and Public Health England to sign-up to.

1.3 A fully funded PrEP programme must also be supported by high-quality HIV and STI campaigns and resources, so that those most at risk are fully enabled to look after their sexual health. We would encourage NHS England to consider the role that Sexual Health Nurse Specialists can play in delivering the PrEP programme, and the necessary supporting sexual health promotion work.

Responses to specific proposal questions

2. Question 5: Has all the relevant evidence been taken into account?

Yes

2.1 Overall, the Evidence Review does take account of relevant evidence, however, it is not clearly shown that in both UK models for PrEP implementation, using conservative assumptions, it was shown to be highly cost-effective. Therefore if it is not commissioned, there will is a potential net loss to population health.

[1] UNAIDS '*90–90–90 - An ambitious treatment target to help end the AIDS epidemic*' 2014 Available Here

2.2 The Evidence review also contains a recommendation for heterosexual eligibility to PrEP (at 6.2.1) where individuals are at risk, this is not indicated in this proposal. We would recommend it is included within a more flexible eligibility criterion.

3. Question 6: Does the impact assessment fairly reflect the likely activity, budget and service impact?

No There are a number of issues, especially in relation to the budget.

3.1 While we acknowledge that the incidence of HIV infection is higher in men who have sex with men (MSM) and as such the focus for treatment with PrEP is in this population, the evidence however, is clear that other population groups would also benefit[2]. As such the proposal should consider more flexibility in the eligibility criteria.

3.2 The underlying assumptions in the cost effectiveness section of the impact assessment both underestimate the HIV transmission rate among those who would access PrEP and underestimate the effectiveness of PrEP[3]. This means that the case for the cost-effectiveness of PrEP is unnecessarily weakened.

3.3 It is very likely that PrEP will be able to be delivered via generic drugs from 2018 onwards, creating opportunities for cost reductions in the overall HIV drugs budget, and bringing down the price for providing PrEP. The assumptions of the timescales, effectiveness and costs of these drugs made in the proposal are therefore unduly pessimistic[4].

3.4 We welcome the acceptance that the cost of PrEP drugs will be reimbursed by NHSE, the proposal states that local authorities, as the commissioners of the sexual health services, should fund the associated service costs. We do not agree with this proposal, and recommend that the entirety of PrEPs costs should be borne by the NHS budget. We make this recommendation for two reasons.

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[2] National HIV Incidence Trends in Sexual Health Clinics, UK 2009-2013 http://www.croiconference.org/sites/default/files/posters-2016/895.pdf

[3] Robert M Grant et al (2015) 'Scale-up of pre-exposure prophylaxis in San Francisco to impact HIV incidence' Grant CROI Abstract 25 Seattle http://www.croiconference.org/sessions/scale-preexposure-prophylaxis-san-francisco-impact-hiv-incidence

[4] Permanente study San Francisco of 388 person year of observation of PrEP use. https://share.kaiserpermanente.org/article/large-study-of-prep-use-in-clinical-practice-shows-no-new-hiv-infections/ and also http://www.aidsmap.com/No-new-HIV-infections-seen-in-San-Franciscos-Strut-PrEP-programme/page/3077541/

The first is the most pressing, local authorities are facing considerable financial pressures and in many areas sexual health services are under pressure. We do not have confidence that a local authority funded PrEP system would have the impact or penetration needed to secure best value from the investment, and that coverage will be variable across the country. We would recommend that funding for sexual health services is ring-fenced, to prevent inequalities of access.

The second is more long-term. It is undeniable that reductions in HIV will occur from a properly funded implementation of PrEP, which will have a direct impact on NHS funds, as fewer people will need long-term treatment, as opposed to the short-term treatment costs of PrEP. While this is a challenging ethical issue, it is key to the provision of preventative measures such as PrEP and as such must be acknowledged in the policy.

4. Question 7: Does the proposed policy accurately describe the groups for whom PrEP should be routinely commissioned?

No

4.1 As we have indicated in response to question 5 the eligibility criteria need to have a degree of flexibility build in to the assessment process so that other groups at risk of HIV infection can be given antiretroviral prophylaxis. The criterion also does not address the significantly elevated rate of HIV incidence in the black African community and their lower rates of diagnosis than MSM. It also doesn't allow for HIV negative heterosexual men and women clinically assessed to be at high risk of HIV acquisition, to be considered for treatment.

5 Question 8: Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that have been described?

5.1 We welcome the inclusion of transsexual men and women who are at higher risk of HIV transmission.

5.2 Given the high prevalence and incidence of HIV in black African communities we believe that the eligibility criterion for heterosexuals must be changed along the lines we have outlined. Failure to do so risks any PrEP programme failing to meet legal equalities requirements and community expectations.

5.3 Among heterosexuals the HIV epidemic in the UK disproportionately affects women. The current inadequacy of the eligibility criterion for heterosexuals has a detrimental impact both on certain black and minority ethnic communities and on women in particular.

5.4 We are concerned that NHS England's prioritisation process is not set up to prioritise prevention technologies, and that some of the particular benefits of PrEP may therefore not be recognised. This needs to be addressed.

5.5 We would like to see the wider benefits of PrEP brought to the attention of the NHS England panel (which the prioritisation matrix allows for). These include mental health benefits for people using PrEP, opportunities for innovation, reductions in equalities and savings for the wider health and social care system.

6. Question 9: Are there any changes or additions you think need to be made to this document, and why?

6.1 We would like to see an adjustment made to the initial prioritisation and assessment process, based on the consideration detailed above.

6.2 We would like to see more reference made to nursing staff, who are at the forefront of delivering high-quality and person-centred HIV and sexual health services. As a key component of the wider public health nursing workforce RCN members are keen to promote PrEP as a preventive intervention, and one that helps to reduce health inequalities.

6.3 We would also like to see more made of PrEP's potential to benefit the wider health and care system, by reducing the numbers of people needing HIV and needing treatment and care. There is also the potential for PrEP to bring mental health benefits both to those using it, who will be less fearful of becoming HIV positive, and by reducing the number of people living with HIV who are on average more likely to be diagnosed with depression and anxiety.[5]

[5] Clucas C et al (2010): 'A systematic review of Interventions for anxiety in people with HIV' *Psychology Health and Medicine.* Vol 16 (5)

About the RCN

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