FSRH submission to NHS England’s consultation on
Clinical Commissioning Policy Proposition: Pre-exposure prophylaxis (PrEP) to prevent the acquisition of HIV in adults

FSRH welcomes the opportunity to respond to this consultation on NHS England’s Clinical Commissioning Policy Proposition for pre-exposure prophylaxis (PrEP)

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the representative body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. We provide national qualifications in sexual and reproductive healthcare, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare for the whole nation in whatever setting it is delivered including HIV testing and prevention

As a preventative intervention that has been shown to be effective, FSRH believes that NHS England’s commissioning of PrEP will play a vital role in demonstrating its commitment to delivering the NHS Five Year Forward View’s ‘radical upgrade in prevention and public health’. As such, FSRH welcomes the NHS England’s overall proposal for the commissioning of PrEP, though we have reservations as to the proposed methodology.

In this response FSRH raises a particular concern about the potential negative impact of NHS England’s proposed funding mechanism on sexual and reproductive healthcare budgets and service delivery

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

Broadly, FSRH believes the evidence base reviewed by NHS England does take into account relevant evidence, demonstrating the cost effectiveness for PrEP for several groups of adults at high risk of HIV acquisition. FSRH believes that NHS England should be clearer throughout its consultation documents that PrEP has been found to be highly cost effective to ensure transparency when it comes to arguing the case for PrEP to be commissioned from public funds.

FSRH believes the NHS England panel should take into account the wider beneficial impact of commissioning PrEP. As a preventative intervention, PrEP has great potential to support the sustainability of the wider health and social care system by reducing the number of people acquiring HIV and therefore reducing the long-term treatment costs to the NHS and to individuals.

In addition, the availability of PrEP has a significant role to play in sexual and reproductive healthcare promotion. As the commissioning criteria sets out, to access PrEP individuals will need to have regular contact with named sexual health services. This necessary contact with sexual health services has the potential to lead to regular HIV and STI testing, as recommended by both the NHS and NICE, as well as giving women the opportunity to speak with a trained healthcare professional about their contraceptive options. In other words, the commissioning of PrEP may act as a driver to facilitate Public Health England’s initiative to ‘Make Every Contact Count’ within sexual health services, with potential to improve the outcomes set out in the Public Health Outcomes Framework. In terms of global HIV targets, it will also help the UK achieve the UNAIDS 90:90:90 currently unmet target of 90% of those living with HIV being diagnosed by 2020 through the promotion of regular HIV testing.

Further, HIV disproportionately affects particular groups with protected characteristics outlined in the 2010 Equality Act, particularly men who have sex with men (MSM) and black African communities. According to PHE’s ‘HIV in the United Kingdom – Situation Report 2015’, while overall HIV incidence amongst heterosexuals in 2015 was between 0.3-0.5%, protected characteristic groups are impacted with markedly higher rates- 1.46% in the case of MSM. The prevalence of HIV incidence amongst these protected characteristic groups demonstrates a serious health inequality in relation to HIV – a serious health inequality which will be better addressed with the commissioning of PrEP through NHS England.

FSRH also believes the commissioning of PrEP represents a significant advance towards parity of esteem between mental and physical health. On top of the high anxiety that surrounds HIV risk, particularly amongst gay men, studies suggest that preventing HIV transmission will bring significant mental health benefits as people with HIV are about twice as likely to be diagnosed with depression, while anxiety prevalence is three-times higher in HIV positive groups than among HIV negative controls. Consequently, the commissioning of PrEP is not only a preventative intervention in terms of physical health, but also mental health.

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3 Clucas C et al ‘A systematic review of Interventions for anxiety in people with HIV’ Psychology Health and Medicine Vol 16 Number 5 October 2011
**Question 6: Does the impact assessment fairly reflect the likely activity, budget and service impact?**

FSRH is concerned that the impact assessment does not adequately consider the impact the proposed funding mechanism for PrEP would have on local authority sexual and reproductive health budgets and, where sexual health services are integrated between GUM and contraceptive care, how this may restrict the delivery of other sexual and reproductive healthcare interventions including contraception care.

FSRH believes that NHS England fails to comprehensively address and consider the impact of its proposed funding mechanism on local authority sexual health service delivery. In A7.2, where the impact assessment questions ‘Is there likely to be a change in delivery setting or capacity requirements, if so what?’, it seems that NHS England abdicates any responsibility for assessing the potential service implications of the proposed commissioning of PrEP on sexual health services, simply stating:

‘These are now commissioned by local authorities who will need to assess capacity.’

Consequently, FSRH urges NHS England to consider how the proposed funding mechanism for PrEP (NHS England reimbursing local authorities where data on outcomes is provided) may have a negative impact on existing service capacity in sexual health services, restricting access to other SRH interventions, such as contraception, when already stretched sexual health budgets take the initial expenditure hit before NHS England reimbursement. This concern is compounded by C1.4 of the impact assessment, which acknowledges that ‘there may be a marginal increase in costs for providing a PrEP service.’ In light of this, FSRH believes that NHS England should fund PrEP from its own budget to prevent restrictions in access to, and provision of, local authority-funded sexual and reproductive healthcare interventions.

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

We would like to refer to and support the National AIDS Trust’s view with regards to this question, namely that since the stakeholder consultation, a change has been made to eligibility criteria for heterosexuals at high risk of HIV. In the version of the Clinical Commissioning Policy Proposition which went out for stakeholder consultation the third eligibility criterion was for HIV negative heterosexual men and women ‘at similar high risk of HIV acquisition’ to either the HIV negative partner in a sexual relationship with an HIV positive partner who is not virally suppressed, or to MSM and trans* women at high risk of HIV acquisition (which is then defined).

In the version for public consultation, heterosexual eligibility has been changed as follows: ‘HIV negative heterosexual men and women clinically assessed and known to have had condomless sex with a person with HIV (who is not known to be virally suppressed) within the past 3 months and for whom it is anticipated that this will occur again, either with the same person or another person with similar status, and so is clinically assessed and considered to be at high risk of HIV acquisition.’

We understand that this amendment has been made as a result of concerns from the PoC Board that the evidence for heterosexual risk is weaker than for MSM. The criteria were considered insufficiently specific to ensure only those at highest risk access PrEP. It also created uncertainty on the numbers who would access PrEP.

Though the commissioning concerns of the PoC Board are understandable, they must be balanced against patient need and a clinically led approach. The vast majority of HIV
transmissions come from those whose HIV remains undiagnosed. Therefore, to require the partner of a heterosexual person accessing PrEP to be known to have HIV does not meet the usual risk scenario and is just a slightly altered version of criterion 2.

The criterion also does not address the significantly elevated rate of HIV incidence in the black African community and lower rates of diagnosis than for MSM. One possible amendment would be to add the phrase ‘or strongly suspected to have or to be at high risk of HIV’ after the phrase ‘a person with HIV (who is not known to be virally suppressed)’. This would allow for example for PrEP to be made available to a black African woman whose partner refuses to test but is known to be having sex with others. It provides the clinical flexibility needed to meet real but rare cases of high risk outside the first two criteria. We do not believe such a criterion would result in a significant number of PrEP prescriptions.

**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?**

As outlined in our response to question 5, FSRH welcomes NHS England’s clinical commissioning proposal for PrEP and believes it is a crucial step in reducing inequalities amongst protected characteristic groups where there is a high prevalence of HIV acquisition i.e. amongst MSM and black African communities.

However, FSRH is concerned that, whilst the proposed commissioning policy would work towards improving health equalities amongst the aforementioned protected characteristic groups, the way in which the proposed funding mechanism relies heavily on local authority service delivery and budgets would have an adverse effect in terms of health inequalities for service users trying to access other sexual and reproductive health interventions, particularly women trying to access contraception (a fundamental right rooted in basic human rights protections).

As the funding for PrEP will originally come out of funding for level 3 sexual health services, FSRH is concerned that, in integrated GUM and contraception sexual health services, this will result in funds being diverted towards delivering PrEP and away from ensuring that women can access the most suitable method of contraception for them. Consequently, the proposed commissioning policy for PrEP can be seen as going one step forward but two steps back in relation to the equality objectives set out in the Department of Health’s *A Framework for Sexual Health Improvement in England*. The commissioning proposal goes some way in terms of promoting preventative interventions, like PrEP, which continue to tackle HIV, however, in the period between local authority expenditure on PrEP and NHS England reimbursement, the proposal has the potential to increase other health inequalities by financially restricting capacity to deliver rapid, open-access contraceptive information, support and care.⁴

Therefore, FSRH urges NHS England to consider how its proposed funding mechanism for PrEP may negatively impact on health inequalities for other service users of sexual and reproductive healthcare services and ultimately impede services in their efforts to achieve the aims set out in the Department of Health’s *Framework for Sexual Health Improvement in England*.

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

As outlined in our above responses, FSRH urges NHS England to consider how its proposed funding mechanism for the commissioning of PrEP may negatively impact on access to other preventative sexual and reproductive healthcare interventions and fund the commissioning of PrEP from its own budget. In order for NHS England to fully deliver on the Five Year Forward View’s ‘radical upgrade in prevention and public health’, NHS England must extend parity of esteem to all sexual and reproductive healthcare interventions and provide funding for PrEP to ensure that the delivery of other local authority-funded sexual and reproductive healthcare interventions is not disproportionately restricted.