

The PrEP IMPACT Trial Implementation and emerging issues

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PrEP in the United Kingdom



England 

- Impact Trial – 10,000 places

Scotland 

- PrEP approved on NHS (generic drug)

Wales 

- PrEP project on the NHS

Northern Ireland

- No PrEP programme

PrEP IMPACT Trial



£10m



10,000



3 years

- 1) Proportion eligible for PrEP?
- 2) How to identify, engage and maintain all people eligible for PrEP?
- 3) Proportion accepting offer of PrEP?
- 4) Proportions choosing daily or intermittent dosing?
- 5) Duration of PrEP use?
- 6) Impact on HIV incidence?
- 7) Impact on STI incidence?

Primary objective

To measure PrEP-eligibility, PrEP-uptake, duration of PrEP-eligibility and duration of PrEP-use among Genitourinary Medicine (GUM) clinic attendees

Inclusion Criteria

1 Cis- and transgender MSM and trans women

- a) HIV negative test in previous year
- b) Report condomless sex in the previous 3 months
- c) Affirm likelihood of CSI in the next 3 months

2 HIV negative partner of an HIV positive person

- a) HIV positive partner not known to be virally suppressed
- b) CSI anticipated before treatment of HIV positive partner takes effect

3 HIV negative person

Clinically assessed and considered to be at similar risk of HIV acquisition as those with a serodiscordant partner who is not known to be virally suppressed

IMPACT study

- Kings College Hospital
- Sexual Health clinic – approx 25,000 attendances a year
- 184 Impact places
 - 127 for MSM
 - 57 for non-MSM
- Running IMPACT from dedicated clinics
- Started enrollment in November 2017
- Challenge of finding capacity to enroll

IMPACT study

- 110 MSM enrolled to date
- No non-MSM enrolled to date
- PrEP clinics booked until July 2017
- Within the next couple of weeks we will have to stop enrolling MSM
- Trying to develop ways of engaging and recruiting non-MSM at risk

PrEP provision: emerging issues

- Existing PrEP clinic facilitated scale up
- Consultation times are longer
- The 'complex 'MSM' consultation
- Engaging with non-MSM is a challenge
- We have found it efficient to channel into dedicated PrEP clinics
- There has been 'up skilling' of all the workforce

PrEP provision: emerging issues

- PrEP provision in Sexual Health services works for MSM who are already attending
- There are many who are not attending sexual health services and for whom these services are not accessible or acceptable
- There are practical implications which limit access
 - Consultation time
 - Capacity
 - Workforce

Over to you...

How can we engage with communities and individuals who would benefit from PrEP but are not accessing sexual health services?

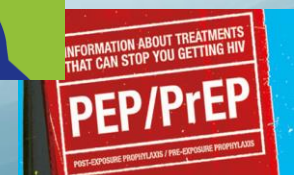
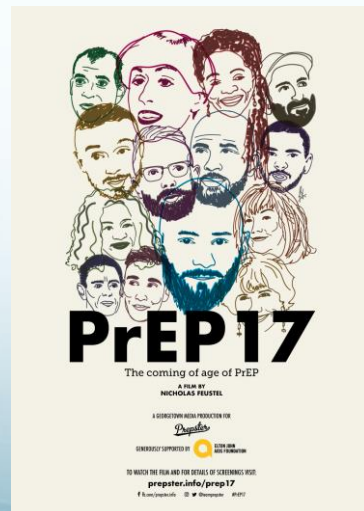
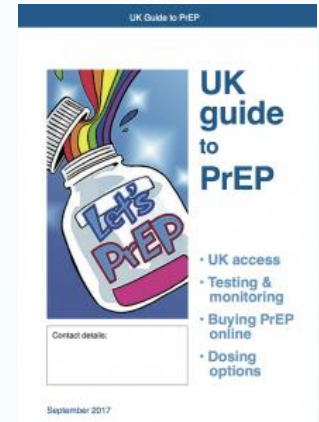
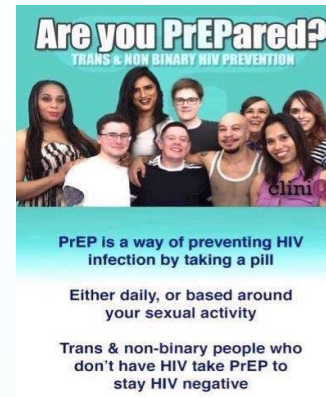
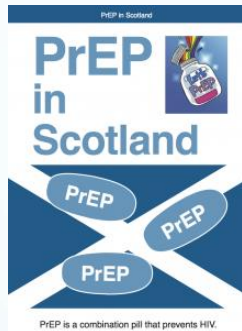
Over to you...

How can we ensure we maximise the impact of PrEP on HIV and STI prevention?

What does a good service look like?

Awareness and PrEP knowledge

- PrEP campaigns



PrEP in primary care?

- Awareness of PrEP is relatively low amongst primary care physicians
- Commissioning and drug re-imbursement processes do not support primary care involvement
- Sexual Health and HIV prevention is 'patchy' in primary care
- Greater involvement and engagement with primary care and other healthcare settings may support PrEP use in those who don't access sexual health services

Maximising PrEP use (1)

- Ensure equity of:
 - Knowledge and awareness
 - Engagement
 - Access
 - Uptake
- Engage with community organisations working with those at greater HIV risk
 - Migrant communities
 - Black and Minority Ethnic (MSM and non-MSM)
 - Heterosexuals who may be at increased risk
 - Trans communities

Maximising PrEP use (2)

- Sexual health services:
 - Commissioning and capacity issues will need to be addressed
 - We need new ways to ensure sexual health services are acceptable and accessible for all
 - Wider workforce involvement in PrEP support and provision
 - Community based or online services may address some of these issues

Maximising PrEP use (3)

- Wider healthcare – primary care (GP)
 - Increase knowledge and skill of other healthcare workers
 - Some, if not all, of the PrEP pathway should be delivered outside of sexual health services
 - Working with primary care and IT providers to integrate PrEP into clinical consultations
 - Campaigns directed at GPs re: PrEP

Questions / discussion?