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Background

- PrEP NHS availability only via sexual health clinics may create barriers to access
- PrEP uptake has been slow and low among
 - Trans people
 - Cisgender women
 - Young people
 - People of Black African or Caribbean heritage





Background

- Approximately 11,000 pharmacies in the UK
- 90% of people live 20 minutes away and make one visit per year

- Expanding PrEP delivery to community pharmacies could:
 - Raise awareness
 - Reduce barriers to access
 - Increase utilisation





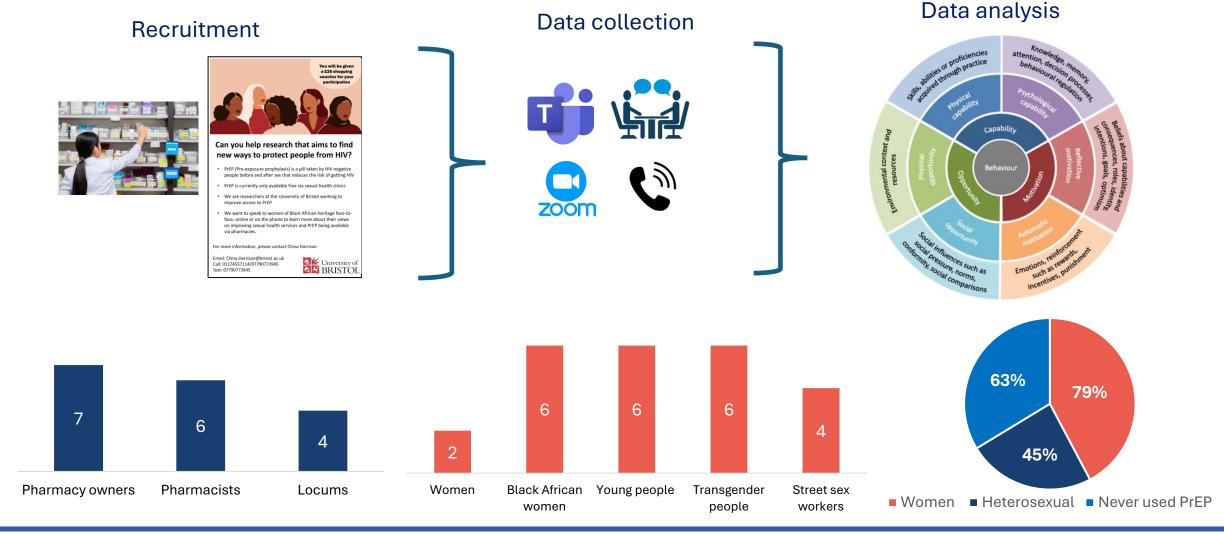
Aim

 To explore the barriers and facilitators of community pharmacy PrEP delivery for UK pharmacists and community members using the COM-B to inform the design of a PrEP pharmacy pilot





Methods & participants





Barriers & facilitators - Capabilities

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 Lack of HIV and PrEP awareness and knowledge "it's some kind of medication that you take if you have got it (HIV)" W4

• Lack of awareness of pharmacy facilities and pharmacist qualifications and experience to deliver

"Being a pharmacist... I suppose your day-to-day is writing up prescriptions"

YP6

Lack of skills and training
 needed to deliver PrEP

"Training, to make sure I know what I'm talking about" Pharm12.

""I think the first thing is to make people aware"

Pharm11

Provision of education,
 HIV and PrEP specific training

Improving PrEP awareness (advertising)

BAW=Black African Women, TP=Trans person, YP=Young person, W=Women, SW=Sex worker, pharm=pharmacist



Barriers & facilitators – Opportunities

Lack of staff, staff time and capacity

"At the present moment, we can't get staff, and we can't get locums, and it's a real, real challenge" Pharm7

 Accessibility of pharmacies

 Lack of pharmacy screening facilities "taking the blood in a pharmacy at the minute is difficult or will be difficult" Pharm5.

Hiring pharmacy staff

Lack of privacy/private
 space

"Pharmacy is a very local thing so that would make it a lot easier for people to get PrEP" YP.

 PrEP appointments and walk in service

"More like an appointment session, book an appointment with the pharmacist" BAW15

Collaborative practice
 agreement and use of other care pathways

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Barriers & facilitators - Motivation

- Perceived lack of need for PrEP
- Concern about the financial cost of PrEP
- Belief that PrEP use would lead to increase in STIs
- Stigma associated with PrEP use
- Preference for accessing PrEP from other setting

"At the present moment, we can't get staff, and we can't get locums, and it's a real, real challenge" Pharm7

"taking the blood in a pharmacy at the minute is difficult or will be difficult" Pharm5.

"So, as long as it's funded, I can't see any issue" Pharm14

"Because you're just going to the pharmacy. There's a lot of reasons to go to the pharmacy" TP

- Preference for Prep delivery via pharmacies
- Reimbursement for PrEP

 Believing that PrEP would be more discrete and less
 stigmatising



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Conclusions

- Pharmacy PrEP delivery is acceptable for pharmacists and preferred by community members
- For it to be feasible, an acceptable, effective evidence-based PrEP pharmacy intervention should:
 - Educate, train and raise awareness to increase capabilities (C) and motivation (M)
 - Support system and environmental changes to increase opportunities (O) and motivation (M)





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Project page

























