Could the use of digital services improve the provision of HIV PrEP in the UK?

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HIV pre-exposure prophylaxis (PrEP) has been freely available via the NHS since April 2021, and was previously available through the PrEP Impact Trial, which offered PrEP to 26,000 people who were considered at elevated risk of acquiring HIV.1 2

Evidence overwhelmingly supports the efficacy of PrEP in preventing HIV infection, and its use for many people at risk, including men who have sex with men, trans people, people whose partner has an undetectable HIV viral load, and heterosexual men and women who may be at increased risk of contracting HIV. HIV PrEP may also be suitable for some adolescents.3

In 2020, for the first time in more than 10 years, more new HIV diagnoses were among heterosexual people (49% of total infections) than among people who have sex with men (45% of total infections), which represents a substantial change.4 PrEP is likely to have contributed to these reductions.1 2

This flags the importance of HIV education, testing, diagnosis, and early treatment in all people at risk of contracting HIV, regardless of sexual orientation and gender.

The NHS Long Term Plan encourages the use of remote and online technology (digitally enabled care) for ease of access, and to place patients at the centre of their care, enabling them to manage better their own health.4 The Department of Health and Social Care published a document in 2018 Integrated sexual health services: a suggested national service specification as a guide for local commissioners (decision makers about local NHS services).5

However, despite the recommendation that people should be able to access care without needing to see a clinician face to face, NHS sexual health services have largely not integrated digital care into service provision. Forward thinking services such as 56 Dean Street still require patients to visit an initial face-to-face consultation before they can buy PrEP online. Additionally, patients that purchase PrEP privately still require face-to-face testing for kidney function, blood borne viruses, and sexually transmissible infections (STIs), limiting patient choice. However, progress has been made at Solent NHS Trust, the first to announce an integrated sexual health service in July 2021, which offers an online health profile, home STI testing, and remote prescribing.

Like many within the NHS, particularly after the impact of the covid-19 pandemic, services for sexual health are short staffed and under increased pressure, resulting in significant delays in processing new and continued PrEP prescriptions.

Interrupted PrEP and weak adherence increase the risk of contracting HIV. An example of this is in patients who are taking daily PrEP. If they have sex, but run out of PrEP because they cannot get an appointment for a repeat prescription, and do not manage to take PrEP for two consecutive risk-free days, they are at increased risk of contracting HIV.

In addition to the increased and unnecessary risk that interrupted delivery of PrEP care can cause, routine appointment at sexual health clinics can have a significant impact on people’s lives. The medicalisation of sex is a concern among PrEP users. Attending clinic every three months for routine sexual health testing, which occurs during the working week and often requires time off work, can be a significant barrier.

Alongside this, cost related to travel to and from clinics, and the stress related to arranging an appointment can be challenging for many people. Some may also feel embarrassed or shamed by being asked questions that they may perceive to be unnecessarily intrusive, such as inquiring about the number of sexual partners they have had within the past three months.

Alongside the difficulties faced by people already taking PrEP, some population groups that are not yet taking PrEP are labelled as hard to reach. But perhaps we should reframe the narrative. Our current approaches are failing to reach some population groups who are at elevated risk, owing to ineffective service provision. This is often the case when services are designed for patients without their input. Additionally, stigma in minoritised communities, alongside language barriers and perceptions of culturally and socially insensitive practices, prevent some groups from accessing services.

Digital services may help to resolve some of the work and financial issues that come with attending face-to-face appointments, and may help to reach groups who are unable to attend face-to-face appointments for socio-cultural reasons and would prefer more discreet access to clinical care.

Challenges that previously necessitated intense monitoring of people taking PrEP have begun to be addressed. Renal monitoring of PrEP has been a significant obstacle in the rollout of digital PrEP access in the UK. For many patients, renal eGFR (kidney) monitoring is required every 12 months by blood test in clinic. However, the World Health Organization has recently updated its guidelines, explaining that barriers to PrEP access should be removed, and advocating that in people under 30, renal testing should be optional. This is owing to the low risk of renal complications in this age group.6
For people over 30, and those with other risks to their kidney health who may need frequent monitoring, renal testing may be possible at a phlebotomy centre at the patient’s convenience (possibly in the evening or at the weekend). Additionally, at-home eGFR test kits are available to purchase privately, and evidence based tests could be integrated into remote routine PrEP screening, to negate the need for face-to-face attendance. An example of this is an at-home kidney test that provides urea, creatinine, and eGFR results using finger prick collection of blood. These tests are produced and processed in accredited laboratories. However, it should be noted that the evidence base for at-home renal tests is currently limited. Additionally, many sexual health services already offer home based STI testing.

Currently, no UK based studies explore the acceptability of digital PrEP services. However, a study that explored people’s perspectives of remote prescribing in chlamydia and for contraceptive medication showed substantial (83% of 1281 surveyed users) support for remote prescribing and medication delivered by post.7

Clinical commissioning teams and sexual health services should consider steps to de-medicalise access to PrEP, understanding the social and occupational impact that attending regular face-to-face appointments can have on working people. Consideration should also be given to how services can adapt to encourage people who may not wish to attend face-to-face appointments for socio-cultural reasons to access care, in a way that is acceptable to them. Additionally, research should be undertaken to develop evidence-based pathways and remote/online platforms to enable safe, patient centred digital prescribing of HIV PrEP.3

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