



# The Association of Directors of Public Health

## Members Briefing on PrEP and PEP

### Public Health implications of NHS England's actions on HIV treatment as prevention

The Association of Directors of Public Health strongly supports a national programme for Pre-exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP), as part of an evidence based strategy to reduce HIV transmission. We have set out our [views on PrEP and PEP](#), and we maintain our position that NHS England, as the responsible commissioner for antiretroviral drugs, should be implementing this on a national basis.

NHS England announced on 21 March 2016<sup>1</sup> that it will not be funding Pre Exposure Prophylaxis (PrEP) drugs for those at greatest risk of contracting HIV.

NHS England and PHE are now launching a process to seek expressions of interest for test sites from local authority areas with a view to confirming successful applications by June 2016. These pilots will run over the next two years, with the aim of reaching a target audience of 500, at a cost of £1m per year for the two year duration. ADPH are among a number of PH stakeholders to raise concerns, due to the limited reach, funding, and time period of the pilot.

Local authorities and Directors of Public Health are now faced with the decision as to whether or not to express an interest in being involved in the pilot. This statement is designed to inform those decisions. In reaching a view, local authorities may wish to consider the following issues:

1. The funding from NHS England is limited to two years and resourcing from the end of the pilot period needs to be considered. The pilot will have raised expectations, and there is no indication that NHSE is considering funding PrEP beyond the pilot.
2. The costs of the medicines are only part of the costs of appropriate care. There is likely to be increased activity through sexual health services (testing and treatment for other sexually transmitted infections for example). This will need to be resourced.
3. A local authority which is part of the trial is going to attract service users from neighbouring authorities which are not part of the pilot.
4. Numbers nationally are limited to 500. Consideration needs to be given as to what will happen if these numbers are exceeded (estimated national demand is nearer 8,000).
5. There needs to be clarity around who is the responsible commissioner, and therefore who holds the associated medico-legal risk.
6. Any pilot should be part of a comprehensive programme to prevent HIV transmission including appropriate access to PEP.

**ENDS**

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<sup>1</sup> <https://www.england.nhs.uk/2016/03/prep/>

Association of Directors of Public Health  
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