Supplementary written evidence submitted by the Terrence Higgins Trust (PHP0121)

HIV PrEP (Pre-Exposure Prophylaxis) is a topical example of the impact of the fragmentation and lack of clear accountability resulting from the Health and Social Care Act 2012. The stalled process of making a decision on whether PrEP should be funded by the NHS has not only wasted over 18 months of time spent by people involved in the process, but it has also failed to complete an agreed, planned and structured process through the specialised commissioning route, to commission PrEP on the NHS.

HIV PrEP is a drug taken daily to prevent the transmission of HIV. It was proven to be 86% effective on the UK PROUD trial which monitored 545 men who have sex with men, who were of high risk of contracting HIV. The reason why it wasn’t 100% effective was due to non-adherence and one participant being HIV positive just before starting the trial. PrEP’s biological efficacy is closer to 100%. It involves taking a drug – Truvada – which is also purchased by NHS England and used in the treatment of people living with HIV, as well as in PEP (Post Exposure Prophylaxis).

In September, 2014, NHS England announced that PrEP would be put through the NHS England specialised commissioning prioritisation process. HIV charities, including Terrence Higgins Trust, had therefore assumed that responsibility for the purchase of the drug used in PrEP (Truvada) was the responsibility of NHS England. After 18 months of work undertaken by dedicated volunteers through the PrEP sub-group of the HIV Clinical Reference Group (CRG), Terrence Higgins Trust and other HIV charities were invited to submit a response to the HIV PrEP stakeholder consultation. Following which, we expected a full public consultation to take place on HIV PrEP in February of this year. That failed to materialise and in March of this year NHS England stated that it would depart from due process, stating that PrEP would now not be considered as part of the NHS England specialised commissioning process. No alternative commissioning route for PrEP was announced but NHS
England’s statement made it clear that they now felt that responsibility for PrEP lay with local authorities.

The statement that NHS England released on PrEP was:

“As set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, local authorities are the responsible commissioner for HIV prevention services. Including PrEP for consideration in competition with specialised commissioning treatments as part of the annual CPAG prioritisation process could present risk of legal challenge from proponents of other ‘candidate’ treatments and interventions that could be displaced by PrEP if NHS England were to commission it.”

The statement did not make clear why, if HIV PrEP is considered as prevention and not treatment, it had been in the NHS England specialised commissioning route for over 18 months. The statement also made it no clearer as to who is responsible for commissioning Truvada for its use in PrEP.

On Tuesday 19th April, following the threat of legal challenge by an HIV charity, NHS England announced it was re-considering its decision to stop the progression of PrEP through its specialised commissioning process. PrEP will be discussed at an NHS England specialised commissioning meeting in May but it is not yet clear if PrEP will be placed back into the specialised commissioning process.

What is clear is that the delivery of public health and prevention functions – particularly who funds them – is confused. Whilst local authorities are best positioned to deliver public health services to local populations, they are not best placed to fund high cost prevention drugs such as HIV PrEP. In the last financial year alone, local authorities have had to make £200million in-year cuts to their public health budgets with future years seeing yet more cuts to these budgets.
Conclusion

In conclusion, there is still a lack of clarity on who is responsible for funding PrEP. The result is that those individuals at high risk of HIV who are in need to access PrEP are still waiting.

A sustainable solution, with clear processes and accountability, needs to be urgently found so that developments in HIV prevention can be implemented accordingly.

19 May 2016