

**Post-Exposure Prophylaxis
St. Albans Centre, London, 8th December 2003**

Everyone at the seminar had been invited by Terrence Higgins Trust Gay Men's Team. The aims of the seminar were that, after it, attendees:

- Know more about the theory and practice of PEP, specifically for exposure during sex between men in the UK.
- Have increased confidence in taking a position on the availability of PEP to people sexually exposed.
- Know more about the range and size of the obstacles to increasing swift PEP taking following sexual exposure.
- Have increased commitment to action to increase the proportion of men sexually exposed to HIV who take PEP within 72 hours.
- Have identified some positive action in their own work plan that will contribute to this strategic aim.

N=30 people attended the seminar (4 arrived late). N=24 returned evaluation form before leaving (80% response rate). All but one had stayed for the entire seminar.

SO IN THE PERCENTAGES BELOW, 4% REPRESENTS ONE PERSON.

Part 1 - BEFORE

How much do you already know about PEP for sexual exposure to HIV?

- 0% Little or nothing
- 46% Some
- 46% Lots
- 8% Expert

ONLY TWO PEOPLE CONSIDERED THEMSELVES EXPERT

Do you have an opinion on the availability of PEP to people sexually exposed?

- 74% Yes, a strong opinion
- 26% Yes, a weak opinion
- 0% I know of several opinions but don't subscribe to any
- 0% I'm unaware of an opinion to hold

What, in your opinion, are the major obstacles to men sexually exposed to HIV taking PEP within the shortest period of time possible?

- Matching men exposed to those taking the pills.
- Accessible GUM clinics; staff at GUM and A&E being prepared for it.
- Men don't know it's available.
- Access; amount of drugs; side effects; psychological effects.
- Organisation of health service providers; lack of practical specific knowledge about how to get it and circumstances where it might be appropriate on gay men's part.
- Weekend exposure and access; awareness; cost.

- Lack of information; lack of availability; medical profession generally not well informed.
- Cost/budget implications vs. chance of stopping X number of infections (ie. cost-effectiveness of PEP).
- Access to PEP; resistance from prescribers; knowledge about PEP.
- Knowledge; access.
- Access; opening times; lack of knowledge.
- Funding restrictions; clinic staff attitudes.
- Access to services; clinicians' knowledge.
- Access/availability; equity across services.
- Unawareness of availability of PEP; beliefs about how taking PEP might interfere with future treatment should they become positive; side effects.
- Knowing of the existence and efficacy of PEP; availability of PEP; knowledge of where to get PEP; ability to seek it out in time to prevent infection; expense to NHS of treatment and its continuing widespread availability.
- Awareness; availability; resources or perception of them.
- Money.
- Lack of knowledge.
- Limited availability; knowledge of how to access PEP.
- Rapid access to GUM; community awareness; funding.

Do you think men in the UK who are sexually exposed to HIV should have access to PEP within 72 hours?

- 96% Yes
 0% Unsure
 0% No
 4% Other: • More about knowledge of status of partner and disclosure issues.

How feasible do you think it is to increase NHS availability of PEP?

- 0% Not at all feasible
 71% Fairly feasible
 21% Very feasible
 8% Other: • Unsure
 • Wouldn't be as pessimistic to say 'not at all' but do think it would be extremely difficult to financial considerations and attitudes.

Has your recent work involved actions that increase the proportion of men sexually exposed to HIV who take PEP?

- 17% Yes, many actions
 38% Yes, a few actions
 33% No
 13% Other: • Yes, indirectly.
 • Possibly
 • Writing on the subject.

What are you hoping to personally get out of today?

- An idea of the weight of opinion among these experts; to better know the obstacles to service provision.
- Action towards ensuring all GUM clinics and A&E are prepared for men to access PEP.
- Understand issues around PEP from the promotion point of view.
- Contribute to the 'think tank'.
- Greater understanding of what others think about the potential for PEP in the community.
- Identifying problems about availability, ways forward, practical solutions.

- Awareness of PEP as an option; NHS awareness (esp. rural); availability of accessible services; confidence/esteem to seek treatment.
- Evidence base for Post-sexual EP as viable preventative option; increased understanding of current guidelines; 'ammunition' to allow discussion of PEP and development of PEP services in Health Board area.
- Consensus on moving PEP aims forward.
- A clear idea on how to ensure PEP is available and that HAM are confident and aware about information regarding PEPSE.
- More understanding of the needs around the two strategic PEP aims of *Making It Count* - how can we achieve them; further clarity of MSSVD guidelines.
- A greater understanding of the wider implications of PEP.
- More of an understanding of GU physicians position and opinions on access/availability; some thinking to challenge my personal thinking on this matter.
- To reach a consensus about how PEP can be made more easily available to people who need it in an appropriate and timely manner without wasting resources and without forgetting about the need for sexual health promotion.
- Greater knowledge of PEP and how distribution for sexual exposure; make a contribution to planning.
- More realistic understanding of feasibility and increased access to PEP; understanding of changes required in policy and service delivery to achieve this.
- More info regarding PEP; info on what can be done to make PEP available.
- Better understanding and framework for action.
- More detailed info; clearer knowledge around guidelines to inform local services.
- Further input into National Guidelines; greater understanding of how CBOs and clinical services can work together to optimise use of PEP.

PART 2 - AFTER

Do you know more about PEP than when you arrived?

- 17% No more than when I arrived
- 67% A little more
- 17% Much more

Have you formed or firmed up an opinion on the availability of PEP to people sexually exposed to HIV?

- 88% Yes
- 12% No
- 0% Other

What, in your opinion, are the major obstacles to men sexually exposed to HIV taking PEP within the shortest period of time possible?

- Disinterest of clinicians.
- Knowledge of healthcare workers.
- Expert delivery of PEP at GUM/A&E; awareness of PEP.
- Access.
- Resource limitations in GUM services.
- Weekend exposure and access; awareness; cost.
- Service provision; awareness among gay men.
- Geography; availability; awareness of HAM; awareness of professionals; accessibility of services (esp. rural).
- The issue of cost - who pays?
- Instant access to PEP across Britain.

- Lack of provision; lack of awareness.
- Access, availability, equity.
- Lack of awareness of availability and places to get it.
- Knowing about PEP; finding venue willing to provide PEP; knowing they could benefit from PEP.
- Clinic and A&E buy-in; awareness; policy support.
- Access.
- Lack of knowledge; poor infrastructure.
- Availability.
- access to expertise.

Do you think men in the UK who are sexually exposed to HIV should have access to PEP within 72 hours?

- 88% Yes
 0% Unsure
 0% No
 12% Other:
 - Sometimes.
 - Yes, if receptive and known +ve source or other high risk justification.
 - Still not fully decided; depends on service equity and access issues.

21 PEOPLE STAYED WITH 'YES'
 ONE PERSON STAYED WITH 'OTHER'
 2 PEOPLE MOVED FROM 'YES' TO 'OTHER'

How feasible do you think it is to increase NHS availability of PEP?

- 0% Not at all feasible
 63% Fairly feasible
 33% Very feasible
 4% Other:
 - Depends on health board area to an extent but *fairly feasible* in general.

11 PEOPLE STAYED WITH FAIRLY
 3 PEOPLE STAYED WITH VERY
 2 WENT DOWN FROM VERY TO FAIRLY
 2 WENT FROM OTHER TO FAIRLY
 5 WENT UP FROM FAIRLY TO VERY
 1 WENT FROM FAIRLY TO OTHER

Looking back at what you said you were hoping to get out of today, how much was that satisfied?

- 0% Worse than when I arrived
 0% Not satisfied at all
 65% Partly satisfied
 35% Well satisfied

If someone you know were invited to a future Expert Think Tank Seminar, would you recommend attending?

- 92% Yes
 0% No
 8% Other:
 - Depends on what it is about.

What would have made the event more likely to have met its aims?

- A less echoey room.
- It would have been better to have more HIV clinicians, commissioners and policy makers present.
- Larger representation from across Britain (perhaps *more* reps).
- Workshops to address one or two specific aims.
- It met its aims.
- Wider representation from organisations, services and users.
- More workshop time.
- Greater DoH presence/opinion.

What other comments do you have about this event?

- Nice lunch.
- It was very well organised; well done!
- Glad that THT has taken on this issue. See it as an area (use of ARVs for prevention) that is likely to develop considerably in the next few years, raising many issues that need to be discussed, especially over collection of evidence relevant to judging best use of resources.
- Lack of heating.
- Very useful day; the contents of the seminar will be presented to four Health Board public health departments and all appropriate voluntary orgs to establish a working group / discussion network in preparation for revised guidelines and health promotion initiatives; Thanks!
- Good stuff; right mix of people; shame DH didn't stay, they are a key target group; keep final round up slicker & quicker, just key points.
- Good to hear views from a variety of people who were out of my direct contact.
- Really enjoyable and well organised; informative and proactive; thanks.
- Good location; good timing; good food.
- Very useful to get an idea about how access to PEP is perceived and what is necessary to consider to increase access to and availability of PEP.
- Has met to a greater or lesser extent all its aims for myself.

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