

## Equality Impact Assessment Form

### [screentip-sectionA](#)

### 1. Document Control

#### Control Details:

Title:	Pre-exposure prophylaxis (PrEP)
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Strategic Budget EIA: Y/N (Does this EIA have an impact on the budget)	No, ring-fenced funding will be received from NHSE
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### 2. Document Amendment Record:

Version	Author	Date	Approved
V1.1	Robyn D'Cruz	15/9/20	
V1.2	Robyn D'Cruz	19/10/20	

### 3. Contributors/Reviewers (Anyone who has contributed to this document will need to be named):

Name	Position	Date
Uzmah Bhatti	Public Health Insight Manager	15/9/20, 19/10/20
Rosey Donovan	Equality and Employability Consultant	16/10/2020

#### 4. Glossary of Terms

Term	Description
PrEP	Pre- exposure prophylaxis

#### [screentip-sectionB](#)

#### 5. Summary

(Please provide a brief description of proposal / policy / service being assessed)

##### **Context**

Pre-exposure prophylaxis (PrEP) is for people who do not have HIV to prevent HIV infection from HIV positive partners. PrEP can be purchased privately in the form of oral pills, it is not a vaccine and only provides protection from HIV so long as it's taken as prescribed. As PrEP only protects against HIV, condoms and other prevention interventions are important for the protection against other STIs. Access to free PrEP provides opportunities for individuals at higher risk of HIV and sexually transmitted infection STIs, some of whom will not have been accessing prevention services previously, to regularly engage with sexual health and health promotion services.

PrEP has been made available from Sexual Health clinics across England since July 2017 through the [PrEP Impact Trial](#) which more than 20,000 participants who are at high risk of HIV have gained access. The trial ended in July 2020 with ongoing commissioning responsibility being delegated to local authority commissioners of mandatory sexual health services. Nottingham City Council has been allocated £42,905 to support the routine provision of PrEP during an estimated 248 appointments (including new and repeat visits) with PrEP from July 2020 to March 2021. This figure includes costs for residents who may seek PrEP from clinics outside of Nottingham. Drug costs will be met by NHSE.

Under the provisions of the Health and Social Care Act (2012) Nottingham City Council (NCC) has a statutory responsibility to provide, or secure the provision of, open access sexual health services in its area<sup>1</sup> including:

- Preventing the spread of sexually transmitted infections (STIs)

<sup>1</sup> <http://www.adph.org.uk/wp-content/uploads/2016/09/Interpreting-the-ringfenced-grant-conditions-and-mandateGATEWAY.pdf>

- Treating, testing and caring for people with STIs and partner notification
- Contraceptive services including advice on preventing unintended pregnancy
- Sexual health promotion

As part of this duty, Nottingham City Council commissions a range sexual health services. Nottingham City Council will commission PrEP as part of its sexual health services, this is planned to be in place by 1<sup>st</sup> October 2020. The PrEP Impact Trail ended on 12<sup>th</sup> July, no additional people can access PrEP until a commissioned service is in place. Trial participants will continue to receive PrEP through interim arrangements with the providers, however these are due to end on the 12<sup>th</sup> October 2020. In line with what has been seen in the Impact trial, it is expected that individuals will move from paying for PrEP privately to accessing it through the local service once this is established.

The PrEP service is a targeted service with eligibility based on risk of contracting HIV. Men and women aged over 16 years old are eligible for PrEP if they are at high risk as set out in the eligibility criteria. The eligibility for PrEP is very inclusive and those individuals in need are able to access it.

During trial PrEP was only available at NUH GU – this was part of the trial policy, was at one named site as drugs had to be stored in a specific way and the documentation around prescribing had to be kept along with the medications. The PrEP service is likely to be located at two Hubs going forwards. This is a consultant level service which would be centralised for this reason in line with other consultant level services such as complex contraception and recurrent STI services.

The purpose of the Equality Impact Assessment is to assess the impact of the proposed termination of service delivery on equity of access and outcomes for citizens.

## [screentip-sectionC](#)

### **6. Information used to analyse the effects on equality:**

(Please include information about how you have consulted/ have data from the impacted groups)

- [Nottingham City Sexual Health and HIV Joint Strategic Needs Assessment 2018](#)
- Some groups within the population are at higher risk of poor sexual health. The highest burden of sexually related ill-health is borne by groups who often experience other inequalities in health, including men who have sex with men, young people, black and minority ethnic groups, people with diverse gender identities and people living in socio-economically deprived areas. They often experience additional stigma, discrimination and obstacles in accessing services which can further impact their sexual health.

- Lesbian, gay, bisexual and transgender people experience a number of health inequalities which can be unrecognised in health and social care settings. Men who have sex with men remain one of the highest risk groups for HIV transmission in the UK.
- The highest ethnicity of those living with HIV in Nottingham remained black African, there was little change in this since 2012.
- Route of infection patterns indicate some change between 2012 and 2016, infections occurring as a result of heterosexual sex appear to have reduced while those being transmitted between men looks to be on the increase.
- HIV infection in the UK disproportionately affects MSM and Black African populations.
- HIV prevalence has remained relatively stable within Nottingham. This prevalence level can reasonably be expected to continue. National data shows that it is still increasing among gay and bisexual men.

- [HIV in the United Kingdom: Towards Zero HIV transmissions by 2030, 2019 report](#)

- There is evidence that combination prevention (including condom use, expanded HIV testing, prompt antiretroviral therapy and the availability of PrEP) is working in the UK. For the third consecutive year, there have been steep declines in new diagnoses in gay and bisexual men, the group with the highest transmission rate.
- In 2018, 4,453 people were newly diagnosed with HIV in the UK (3,266 men and 1,185 women). Among new diagnoses, 51% were reported among gay and bisexual and other men who have sex with men, 19% and 25% were among men and women respectively who reported heterosexual sex as their probable route of infection and 2.5% were among people who inject drugs.
- Residents in the Midlands and East of England region contributed to the highest number of new diagnoses outside of London in 2018.
  - Two-thirds of persons newly diagnosed in 2018 were aged between 25 and 49 years. The number and proportion of people diagnosed aged 50 years or over increased from 13% in 2009 to 21% in 2018.

Black African men and women accounted for 44% of new HIV diagnoses among adults who acquired HIV heterosexually in 2018.

- Evidence from a series of randomised-controlled trials showed that when PrEP is taken consistently, it is highly effective at protecting people who are at a high risk of acquiring HIV
- The Impact Trial (69) is a non-interventional, non-randomised, pragmatic health technology assessment of PrEP implementation. It aims to answer real-world questions about PrEP eligibility, uptake and duration of use, including the effect of PrEP scale-up on HIV and other STIs. The trial has already shown that the need for PrEP is much greater than was estimated by an earlier multidisciplinary, multi stakeholder working group

- [NICE Evidence summary: Pre-exposure prophylaxis of HIV in adults at high risk](#)

- There have been concerns that sexual behaviour could become more high-risk if people are taking PrEP. However, providing PrEP may increase access to other health services such as HIV testing, sexually transmitted infection and hepatitis B screening, and support for high-risk sexual behaviour and recreational drug and alcohol use.
- There is little doubt that PrEP is effective in reducing HIV acquisition in high-risk people who are HIV-negative.

- [Trends in new HIV diagnoses and in people receiving HIV-related care in the United Kingdom: data to the end of December 2018](#)  
In the UK, the number of people seen for HIV care has steadily increased over the past decade, from 65,249 in 2009 to 96,142 in 2018, a 47% increase.
  - [Cost-effectiveness of pre-exposure prophylaxis for HIV prevention in men who have sex with men in the UK: a modelling study and health economic evaluation](#)  
The study concluded that the introduction of a PrEP programme for MSM in the UK is cost-effective and possibly cost-saving in the long term. A reduction in the cost of antiretroviral drugs (including the drugs used for PrEP) would substantially shorten the time for cost savings to be realised.
  - [BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis \(PrEP\) 2018](#)  
-Specific cultural or situational contexts remain an important factor in determining adherence. Different populations or individuals may need significantly different or greater interventions to support adherence.
  - [PrEP Impact trial Protocol](#)  
Trial participant populations:
    - Aged 16 or over (in line with the age of consent)
    - Are HIV negative
    - One of the following 3 options applies:
      - A Men and transgender women who have sex with men, who are likely to have unprotected intercourse
      - B HIV negative partners of a HIV positive person when the HIV positive partner is known not to be virally suppressed and unprotected intercourse is anticipated
      - C HIV negative person who is clinically assessed to be high risk of acquiring HIV
  - [Integrated Impact Assessment: Lothian Sexual and Reproductive Health Services \(LSRHS\) – with particular reference to provision of PrEP](#)  
-National figures indicate that 28% of new starts for PrEP had not attended services in the previous two years, and one fifth of these had not attended in the previous 10 years, or ever.  
-Individuals eligible for PrEP are at high risk and there is therefore potential for increase in transmission of HIV if they are not able to access it  
-MSM (men who have sex with men) - comprise the majority of PrEP users, approx. 98%
- Young people may be more prone and vulnerable to risk taking behaviour if waiting lists are closed or lengthy for PrEP.
- Potential for PrEP resistant HIV if more people source PrEP for themselves but are not monitored in NHS services
  - Those on lower incomes are less likely to be able to afford to buy PrEP for themselves and may therefore be more at risk from unprotected sex. Younger men are more likely than older men to be on a lower income.

**7. Impacts and Actions:**

<u><a href="#">screentip-sectionD</a></u>	<b>Could particularly benefit X</b>	<b>May adversely impact X</b>
People from different ethnic groups.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults).	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Please underline the group(s) /issue more adversely affected or which benefits.</i></b>		

[screeentip-sectionE](#)

**How different groups could be affected**  
(Summary of impacts)

[screeentip-sectionF](#)

**Details of actions to mitigate, remove or justify negative impact or increase positive impact**  
(or why action isn't possible)

Provide details for impacts / benefits on people in different protected groups.

Note: the level of detail should be proportionate to the potential impact of the proposal / policy / service. Continue on separate sheet if needed (click and type to delete this note)

- HIV disproportionately affects men who have sex with men (MSM). Locally during the Impact trial approximately 93% of participants were MSM. Therefore PrEP should have the greatest benefit for this group of the population.
- Those who access PrEP will be engaging with sexual health services and may not have previously done so recently or ever. Locally higher STI rates have been detected in those receiving PrEP although the reasons for this higher rate is currently unknown.
- Providing PrEP may increase access to other health services such as HIV testing, sexually transmitted infection and hepatitis B screening, and support for high-risk sexual behaviour and recreational drug and alcohol use. It is known that the highest

Continue on separate sheet if needed (click and type to delete this note)

-The PrEP service will initially run out of 2 Hubs. There may be potential for non-complex follow up to occur at spoke clinics in the future if a PDG is developed. A specific action is not possible at this time because of upcoming uncertainty regarding the reinstating of services in light of likely Covid-19 winter pressures. However other sexual health services have been running remotely during the pandemic and fortunately the appointments required are likely to be only every 3-6 months.

burden of sexually related ill-health is borne by groups who often experience other inequalities in health and they often experience additional stigma, discrimination and obstacles in accessing services which can further impact their sexual health.

- Individuals on lower incomes are less likely to be able to afford to buy PrEP privately and so stand to benefit more from this service as they may not otherwise have been able to access PrEP. Younger men are more likely than older men to have lower incomes.
- The highest ethnicity of those living with HIV in Nottingham is the Black African ethnicity. In addition Black African men and women accounted for 44% of new HIV diagnoses among adults who acquired HIV heterosexually in 2018 in the UK. In light of this people who have Black African ethnicity have the potential to benefit greatly from this service. Locally in the Impact trial the ethnicity of approximately 20% of participants was Black and Minority Ethnic (BME).
- The PrEP service should not adversely affect any group because it is a targeted service with eligibility based on need, which in this case is the risk of contracting HIV.
- This service will initially be based at two Hubs as it is a consultant level service which is centralised for this reason. Whilst the hubs are centrally located they may not be accessible to all.

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**8. Arrangements for future monitoring of equality impact of this proposal / policy / service:**

Consultation with clinics participating in the trial has been completed. NUH, Sherwood Forrest Hospitals Trust and Doncaster and Bassetlaw Hospitals are the three main sexual health providers for Nottingham City residents. The lead consultants for all of these clinics have participated in the consultation and informed the development of the service throughout. Further consultation with service users will take place during this service pilot period up until end of March21.

**9. Outcome(s) of equality impact assessment:**

<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

**10. Approved by (manager signature) and Date sent to equality team for publishing:**

<p><b>Approving Manager:</b> The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel &amp; email to allow citizen/stakeholder feedback on proposals.</p>	<p><b>Date sent for advice:</b> Send document or Link to: <a href="mailto:equalities@nottinghamcity.gov.uk">equalities@nottinghamcity.gov.uk</a></p>
<p><b>Approving Manager Signature:</b></p>	<p><b>Date of final approval:</b></p>

**Before you send your EIA to the Equality and Employability Team for advice, have you:**

1. Read the guidance and good practice EIA's  
<http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc>
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly, when this is going to happen.
7. Clearly cross-referenced your impacts with SMART actions.

**PLEASE NOTE: FINAL VERSION MUST BE SENT TO EQUALITIES OTHERWISE RECORDS WILL REMAIN INCOMPLETE.**