**FOI Ref: 6366**

**Category(ies): Clinical - Drugs**

**Subject: PrEP**

**Date Received: 28/04/2022**

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| **Your request:** | **Our response:** |
| We have now had two years of routine commissioning for the HIV prevention drug PrEP. In the national goal of ending all new HIV transmissions by 2030, PrEP is a vital tool in reducing new HIV cases. We understand that sexual health services have been under pressure, and we want to work collaboratively with those services and decision makers to find solutions to PrEP access |
| **Your Local Authority**  |
| 1. Name of Local Authority  | Rotherham Borough Council |
| **Section 2 - Please respond to the following questions in section 2, for each level 3 sexual health service you commission in your local authority area. Please complete a separate word document for each service.**  |
| 2.1. Name of clinic/service prescribing PrEP | Rotherham Sexual Health Services |
| 2.2. In terms of assessing the eligibility for PrEP, which of the current methods does your service use to assess a patient’s eligibility?* Email consultation
* Online screening using e-form
* Virtual/video consultation
* Online consultation with a member of staff
* Telephone consultation with a member of staff
* Voicemail/call back system
* Face to face appointments
* Other (please specify)
 | Face to face appointmentsTelephone consultations |
| 2.3. Is this service currently booking new appointments for PrEP initiation for eligible patients? * Yes
* No
 | Yes |
| 2.4. Does your service currently have an upper limit or cap on the total number of possible PrEP prescriptions/patients it can accept? * Yes
* No
 | No |
| If you answered yes to question 2.4., please answer the below:2.4.1. What is the current upper limit or cap on the number of PrEP prescriptions/patients? | Not Applicable Answered No to 2.4 |
| 2.5. How many people are currently enrolled in this service receiving PrEP? | 114 patients |
| 2.6. How long is the average time from requesting a PrEP appointment to PrEP initiation? | 3-5 working days |
| 2.7. Is there currently any waiting list for PrEP in your service?* Yes
* No
 | No |
| If you answered yes to question 2.7., please answer the below:2.7.1. What is the current average waiting list time for those waiting for PrEP?2.7.2. How many people are currently on the waiting list?  | Not Applicable Answered No to 2.7 |
| 2.8. Has COVID affected the number of PrEP appointments available? * Yes (please specify)
* No
 | No |
| 2.9. What length of PrEP prescription does the service currently offer for first prescription/initiation (tick all that apply)? * 3-month prescription
* 6-month prescription
* Other – please specify
 | 3 months (we can give 6 months but prefer to ensure they all have the three-month STI screen and HIV test as per national guidance, so we keep it to 3 months as a failsafe) |
| 2.10. What length of PrEP prescription does the service currently offer for repeat and follow up prescriptions (tick all that apply)? * 3-month prescription
* 6-month prescription
* Other – please specify
 | 3 months (and 1 month if event based and infrequent requirement)  |
| 2.11. Please share any data you have about the population prescribed PrEP in this service, broken down by key population groups, specifically, gender, age, sexual orientation and ethnicity? * Age
* Gender
* Ethnicity
* Sexual Orientation
* We do not hold this data
* We cannot share this information
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| **Age**  |
| 18 and under  | **\*<5** |
| 19-25  | **25** |
| 26-30  | **17** |
| 31-40  | **34** |
| 41 and over  | **35** |

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| **Gender** |
| Female  | **\*<5** |
| Male  | **110** |
| Transgender  | **\*<5** |

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| **Ethnicity** |
| Asian  | **5** |
| Mixed White and Asian  | **\*<5** |
| Other ethnic groups  | **\*<5** |
| Unknown  | **28** |
| White British | **77** |
| White Other | **\*<5** |

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| **Sexual Orientation** |
| Bisexual  | **17** |
| Heterosexual  | **\*<5** |
| Homosexual  | **92** |
| Pansexual  | **\*<5** |

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| 2.12. Do you have any plans for targeted outreach to communities currently under-represented in PrEP prescribing in your service? * Yes
* No
 | Yes, via our subcontract with Yorkshire Mesmac |
| If you answered yes to question 2.12., please answer the questions below: 2.12.1. Are these plans currently funded? * + Yes
	+ No

2.12.2. Please share any further details of your plans if possible.  | NoOutreach (by our partner Yorkshire Mesmac) to Black Africans and sex workers in community venues and places of work to provide verbal and printed information and around PrEP.  |
| If you answered no to questions 2.12., please answer the question below:2.12.3. Are there any barriers or reasons why this work is not able to take place? (please specify)  | Our partners, Yorkshire Mesmac are undertaking this work  |
| 2.13. Are there any PrEP service changes planned or envisaged in the next 6 months? * Yes (please provide details)
* No
 | No |
| 2.14. Do you have the resources or tools you need to ensure everyone who is eligible for PrEP or might benefit from it is identified and able to access PrEP?* Yes
* No
 | Yes |
| If you answer no to question 2.14., please answer the below question:2.14.1. What additional resources does your clinic require to increase the identification of eligible patients and uptake of PrEP?  | Not Applicable Answered Yes to 2.14 |

**\*Less than 5 (in figures) <5**

The Trust considers that information you have requested would in some instances where very low volumes exist, clearly identify an individual and constitutes sensitive personal information. It is therefore exempt under section 40 (2) of the Freedom of Information Act and will not be released as this will likely contravene the 1st (used fairly, lawfully and transparently) and 6th (handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss destruction or damage) data protection principles. Also, Data Protection Act Principle 1 state that when processing sensitive personal information, at least one of the conditions in Schedule 3 is met. The section 40 exemption is an absolute exemption and as such no public interest test should be applied.