



# PrEP in Community Pharmacy

## Policy options for widening PrEP access in England

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# Key Terms and Acronyms

<b>BASHH</b>	The British Association for Sexual Health and HIV
<b>BHIVA</b>	The British HIV Association
<b>Blueteq</b>	An NHS England process for managing and authorising expensive, high-cost medicines.
<b>CAB-LA</b>	Cabotegravir, long-acting injectable form of PrEP approved by NICE
<b>CPPE</b>	Centre of Pharmacy Postgraduate Education
<b>MPSC</b>	The Medicines Procurement and Supply Chain, an NHS England function to establish the commercial arrangements to enable the purchasing of medicines prescribed in NHS hospitals in England.
<b>NICE</b>	National Institute for Health and Care Excellence
<b>PGD</b>	Patient Group Direction, a UK legal document authorising registered health professionals (like nurses, pharmacists) to supply or administer specific medicines to defined groups of patients for certain conditions, without needing a doctor's individual prescription first.
<b>PrEP</b>	Pre-Exposure Prophylaxis, a drug to prevent HIV acquisition.
<b>PrEP EmERGE</b>	An app that facilitates a digital health pathway for PrEP.
<b>TAF-FTC</b>	The antiretroviral drug combination Tenofovir Alafenamide (TAF) and Emtricitabine (FTC), the second line PrEP option in the UK.
<b>TD-FTC</b>	The antiretroviral drug combination Tenofovir Disoproxil (TD) and Emtricitabine (FTC), the first line PrEP option in the UK.

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# 1 Introduction

In England, most PrEP is accessed via sexual health clinics. The most recently published national surveillance data (the year to December 2024) states that 111,123 people initiated or continued PrEP. While no national surveillance data is published for PrEP accessed outside clinics, there are an increasing number of existing and developing routes including:

- Channel shift focused online models: monitoring and continuation completed via an online interface. An example is PrEP EmERGE in Brighton with >550 people using the service<sup>1</sup>.
- Direct to consumer online models: the entire PrEP pathway including assessment takes place via an online interface. Examples include East Sussex<sup>2</sup> (since launch in July 2024 there are 352 unique users of whom half (175) were PrEP naïve), and the new North-East London pilot project.<sup>3 4</sup>
- Work to explore new pathways such as in Liverpool, where a pilot programme is planning to develop work with pharmacies either through a Patient Group Directive or by using up to 20 community pharmacies as click and collect points for PrEP accessed via an app.
- Targeted outreach delivered either by the voluntary sector referring PrEP services, or by clinical staff delivering outreach sessions at venues targeting key populations.<sup>5</sup>

Published data is not available to estimate the number or proportion of people accessing PrEP in these alternative ways. However, in the last year for which we have data, 45% of HIV tests recorded at sexual health services were completed via a self-sampling test ordered online, which may indicate a significant number.<sup>6</sup>

Online routes for PrEP can be of significant benefit to PrEP-aware people who would like a more straightforward and less time-consuming pathway to PrEP. It can also provide a route for people who know about PrEP but are unable or unwilling to access it via a sexual health service. This might include men who have sex with men but do not self-define as gay or bisexual, people who experience sexual health clinics as being stigmatising as well as people for whom clinic access is impractical because of reasons such as physical distance and inconvenient or inaccessible opening times.

These new pathways do not meet all PrEP access needs. PrEP distributed community pharmacy offers a range of additional benefits to individuals and the health system as outlined below.

1 <https://www.local.gov.uk/case-studies/brighton-and-hove-how-prep-app-helping-manage-demand> (accessed 2/11/2025)

2 <https://news.eastsussex.gov.uk/2024/08/06/hiv-prevention-online-service-breaks-barriers/> accessed 13/11/2025

3 <https://www.eltonjohnaidsfoundation.org/pilot-schemes-across-england-to-accelerate-access-to-prep-and-reduce-new-hiv-cases/> accessed 11/11/25

4 <https://www.sh.uk/getpreponline> accessed 11/11/25

5 <https://tnt.org.uk/get-help/brighton-and-hove/our-clinical-and-testing-services#:~:text=PrEP,-Text&text=Our%20PrEP%20clinic%20is%20for,uk%20to%20make%20an%20appointment.> accessed 11/11/25

6 UKHSA, HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services, 2025, report accessed via <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2025-report>

## 1.1 Benefits of a community pharmacy PrEP offer for individuals

- Offers a route to PrEP, via proactive conversations, with people who are unaware of their risk of acquiring HIV or don't not know about PrEP, or who are not likely to present to a sexual health clinic.
- Widens access to PrEP and helps address existing inequity in who is accessing PrEP by targeting underserved populations.
- Can feel more private/anonymous for people who are unwilling to visit a sexual health clinic for reasons related to stigma or fear of being seen.
- Can be located more conveniently and locally, with significantly reduced travel time.
- Opening times may be more convenient/flexible for those who work, have caring responsibilities or other barriers to attending a clinic within its available opening hours.
- Can provide a truncated wait time between deciding to start PrEP and receiving the medication.
- Can provide adherence support and routine refills from a trusted professional.
- Can deliver an accessible option for people experiencing digital exclusion, or those who mistrust digital security and are unwilling to share personal information about their sexual health online.

## 1.2 Benefits for the health system

- Will release pressure on the over-stretched sexual health services<sup>7</sup>.
- Certain delivery models have the potential to be cost saving to the system.
- Will contribute to progress towards the Government's goal of ending new cases of HIV by 2030.
- Has potential to improve equality of access by targeting underserved groups, particularly women.
- Is in line with the BASHH and BHIVA joint PrEP guideline recommendations to commission PrEP in community pharmacy<sup>8</sup>.
- In line with the recommendations in BASHH recent report mapping PrEP provision, which recommends de-medicalising routine PrEP and supporting pharmacists in its delivery<sup>9</sup>.
- In line with the move away from defaulting to secondary healthcare models by widening access to new routes of primary healthcare.

Despite significant agreement across the system that PrEP in community pharmacy offers a valuable and desirable benefit, system barriers have prevented implementation of pathway. This report, therefore, recommends action to overcome these barriers. Where this report refers to pharmacists, it means community pharmacists, unless otherwise specifically stated.

7 Terrence Higgins Trust, Over-stretched and under strain: A Mystery Shopper Approach to Access to Sexual Health Services in England, Scotland and Wales, 2023

<https://www.local.gov.uk/about/news/demand-sexual-health-services-highlights-urgent-need-10-year-sexual-health-strategy-lga> accessed 3/11/2025

8 British Association for Sexual Health and HIV/British HIV Association guidelines on the use of HIV pre-exposure prophylaxis (PrEP) 2025 <https://bhiva.org/wp-content/uploads/2025/07/2025-PrEP-guidelines.pdf> accessed 8/11/2025

9 BASHH, Mapping the Provision of HIV Pre Exposure Prophylaxis in the UK: 2025 report



## 2 Recommendations

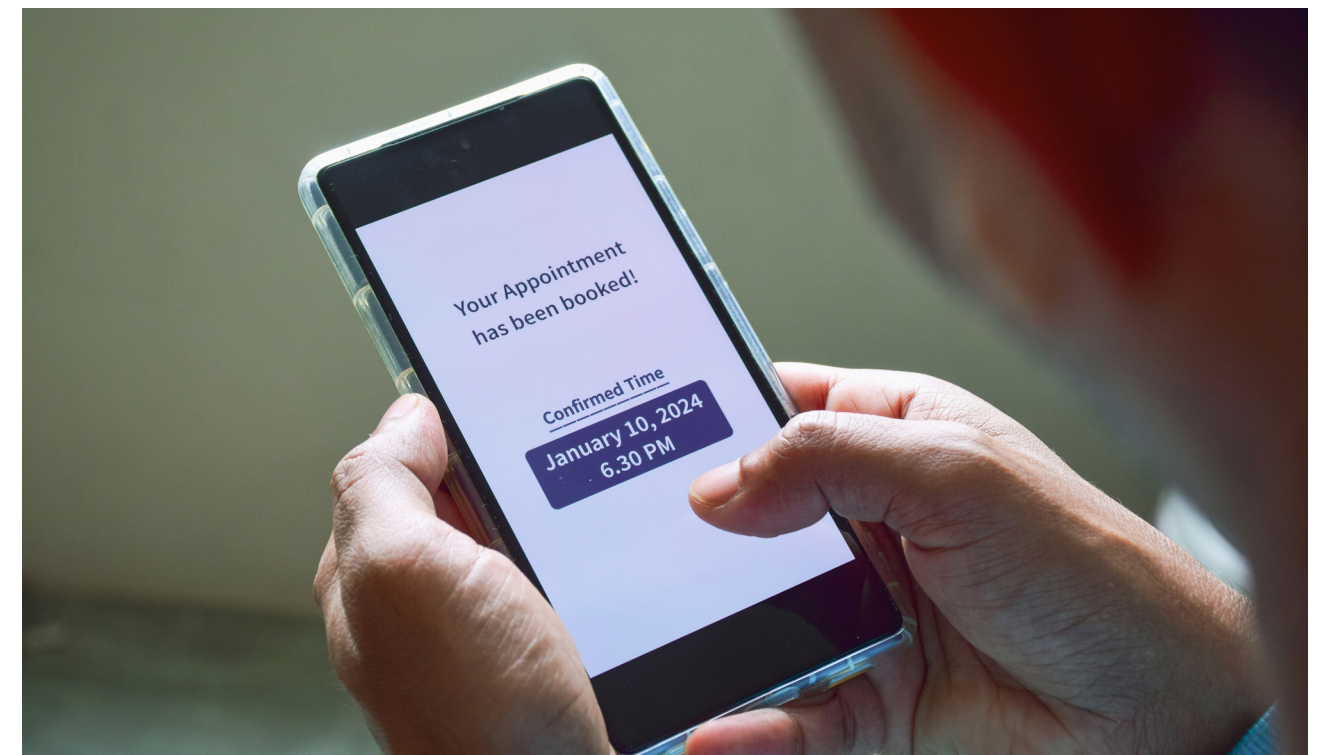
- 1** Action should be taken by the Department of Health & Social Care and NHS England, working in collaboration with local authorities, to agree a change in policy so that community pharmacy is enabled to access PrEP via the Medicines Procurement and Supply Chain (MPSC).  
If this is not possible through an agreement of all parties, DHSC should support an amendment to forthcoming health legislation to change these rules and create a framework for a service (see Appendix Two for draft language).
- 2** A Patient Group Direction (PGD) should be developed and published through appropriate governance channels to allow community pharmacists, as part of a commissioned service, to dispense PrEP.
- 3** Work should begin immediately to agree an appropriate commissioning model and to put this in place in parallel with action on Recommendation 1.
- 4** Local authorities should immediately explore commissioning community pharmacies to refer into existing pathways (in advance of any expansion to actual dispensing).
- 5** Local authorities, BASHH, NHS England and DHSC should work together with Community Pharmacy England to design a PrEP pathway that allows initiation of PrEP and all consequent activities.
- 6** All parties should work together to develop a recommended PrEP tariff for community pharmacies.
- 7** Terrence Higgins Trust, BASHH and CPPE should work together to develop an appropriate online training package for community pharmacy healthcare professionals, basing this on the training piloted during the University of Bristol research.
- 8** Any new PrEP in pharmacy service should be linked to its local sexual health service for data sharing and referral of complex cases and funded appropriately.
- 9** To participate in dispensing PrEP, community pharmacies must meet the minimum standards of having a private room for patient consultations, a computer in the room, staffing levels sufficient to manage demand, and appropriate clinical waste disposal services.
- 10** UKHSA and NHS England should begin working together with Community Pharmacy England and BASHH to agree changes to GUMCAD to support data collection from PrEP in pharmacy.
- 11** UKHSA should support local government commissioners, alongside academics specialising in health economics, to develop cost-benefit analysis of PrEP to local economies.

## 3 Key learning from recent research

The 'Accessing PrEP through pharmacies to improve HIV prevention' project<sup>10</sup>, led by Professor Jeremy Horwood and Dr China Harrison, examined how community pharmacies could deliver PrEP.

Using literature reviews, interviews, and a pilot in five pharmacies, the study identified key barriers, facilitators, and practical lessons. Barriers included limited PrEP knowledge and training among pharmacy staff, low client awareness, unclear professional roles, time and space constraints, lack of privacy and suitable facilities, and financial concerns. Facilitators included improving awareness and education for both pharmacists and clients, offering PrEP-specific training, implementing appointment systems, using existing pharmacy public health services and taking advantage of pharmacies' accessibility and extended hours.

Motivation was supported by professional interest in PrEP, client preference for discreet pharmacy-based services, and reduced stigma. The pilot stressed the need for clear, sustainable reimbursement models, systems for pharmacies to stock and dispense PrEP, and mandatory HIV and PrEP training for pharmacy staff. It also found that PrEP conversations could be effectively introduced through existing pharmacy services e.g. emergency contraception. Please see Appendix One for a more detailed summary of relevant findings.



<sup>10</sup> <https://arc-w.nihr.ac.uk/research/projects/accessing-prep-through-pharmacies-to-improve-hiv-prevention/> accessed 2/11/2025

# 4 Comparative prohibitive cost of PrEP in primary care

## 4.1. The Drug Tariff

The majority of medication dispensed under prescription by community pharmacies is purchased by the community pharmacy from a wholesaler, and reimbursed by the NHS at a preset price, listed on the Drug Tariff and updated via a regulated process led jointly by the Department of Health & Social Care (DHSC) and Community Pharmacy England (CPE)<sup>11</sup>. Community pharmacies, which are small businesses, generate revenue and profit by buying medication for less than the reimbursement level.

The cost at which PrEP is reimbursed using this method is over £350 a month. Generic PrEP is not currently listed on the Tariff and listing it would need to be requested by the DHSC and CPE. It is likely, however, that even if generic PrEP were to be added to the Tariff, the monthly cost would be still prohibitively high, as compared to the current cost to the system of PrEP (detailed below).

There is one recent precedent for pharmacies accessing centrally procured medication outside of the Drug Tariff; the COVID 19 booster vaccine programme. Pharmacies signed up to the programme were given free access to NHSE centrally procured vaccine stock and paid £7.54 for each vaccine administered.

This was facilitated by a new type of enhanced pharmacy service – National Enhanced Services – enabled by changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (by statutory instrument):

- The changes allowed NHSE to commission enhanced pharmacy services directly for the first time.
- They introduced the Listed Prescription Item Voucher Scheme (LPIV) which allows community pharmacy a supply of treatments or medicine during or in anticipation of a pandemic, diseases or 'on risk to public health'.
- Use of this exception is determined by the NHS Commissioning Board, and the Pharmacy Services Negotiation Committee (Community Pharmacy England) must be consulted<sup>12</sup>.

Since these changes, other national enhanced services have been established including:

### ■ The Pharmacy Contraception Service

This service was launched in 2023 with the on-going supply of oral contraception for community pharmacies and recently expanded to include emergency contraception. Commissioned by NHSE as an enhanced service, pharmacies are paid £900 to establish the service and then £18 for each consultation (or oral contraception). The service requires pharmacies to provide any necessary blood pressure and BMI checks.

### ■ Pharmacy First

This service is for 'complete episodes of care' for seven common conditions, including UTIs. The new clinical pathways element is funded by NHS England but related dispensing activity is funded through the existing Community Pharmacy Contractual Framework (so usual Drug Tariff conditions and prescription charges apply).

11 <https://cpe.org.uk/funding-and-reimbursement/reimbursement/how-the-price-change-mechanism-works/> accessed 4/11/2025

12 <https://cpe.org.uk/wp-content/uploads/2021/12/PSNC-Briefing-050.21-Regulatory-amendments-in-late-2021-early-2022-FINAL-3.pdf> accessed 11/11/2025

## 4.2 NHS Commercial Framework

PrEP prescribed via a sexual health clinic is reimbursed by NHS England, in line with its policy on reimbursement for PrEP<sup>13</sup>, which reimburses all PrEP medicines at a cost negotiated with the manufacturer under the terms of the NHS Commercial Framework for New Medicines<sup>14</sup>.

The cost at which generic PrEP is purchased and reimbursed under these policies is not publicly available, however, it is known to be very significantly less than the Drug Tariff reimbursement price.

Access to PrEP under the terms of the Commercial Framework and via the Medicines Procurement and Supply Chain (MPSC) is currently limited to secondary care providers. The difference between these two costs is so significant that it has acted as a barrier to commissioning PrEP services in community pharmacy.

The policies governing this process include language which could be interpreted to mean that community pharmacy is eligible within certain specific conditions. The Clinical Commissioning Policy states that PrEP can be reimbursed in line with the policy where the relevant individual is:

"clinically assessed in local authority commissioned and approved sexual health services,"<sup>15</sup>

and where the individual is eligible according to the BASHH/BHIVA PrEP guidelines<sup>16</sup>.

The NHSE policy that outlines which organisations can access medicine prices via the MPSC clarifies that PrEP providers contracted to support NHS England and/or locally authority commissioned services are eligible to purchase medicines under the MPSC:

"The following providers or organisations will be given access to MPSC frameworks as purchasing points (as stated):... HIV/PrEP/PEP services – access to PrEP and PEP medicine prices only to support service provision."<sup>17</sup>

And the questions and answers section of the policy includes the following:

### "Are any providers or organisations ineligible to become a purchasing point?"

Yes. Private providers (for example, independent sector hospitals/clinics, homecare providers, outsourced pharmacies) are not permitted to be registered as purchasing points... The exception being Prison Service, HIV, PrEP, and PEP providers contracted to support NHS England and/or local authority commissioned services."

However, the policy also states that it does not include primary care providers:

### "Will access be extended to include primary care organisations?"

No, not at the time of publishing the policy position. No stakeholder supported general primary care access. NHS England will keep the position under review."

The policy states that primary care providers are not included because stakeholders were concerned about sharing confidential price information with primary care commissioners, doctors and pharmacists. They were also concerned that this change could have unintended consequences, such as underestimating the need for the price to include a necessary margin to run community pharmacies.

13 NHS England, Clinical Commissioning Policy Reimbursement for the use of generic and second line drugs for Pre Exposure Prophylaxis (PrEP) for the prevention of HIV (2112) [230402PI], April 2023 <https://www.england.nhs.uk/wp-content/uploads/2020/10/2112-PrEP-policy-statement-version-2.pdf> accessed 4/11/2025

14 <https://www.england.nhs.uk/long-read/nhs-commercial-framework-for-new-medicines/#4-routes-to-commissioning> accessed 4/11/2025

15 NHS England, Clinical Commissioning Policy Reimbursement on PrEP as above

16 BASHH/BHIVA PrEP guidelines as above

17 Policy statement on access to the NHS England medicines procurement and supply chain (MPSC) framework prices <https://www.england.nhs.uk/long-read/policy-statement-on-access-to-the-nhs-england-medicines-procurement-and-supply-chain-mpsc-framework-prices/> accessed 6/11/2025



### 4.3 Widening access to the MPSC

Current NHSE interpretation prevents these policies from being used to enable community pharmacy to access the MPSC. While stakeholders have previously expressed concern about a more expansive interpretation of the policy, none of these concerns are insoluble. A PrEP pathway delivered by community pharmacy to NHS patients and commissioned by either a local authority or NHS England meets the spirit and purpose of PrEP access under the MPSC.

Taken together these policies demonstrate how a local authority or NHS England might commission a community pharmacy and designate it as an approved sexual health service, enabling the pharmacist to be reimbursed for the PrEP within the costs negotiated in the Commercial Framework.

NHS England should urgently review its current position, in line with the commitment to review in the policy.

If this approach were taken, further work would be needed with Community Pharmacy England, and with other stakeholders to mitigate any unintended consequences.

Any such expansion of the policy would need processes to ensure community pharmacy compliance with the criteria established to access the MPSC:

- Ensure the medicine is for NHS patients only.
- Keep prices confidential.
- Supply purchasing data monthly to the MPSC.
- Preventing MPSC-supplied PrEP from flowing out of the country by pharmacies with wholesaler authorisation to sell abroad.

To ensure compliance with the clinical commissioning policy, there are additional requirements relating to clinical assessments, ongoing monitoring, and data submission. These are dealt with in the appropriate sections below.

#### Recommendation 1

Action should be taken by the Department of Health & Social Care and NHS England, working in collaboration with local authorities, to agree a change in policy so that community pharmacy is enabled to access PrEP via the Medicines Procurement and Supply Chain (MPSC).

If this is not possible though an agreement of all parties, DHSC should support an amendment to forthcoming health legislation to change these rules and create a framework for a service (see Appendix Two for draft language).

## 5 Dispensing PrEP medication

Community pharmacists are currently able to dispense PrEP in the following scenarios:

- 1 When dispensing a prescription issued by a prescribing clinician**, such as one issued by a clinician based within a sexual health clinic.
- 2 When operating under a Patient Group Direction (PGD)<sup>18</sup>** issued by an appropriate authorising organisation such as a local authority, Integrated Care Board or NHS England<sup>19</sup>.

Number one above limits community pharmacists' activities to dispensing against a prescription.

The PGD option enables further PrEP activities as described in the pathway models table below. A PDG would enable the pharmacist to assess and supply PrEP without an external prescription. This would likely be limited to TD-FTC, the first line PrEP option. More complex PrEP need, including an assessment for second line TAF-FTC or the NICE approved injectable CAB-LA, should be referred via local referral pathways to the sexual health service to ensure a more specialist assessment, and compliance with the Blueteq forms (which community pharmacies are unable to access) and Multidisciplinary Team process required by NHSE<sup>20</sup>. A PGD would also enable a community pharmacy to administer CAB-LA injections, if additional relevant training was provided.

Pharmacists would not need to use over labelled stock, as they will have the ability to over label in the pharmacy.

#### Recommendation 2

A Patient Group Directive (PGD) should be developed and published through appropriate governance channels to allow community pharmacists, as part of a commissioned service to dispense PrEP.

<sup>18</sup> <https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them> accessed 6/11/2025

<sup>19</sup> The Human Medicines Regulations 2021 <https://www.legislation.gov.uk/ukxi/2012/1916/schedule/16> accessed 6/11/2025

<sup>20</sup> <https://bhiva.org/wp-content/uploads/2025/09/National-procurement-for-antiretrovirals-for-HIV-treatment-and-prevention-FAQ.pdf> accessed 10/11/2022

# 6 Potential commissioning models

## NHS England national programme

NHSE commissions a National Enhanced Service to provide PrEP nationally. This would either be an extension of the existing NHS Pharmacy Contraception Service<sup>21</sup>, the Pharmacy First<sup>22</sup> scheme, or could be modelled on one of these schemes and run parallel.

## Locally commissioned programme

Local authorities could commission a PrEP pharmacy scheme as part of their local sexual health services. This may be commissioned as a separate network, with a requirement on both the pharmacy network and the sexual health clinic to establish pathways as described below. It could also be commissioned as part of an overall tender of a sexual health service, with a requirement to include a given number of community pharmacies, sub-contracted by the contract lead.

## Hybrid programme

This model would involve NHSE providing a national framework, with local authorities directly commissioning a local network within it. In this model, NHSE could provide overall governance on compliance with a set of standards to include confidentiality on drug pricing, handling of data and reporting, safeguarding and template contracts. Local authorities would be responsible for commissioning and funding local providers to join the scheme.

### Recommendation 3

Work should begin immediately to agree an appropriate commissioning model and to put this in place in parallel with action on Recommendation 1.



<sup>21</sup> <https://www.england.nhs.uk/publication/nhs-pharmacy-contraception-service/> accessed 11/12/2025  
<sup>22</sup> <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/> accessed 11/11/2005

# 7 Potential pathways for PrEP delivery

The table below provides a summary of the various pathway models, with more details provided in the sections following it.

	Referral into existing pathway	Dispensing a prescription	Continuation monitoring	Initiation and full pathway
Individual benefit	Enables a pharmacist to proactively raise PrEP with a PrEP-naïve patient and to support access to existing pathways.	Limited: patient can collect their PrEP from a more convenient location but will still need to access continuation monitoring elsewhere	Once a patient has accessed PrEP for the first time, ongoing access is more convenient.	Delivers all potential benefits listed in section 1.1
System benefit	Improves access to PrEP for underserved groups and links most simply with existing systems.	May cost the system more without delivering system benefits, as continuation monitoring would still need to be based at a clinic.	Delivers a channel shift for non-complex PrEP users, creating additional capacity within sexual health clinics.	Delivers all potential benefits listed in section 1.2
HIV testing needed?	No	No	Yes	Yes
STI and kidney-function testing needed?	No	No	Yes	Yes

While the following pathways are described as discrete initiatives, they could also be combined in a range of configurations.

### 7.1 Widening access to the MPSC

This is the simplest of all solutions with no need for legal or policy change to make it possible. Community pharmacies would receive training on PrEP, and receive a small payment for activities:

- 1 Where an online PrEP service is available, pharmacists would identify potential PrEP users, discuss the option of PrEP and where appropriate guide the patient through registering online during the consultation. The online service would deliver all other aspects of the pathway.
- 2 In areas without an online service, pharmacists could use the model piloted in Bristol: ordering home testing kits via the PharmaOutcomes® software to send an automated referral to the sexual health clinic for follow up by the clinic.

## 7.2 Dispensing a prescription

People who already access PrEP via a clinic-based sexual health service, but who would prefer to collect their continuation PrEP from a community pharmacy. This preference may be for reasons of convenience or increased access, for example geographic proximity of the community pharmacy compared to the SHS, or opening hours that better meet their needs. While this option may be of some benefit to individuals, if continuation monitoring cannot be done via postal test kits and remains the responsibility of the sexual health clinic, the channel shift benefits are not realised and the individual would still need to attend the clinic for testing, so the convenience is limited. Further, absent a PGD, there may be further system barriers preventing a community pharmacy from obtaining PrEP in these circumstances.

## 7.3 Continuation monitoring

People who have initially been assessed for PrEP via a sexual health clinic can then be passed on to the community pharmacy for their follow-up appointments. PrEP would need to have been made available to community pharmacies via one of the options described above in section two. Pharmacies would also need access to HIV tests, STI testing kits (including, at a minimum, tests for HCV and HBV), and eGFR kidney function testing kits. These could be provided to pharmacies by the commissioner of the service.

Upon results of these tests, the community pharmacy would be in a position to dispense PrEP under a PGD.

## 7.4 Initiation and full pathway

This option involves everything in 4.3 above plus the initiation of PrEP, following a full assessment of eligibility.

## 7.5 Long acting injectable PrEP

In every pathway except the first (referral into existing pathway) there may be an option to train pharmacists to administer the injections for long acting PrEP. This would need to follow a referral from the sexual health clinic, for the reasons described in section 3 above.

### Recommendation 4

Local authorities should immediately explore commissioning community pharmacies to refer into existing pathways (in advance of any expansion to actual dispensing).

### Recommendation 5

Local authorities, BASHH, NHS England and DHSC should work together with Community Pharmacy England to design a PrEP pathway that allows initiation of PrEP and all consequent activities.

# 8 Pharmacy payments

Most proposed PrEP pathways involve a community pharmacist undertaking some or all of the following activities:

- Proactively raising PrEP with potential patients.
- Assessing a patient's eligibility for PrEP.
- Administering an HIV point of care test (or witnessing a patient administering a self-test or viewing evidence of recent test results).
- Distributing a self-sampling kit for HIV, HCV and HCB (or a full STI self-test kit).
- Distributing a kit for an eGFR kidney-function test.
- Dispensing PrEP using a PGD.
- Sharing data with the sexual health clinic and commissioner (and potentially in the future GUMCAD).
- Safe and appropriate disposal of clinical waste, including blood samples, where relevant.

Pharmacists would need to be compensated for undertaking these activities at a reasonable rate. This is especially the case because any pathway would involve the PrEP being reimbursed at a rate far lower than the Drug Tariff rate (which is designed to also compensate pharmacists in part for the cost of their service).

Any such PrEP tariff for pharmacies would likely include a:

- one off incentive payment for registering (to cover staff time for training and undertaking compliance activities).
- a tariff payment set to include whichever activities listed above are relevant.

Any such pharmacy PrEP tariff may be significantly cheaper than the comparative tariff paid to sexual health clinics (for those not on block contracts) and could therefore represent a system saving or help to offset the additional costs of increasing the number of people accessing PrEP.

Careful planning will be needed when developing the cost-model for this service, to ensure that the unintended consequence of reducing funding for sexual health clinics is avoided. This will be particularly important to ensure that the clinic is still resourced effectively to manage an increasingly complex caseload.

### Recommendation 6

All parties should work together to develop a recommended PrEP tariff for community pharmacies.



# 9 Further requirements

## 9.1 Training needs

In any PrEP model for community pharmacy other than filling a prescription issued by a prescribing clinician, a minimum training requirement is needed for pharmacists and those working in the pharmacy.

Findings from the Bristol research (see Appendix One for more details) outline an effective approach to this training, which has been piloted in five community pharmacies<sup>23</sup>. Developed from existing Terrence Higgins Trust training materials, the training was in three parts, all delivered online:

- 1 Basic HIV/PrEP knowledge – undertaken by all staff working in the pharmacy.
- 2 Initial PrEP training delivered to pharmacists and delivered by clinicians from the local sexual health service.
- 3 Follow up PrEP training, supported by clinicians from the local sexual health service, and enabling participants to share experiences and scenarios around raising PrEP with patients.

The most appropriate way for this training to be made available within the existing health system would be for the Centre of Pharmacy Postgraduate Education (CPPE) to build on Terrence Higgins Trust's training materials and make training courses and a short assessment available, and to develop this based on the learning from the pilots, and in collaboration with BASHH. This is in line with how competency requirements are approached for the National Pharmacy Contraception Service<sup>24</sup>.

Pharmacists would also need to be able to demonstrate up to date training on safeguarding, or take the appropriate course provided by CPPE.

### Recommendation 7

Terrence Higgins Trust, BASHH and CPPE should work together to develop an appropriate online training package for community pharmacy healthcare professionals, basing this on the training piloted during the University of Bristol research.

## 9.2 Linkage to sexual health clinics and local online services

In addition to any general awareness raising of PrEP, a more targeted approach will be necessary in most pharmacies. Based on the evidence from the Bristol pilot (described in detail in Appendix One), this can most effectively be done with patients who are already in a private setting in the pharmacy and accessing a service that indicates they may be at higher risk of acquiring HIV or are related to sexual health. These would include:

- Emergency contraception.
- Chlamydia testing.
- Opioid substitute therapy.

<sup>23</sup> Development and implementation of pharmacy PrEP awareness raising and initiation and feasibility of a UK pilot; China R. Harrison, Lindsey Harryman, Sarah Stockwell, Hannah Family, Joanna Kesten, Sarah Denford, Jennifer Scott, Caroline Sabin, Joanna Copping, John Saunders, Ross Hamilton-Shaw, Natalie Symonds, Osarenoma B. Dick, Emma Tarmey, Jeremy Horwood; medRxiv 2025.07.29.25332355; doi: <https://doi.org/10.1101/2025.07.29.25332355>

<sup>24</sup> <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>

A community pharmacy which is offering the first two of these services will have an established pathway to a sexual health clinic, for the purposes of sharing activities. Such a pathway will be important for the proper operation of a PrEP service delivered under a PGD. This pathway should ensure the following activities are possible:

- Sharing of patient records including results of PrEP assessment and dispensing history (may be possible using Pharma Outcomes®, as piloted in the Bristol research).
- Referral of patients with more complex needs or needing second line PrEP.
- Access to advice from a clinician from the sexual health clinic where necessary, including for safeguarding advice.

Where a local pathway for online PrEP exists, it may be desirable to incorporate some aspects of the pharmacy service together with the online service. For example, this service may be able to send out relevant home testing kits for continuation monitoring, sharing results with the pharmacist.

One important difference that community pharmacists will need to make clear to patients is that while sexual health services (including online services) are able to guarantee anonymity via the use of pseudonyms, pharmacies will not be able to do so. Where this anonymity is a priority for patients, a referral to the sexual health service may be appropriate.

It will be important that sexual health services receive payment for their part of the pharmacy pathway, including collating and entering data with UKHSA, receiving referrals for complex cases and providing PGD oversight.

### Recommendation 8

Any new PrEP in pharmacy service should be linked to its local sexual health service for data sharing and referral of complex cases, and funded appropriately.

## 9.3 Practicalities

Any pharmacy delivering a PrEP scheme will need to meet minimum standards including:

- A private room suitable to confidential patient consultations.
- Access to a computer inside the private room.
- Staffing levels sufficient to manage demand.
- Clinical waste disposal services for samples that include blood.

### Recommendation 9

To participate in dispensing PrEP, community pharmacies must meet the minimum standards of having a private room for patient consultations, a computer in the room, staffing levels sufficient to meet need, and appropriate clinical waste disposal services.

9.4 Data

There are a number of data requirements that a community pharmacy will need to fulfil to participate in a PrEP pathway. If accessing PrEP via the MPSC, the pharmacy will need to be able to supply monthly purchasing data to the MPSC in its preferred format<sup>25</sup>.

Data will need to be shared between the pharmacy and the sexual health clinic. This was successfully piloted in the Bristol research using an automated template on Pharma Outcomes®, a secure clinical platform used by community pharmacies.

A more complex problem relates to the provision of data to the GUMCAD system managed by UKHSA. This system contains the data used to monitor progress on PrEP including towards the 2030 goals set out in the HIV Action Plan. In its current form, there are barriers to registering pharmacists as data reporters:<sup>26 27 28</sup>

- Breaches existing GUMCAD data standards.
- May challenge UKHSA capacity to manage a significant increase in the number of reporters.
- Would need development of a smaller bespoke GUMCAD data subset for reduced data collection by pharmacists.
- Would need to protect patient anonymity and confidentiality within the GUMCAD system, which is not linked to NHS numbers or GP records.

The most practical solution would be for an agreement to be reached with NHSE on a new, smaller dataset for the pharmacy pathway, and for data to be shared by the pharmacy with the local sexual health clinic, which would then report it as a subset of its own data submission to UKHSA.

Recommendation 10

UKHSA and NHS England should begin working together with Community Pharmacy England and BASHH to agree changes to GUMCAD to support data collection from PrEP in pharmacy.

<sup>25</sup> Policy statement on access to the NHS England medicines procurement and supply chain (MPSC) framework prices (as above)  
<sup>26</sup> UKHSA and BASHH, GUMCAD STI Surveillance System (Data specification and Technical Guidance), July 20205 [https://assets.publishing.service.gov.uk/media/688b4aff15968f11ced5b7ed/GUMCAD\\_Data\\_Specification\\_and\\_Technical\\_Guidance\\_2025.pdf](https://assets.publishing.service.gov.uk/media/688b4aff15968f11ced5b7ed/GUMCAD_Data_Specification_and_Technical_Guidance_2025.pdf) accessed 11/11/2025  
<sup>27</sup> <https://www.gov.uk/guidance/gumcad-sti-surveillance-system#how-to-submit-gumcad-data> accessed 11/11/2025  
<sup>28</sup> [https://assets.publishing.service.gov.uk/media/618d2a1ad3bf7f055fce71d4/GUMCAD\\_starter\\_pack\\_2021.pdf](https://assets.publishing.service.gov.uk/media/618d2a1ad3bf7f055fce71d4/GUMCAD_starter_pack_2021.pdf) accessed 11/11/2025

10 Making the case

There is momentum on the agenda to broaden access to PrEP and reduce the health inequalities currently evident in patterns of PrEP use<sup>29</sup>. However, the fragmented nature of the HIV pathway continues to challenge the health economics benefits of PrEP expansion.

Evidence has been available for nearly a decade establishing the overall cost-effectiveness and cost-saving potential of PrEP to the health system<sup>30</sup>. Despite this, there is limited evidence available that lays out cost-effectiveness benefits of PrEP outside of the health system, and particularly within a local authority context. These might include reduced HIV stigma (and the consequent cost for mental health support) and reduced cost to adult social care for example.

Such evidence has been identified by commissioners as being a useful tool in making the case for local prioritisation, given the constrained financial situation that local authorities are in.

Recommendation 11

UKHSA should support local government commissioners, alongside academics specialising in health economics, to develop cost-benefit analysis of PrEP to local economies.



<sup>29</sup> Coukan et al (2024). Impact of national commissioning of pre-exposure prophylaxis (PrEP) on equity of access in England: a PrEP-to-need ratio investigation. Sexually Transmitted Infections. 100. sextrans-2023. 10.1136/sex-trans-2023-055989.  
<sup>30</sup> 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, Cambiano, Valentina et al., The Lancet Infectious Diseases, Volume 18, Issue 1, 85 – 94 (2018) [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(17\)30540-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30540-6/fulltext)



## Appendix One

# Evidence from the University of Bristol Pilot

The 'Accessing PrEP through pharmacies to improve HIV prevention' research project<sup>31</sup>, led by Professor Jeremy Horwood and Dr China Harrison, provides a solid evidence base to build from in designing a PrEP programme based in community pharmacy. Through a mixture of literature review, interviews with community pharmacists and at-risk populations, and a feasibility pilot in five community pharmacies<sup>32</sup>, the research articulated a range of barriers and enablers, coupled with practical learning from the feasibility pilot. On the NIHR website<sup>33</sup>, the research team summarise the barriers and facilitators as:

### Barriers

- **Capability:** lack of knowledge, training and skills among pharmacy staff; lack of PrEP awareness among clients and staff; unclear roles of pharmacists in delivering public health services.
- **Opportunity:** lack of staff time and capacity; lack of privacy in pharmacies; lack of pharmacy facilities to carry out screening and monitoring.
- **Motivation:** financial cost of PrEP to pharmacists and clients; belief that PrEP delivery could lead to risky behaviours and higher rates of STIs; not considering pharmacists as healthcare providers.

### Facilitators

- **Capability:** improving client and pharmacist awareness of PrEP; provision of PrEP specific training and education.
- **Opportunity:** pharmacies having a PrEP appointment system; using pre-existing pharmacy pathways or services to deliver PrEP; accessible location and opening hours of community pharmacies.
- **Motivation:** having an interest in PrEP; preference for pharmacy-based delivery; believing that pharmacy delivery would be more discrete and less stigmatising.

The **feasibility pilot** also highlighted important learning: <sup>34 35</sup>

- A solution must be found how community pharmacists can stock and disburse PrEP in an affordable way.
- Incentive payments supported the delivery of the service and were in line with the approach to similar services.
- HIV/PrEP awareness training must be undertaken by all staff working in a participating community pharmacy. This is provided simply via a short course delivered online.
- Pharmacists involved in assessing, dispensing, prescribing or referring for PrEP must undertake training on PrEP specifically. This can be delivered online but is most effective in two short sessions, the first sharing information about PrEP, and the second allowing interactive conversation between pharmacists and staff from Sexual Health Services, to explore practical examples of how to raise PrEP with potential patients.
- There are a number of existing services delivered within community pharmacy where a conversation about PrEP can be initiated with potential patients. These include testing for chlamydia, provision of emergency contraception, and provision of opioid substitution therapy.

<sup>31</sup> <https://arc-w.nihr.ac.uk/research/projects/accessing-prep-through-pharmacies-to-improve-hiv-prevention/> accessed 2/11/2025

<sup>32</sup> Development and implementation of pharmacy PrEP awareness raising and initiation: acceptability and feasibility of a UK pilot. China R. Harrison, et al, medRxiv 2025.07.29.25332355; doi: <https://doi.org/10.1101/2025.07.29.25332355>

<sup>33</sup> <https://arc-w.nihr.ac.uk/research/projects/accessing-prep-through-pharmacies-to-improve-hiv-prevention/> accessed 2/11/2025.

<sup>34</sup> Harrison, C., Family, H., Kesten, J., Denford, S., Scott, A., Dawson, S., Scott, J., Sabin, C., Copping, J., Harryman, L., Cochrane, S. and Horwood, J. (2024), Facilitators and barriers to community pharmacy PrEP delivery: a scoping review. J Int AIDS Soc., 27: e26232. <https://doi.org/10.1002/jia2.26232>

<sup>35</sup> Harrison C, Family H, Kesten J, et al. Qualitative exploration of the barriers and facilitators to community pharmacy PrEP delivery for UK pharmacists and underserved community members using the COM-B model of behaviour change Sexually Transmitted Infections 2025;101:160-167. <https://doi.org/10.1136/sextrans-2024-056308>

## Appendix Two

# Draft language for a statutory instrument

The following is a draft statutory instrument which makes changes to existing legislation for the purpose of:

- Expanding the pandemic exemption to the Drug Tariff to include epidemics, which would include HIV (ending automatically after ten years unless action is taken to extend it).
- Establishing a nationally commissioned Enhanced PrEP Service in community pharmacies.

### Draft Statutory Instrument

#### National Health Service, England

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) (No. 2) Regulations 2025

The Secretary of State, in exercise of the powers conferred by sections 126, 129, 132, 134, 272 and 273 of the National Health Service Act 2006 and of all other powers enabling the Secretary of State in that behalf, makes the following Regulations:

#### Citation, commencement and interpretation

- (1)** These Regulations may be cited as The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) (No. 2) Regulations 2025.
- (2)** These Regulations come into force on [the seventh day] after the day on which they are made.
- (3)** In these Regulations, "the 2013 Regulations" means The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

#### Amendment of the 2013 Regulations: expansion of the Listed Prescription Item Voucher Scheme

- (1)** In regulation [insert correct number] (Listed Prescription Item Voucher Scheme) of the 2013 Regulations:
  - for the words "a pandemic disease" substitute "a pandemic or epidemic disease"; and
  - after paragraph ( ) insert:

"( ) For the avoidance of doubt, a reference in this regulation to an 'epidemic disease' means a communicable disease declared by the Secretary of State, on advice from the UK Health Security Agency, to pose a significant and widespread risk to public health within England though not amounting to a pandemic.

( ) This regulation, insofar as it extends to epidemic diseases, shall cease to have effect ten years after the day these amending Regulations come into force, unless continued in force by further Regulations made by the Secretary of State."

- (2)** Nothing in this regulation affects the continued operation of the Listed Prescription Item Voucher Scheme in respect of pandemics.



### National Enhanced Service for HIV Pre-Exposure Prophylaxis (PrEP)

- 3 (1)** Within 12 months of the coming into force of these Regulations, the Secretary of State must establish a nationally commissioned enhanced pharmaceutical service, to be known as the National HIV Pre-Exposure Prophylaxis (PrEP) Enhanced Service, for the provision of HIV PrEP to NHS patients through community pharmacies in England.
- (2)** The National PrEP Enhanced Service shall enable NHS community pharmacy contractors to:
- (a)** assess the eligibility of individuals for HIV PrEP in accordance with nationally-approved clinical criteria;
  - (b)** initiate prescriptions for HIV PrEP under approved patient group directions or equivalent clinical authority;
  - (c)** dispense HIV PrEP to those eligible and provide associated clinical counselling and follow-up; and
  - (d)** maintain records and supply information to NHS England or such other body as may be specified.
- (3)** The Secretary of State must ensure that the terms of service for NHS community pharmacy contractors (as set out in Schedule 4 to the 2013 Regulations) are amended to include provision for the National PrEP Enhanced Service and to specify the arrangements for remuneration and governance.
- (4)** The Secretary of State may by further Regulations specify:
- (a)** clinical protocols and eligibility criteria for the service;
  - (b)** arrangements for remuneration and claims; and
  - (c)** such other matters as may be necessary to give full effect to this regulation.
- (5)** Where the National PrEP Enhanced Service has not been established within 12 months of the commencement of these Regulations, the Secretary of State must lay before Parliament a statement explaining the reasons for the delay and the expected date of commencement of the service.

### Amendment of Schedule [add correct schedule] (Terms of Service of NHS Community Pharmacies)

- 4 (1)** In Schedule [add correct schedule] to the 2013 Regulations (Terms of Service of NHS Community Pharmacies), after paragraph [insert appropriate paragraph number] insert:
- "Provision of HIV Pre-Exposure Prophylaxis (PrEP) Enhanced Service
- (1)** The contractor must, where commissioned to do so, provide the National HIV PrEP Enhanced Service in accordance with the specification issued by NHS England.
- (2)** This includes assessment of eligibility, initiation and supply of PrEP, the provision of appropriate advice and counselling, and such record-keeping and reporting as may be required.
- (3)** Remuneration shall be in accordance with the directions issued by NHS England under section 272 of the National Health Service Act 2006."

### Review and expiry

- 4 (1)** The Secretary of State must review the operation and effectiveness of regulation 2 (expansion of the Listed Prescription Item Voucher Scheme) before the expiry of ten years beginning with the day on which these Regulations come into force.
- (2)** A report setting out the conclusions of the review must be laid before Parliament.
- (3)** Regulation 2 shall cease to have effect at the end of that ten-year period unless renewed by further Regulations.

### Explanatory Note

(This note is not part of the Regulations)

These Regulations amend *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*.

**Regulation 2** extends the Listed Prescription Item Voucher Scheme to include diseases declared by the Secretary of State to constitute an epidemic as well as pandemics. This extension will expire ten years after the Regulations come into force unless renewed.

**Regulation 3** requires the Secretary of State to establish within 12 months a nationally commissioned enhanced pharmaceutical service under which community pharmacies may assess, initiate and dispense HIV pre-exposure prophylaxis (PrEP) for NHS patients.

**Regulation 4** amends the terms of service for NHS community pharmacies to provide for participation in this service and to enable remuneration arrangements.

**Regulation 5** provides for review and expiry of the epidemic-disease extension after ten years.