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Title: A qualitative exploration of the barriers and facilitators of community pharmacy PrEP delivery for pharmacists and community members

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BACKGROUND

Oral Pre-Exposure Prophylaxis (PrEP) is only available free of charge in the United Kingdom from sexual health clinics. Expanding PrEP delivery to community pharmacies could be an effective way of improving access to PrEP and aligns well with the UK government goals for England to eliminate new cases of HIV by 2030. Using the Capability, Opportunity, Motivation, Behaviour (COM-B) Model, the aim of this research was to explore the barriers and facilitators of community pharmacy PrEP delivery, perceived by pharmacists and community members underserved through current delivery models.

METHOD

Community members at risk of acquiring HIV but not currently accessing PrEP and community pharmacists were recruited to participate in semi-structured open-ended interviews. Interviews were online, via phone or in person, were audio recorded, fully transcribed, and analysed using thematic analysis, informed by COM-B.

RESULTS

A total of 17 interviews with pharmacists (pharmacy owners n=7; employed pharmacists n=6; locums n=4) and 24 with community members (Black African women n=6; other women n=2; young adults aged 18- 25-years n=6; trans people n=6; street sex workers n=4) were conducted. Thematic analysis showed barriers include sub-optimal awareness and knowledge of PrEP, perceptions of pharmacist roles in delivering public health services (capability), lack of staff capacity, pharmacy facilities and privacy (opportunity), concern about being seen accessing PrEP from a pharmacy, a preference to access PrEP from a General Practitioner (GP) and a belief that pharmacy PrEP delivery

could increase STIs (motivation). Facilitators included improving PrEP education and awareness (capability), the accessibility of pharmacies, being able to deliver PrEP via a patient group directive (PGD) (opportunity), a general preference for pharmacy PrEP and a belief that this model of delivery would be discrete, help decrease stigma and improve access to PrEP, particularly for those who felt uncomfortable accessing PrEP from sexual health clinics (motivation).

CONCLUSION

Pharmacy PrEP delivery is acceptable to pharmacists and community members but for it to be feasible, results point to the need for a behaviour change intervention incorporating education, training and awareness raising, for both pharmacists and community members to improve access, stimulate patient activation and de-stigmatise HIV and PrEP.