Assessing the Preparedness of Public STI Clinics for HIV-PrEP Implementation

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ABOUT THE HSE SEXUAL HEALTH & CRISIS PREGNANCY PROGRAMME

The HSE Sexual Health & Crisis Pregnancy Programme (SHCPP) is part of the Strategic Planning and Transformation Function of the HSE and is responsible for implementing the National Sexual Health Strategy (2015–2020) and relevant actions. The aims of the national strategy are to improve sexual health and wellbeing and to reduce negative sexual health outcomes. A key focus of the strategy is the prevention of negative sexual health outcomes and the promotion of equitable, accessible and high quality sexual health services, which are tailored and targeted to need. The strategy recognises the importance of sexual health intelligence and evidence-based information to guide the development and delivery of sexual health services.

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FOREWORD

I am pleased to introduce this evaluation of the preparedness of current STI services for HIV-PrEP implementation.

The HSE Sexual Health and Crisis Pregnancy Programme (HSE-SHCPP) has responsibility for implementation of the National Sexual Health Strategy 2015–2020. This study constitutes an important step towards achieving one of the priority actions of the strategy to: "Prioritise, develop and implement guidance to support the appropriate use of antiretroviral therapy in HIV prevention."

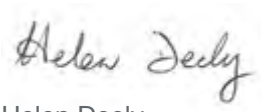
The National Standards for the Delivery and Management of Pre-Exposure Prophylaxis (PrEP) for HIV and the PrEP Monitoring Framework provide practical guidance to healthcare professionals around the provision of care for individuals accessing PrEP. This study assesses the ability of current STI services to achieve these national standards and highlights not only resource gaps but also strengths within current service provision. It will be used to inform the development of an implementation plan for a national HIV PrEP programme.

I would like to thank the research team Dr Caroline Kelleher, Dr Sarah Tecklenborg and Ms Mary Scholl for providing useful insight on the requirements and resource gaps of public STI clinics.

I wish to express my gratitude to the members of the project's Steering Committee and the additional members of the National HIV-PrEP working group for their expert support, advice and guidance throughout the process.

Special thanks go to the staff in our public STI services, who gave their valuable time to inform this study.

I would also like to thank Dr Fiona Lyons, former Clinical Lead in Sexual Health for leading out on commissioning this study and Caroline Hurley, Project Manager with SHCPP and Maeve O'Brien, Research Manager with SHCPP, for supporting the management and commissioning of the project.



Helen Deely
Programme Lead HSE Sexual Health & Crisis Pregnancy Programme

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The research team would like to acknowledge the expert guidance and valuable time of the HIV-PrEP Project Steering Group members, who were an enthusiastic and committed resource throughout the project duration and beyond, namely:

Dr. Susan Clarke
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Dr. Fiona Lyons

We would also like to thank those who were members of the National HIV-PrEP Working Group while this work was being undertaken, namely Dr Sheena McCormack, Prof Noel Gill, Dr Paddy Mallon, Ms Siobhan O'Dea, Dr Corinna Sadlier, Ms Linda Lathan, Dr Dominic Rowley, Mr Noel Sutton, Ms Fiona Herraghty, Ms Síle Dooley, Dr Caroline Mason Mohan. In particular, we would like to extend our heartfelt thanks to the participants in this project who gave so generously of their time. We hope they will find these results and recommendations useful and informative as they strive to improve and develop their service provision for the benefit of their staff and service users.

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INTRODUCTION

The HSE Sexual Health and Crisis Pregnancy Programme (HSE-SHCPP) has responsibility for implementation of the National Sexual Health Strategy 2015–2020. One of the priority actions of the strategy is to "Prioritise, develop and implement guidance to support the appropriate use of antiretroviral therapy in HIV prevention." HIV Pre-Exposure Prophylaxis (HIV-PrEP) is the use of antiretroviral therapy in HIV prevention through pre-emptive use in HIV negative individuals. Originally recommended by the World Health Organization (WHO) for men who have sex with men (MSM), in 2015, based on a growing body of evidence supporting the effectiveness and acceptability of PrEP, this recommendation was broadened to include anyone at substantial risk of HIV infection. Furthermore, the WHO recommends that HIV-PrEP should be offered as an additional prevention choice, as part of a combination approach to STI and HIV prevention. In the absence of reliable data, a report published by the HSE-SHCPP in mid-2017 estimated that the number of MSM likely to avail of PrEP in the first year of use in Ireland is 865–2,596 (95% CI, 811–2,683). Applying an approach used in Scotland to estimate PrEP for other than MSM, the upper range of the PrEP estimate (n=2,683) is considered to be inclusive of other populations at substantial risk of sexually acquired HIV. Since December 2017, generic PrEP has been available on a private prescription through community pharmacies. A health technology assessment (HTA) currently underway by the Health Information and Quality Authority (HIQA) (early 2019) will inform further decisions around the implementation of HIV-PrEP for at-risk populations.

As part of the implementation of the National Sexual Health Strategy 2015–2020, the HSE-SHCPP convened a multisectoral group to make recommendations around HIV-PrEP for Ireland in April 2016. In early 2017, the SHCPP disseminated practical guidance to healthcare professionals around caring for individuals accessing PrEP (updated July 2017 and December 2017), including sourcing medicines online, and developed documents to guide the future implementation of PrEP – the National Standards for the Delivery and Management of Pre-Exposure Prophylaxis (PrEP) for HIV and the PrEP Monitoring Framework. They also identified priority pieces of work including research to assess the preparedness of public STI services for delivery of HIV-PrEP to national standards, which is the focus of this research project.

METHOD

The study used a mixed-methods service evaluation research approach. The recently developed HIV-PrEP National Standards and PrEP Monitoring Framework were the central guide for the development of the research materials. This study employed quantitative and qualitative data-collection methods through two Work Packages (WPs): WP1 involved an online survey of key clinical and/or support personnel providing HIV prevention services in public STI clinics in Ireland; WP2 involved follow-up semi-structured interviews to further explore some of the barriers and facilitators within each clinic to achieving the agreed standards for PrEP delivery.

RESULTS

Twenty-two public STI clinics and one Infectious Diseases Clinic (that is planning to establish a PrEP service) took part in the online survey (WP1) and 12 respondents took part in interviews on behalf of 18 clinics. The preparedness of public STI clinics varied across the standards. The majority of clinics reported no issues with information governance (Standard 5), while most reported difficulties in meeting requirements relating to public and patient engagement (Standard 6). All public STI clinics are accessible without a referral letter; however, waiting lists for appointments are lengthy and present an obstacle to many clinics being able to issue an appointment to

patients within ten working days (Standard 1). Standard 2 is based on service configuration and structure and a significant issue here was the availability of appropriate combination HIV prevention and STI management tools. While the majority of public STI services provide the full suite of HIV prevention and management services, those services that require additional staff time are the ones that suffered most in resource-constrained clinics, e.g. provision of condoms, partner notification services, and discussions in relation to safer sex, alcohol and drug use. Similarly, in Standard 3, which relates to requirements around the clinical assessment and management of patients, issues emerged around partner notification and condom provision for PrEP patients. There was a varying degree of preparedness in terms of Standard 4, management of results, where the desirable requirement that all results, both positive and negative, be reported to patients was a significant challenge for many clinics.

These issues were explored in interviews with clinic staff (n=12), some of whom responded on behalf of more than one clinic. All clinics reported issues with current staffing levels or clinic resources that impacted current service provision to varying degrees. Overall, for many of the clinics there was a view that the national roll-out of PrEP, in the absence of additional resources or financing to STI clinics, would impact on current service provision. The level of impact would be determined by the numbers of HIV-PrEP-seeking patients in an individual service. A shortage of staff was the most common barrier identified by all clinics in the survey in this study; in particular a shortage of specially qualified staff. Services were also limited by the availability of clinic space and a lack of clerical cover. Among some of the clinics with more limited resources (staff, clinic time, etc.) there were fears that including PrEP patients within a general STI clinic would lead to services suffering.

Facilitators to the successful delivery and management of HIV-PrEP within public STI clinics included high levels of clinic staff willingness to provide PrEP and STI services and ongoing support from the HSE.

KEY RECOMMENDATIONS

The recommendation presented here should be considered in the light of further developments in the provision of PrEP in Ireland since this data was collected (Summer 2018) and the clear capacity issues and resource needs in the public STI services highlighted by a recent STI mapping report from the HSE-SHCPP. These will have direct implications for the successful delivery and management of HIV-PrEP now and in the future. Recommendations were categorised into three broad categories, namely:

- **Governance and Quality Assurance** issues such as the development of a model for PrEP delivery; utilisation of existing relationships between services to support HIV-PrEP implementation; investment in public STI services to meet HIV-PrEP national standards; development of guidelines on the delivery of public STI services for the management of STIs and HIV and supporting services to delivering PrEP as part of a combination approach to the prevention of STIs and HIV.
- **Services and Service Providers: Education resources, Communication and Service Engagement** including: revision of the National Standards for the Delivery and Management of PrEP for HIV; ensuring the adequate and timely circulation of eligibility and clinical guidance for HIV-PrEP; and national support for successful implementation of HIV-PrEP.
- **Service Users: Engagement, Information Resources and Communication** such as: including the perspective of service users in the development of a model of HIV-PrEP delivery; updating of the HIV-PrEP patient information leaflet; and the development and roll-out of a national HIV-PrEP communication campaign.

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HSE MIDLANDS AREA

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HSE SOUTH AREA

HSE MID-WESTERN AREA

ABBREVIATIONS

ALT	Alanine aminotransferase test
CDC	Centre for Disease Control and Prevention
eGFR	Estimated glomerular filtration rate (a blood test for renal function)
EMA	European Medicines Agency
GMHS	Gay Men's Health Service
GP	General Practitioner
GUM	Genito-urinary Medicine
HAV	Hepatitis A virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIQA	Health Information and Quality Authority
HIV	Human Immunodeficiency Virus
HIV-PrEP	HIV Pre-Exposure Prophylaxis
HPPSG	HIV-PrEP Project Steering Group
HSE	Health Service Executive
HSE-SHCPP	HSE Sexual Health and Crisis Pregnancy Programme
HTA	Health technology assessment
ID	Infectious diseases
MDRD	Modification of Diet in Renal Disease
MSM	Men who have sex with men
NAAT	Nucleic acid amplification test
NVRL	National Virus Reference Laboratory
PEPSE	Post-Exposure Prophylaxis following Sexual Exposure
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
RCT	Randomised Control Trial
STI	Sexually transmitted infection
WHO	World Health Organization
WP	Work Package

CHAPTER 1: INTRODUCTION

The HSE Sexual Health and Crisis Pregnancy Programme (HSE-SHCPP) has responsibility for implementation of Ireland's National Sexual Health Strategy[1]. When the strategy was published, in October 2015, one of its priority actions was to "*Prioritise, develop and implement guidance to support the appropriate use of antiretroviral therapy in HIV prevention*"[1]. HIV Pre-Exposure HIV Prophylaxis (PrEP) is the use of antiretroviral therapy in HIV prevention through pre-emptive use in HIV negative individuals[2]. HIV-PrEP is recommended as part of a combined prevention approach that includes biomedical, behavioural and structural interventions to reduce HIV risk in populations at highest risk of HIV[3].

1.1 HIV IN IRELAND

Between 2010 and 2014, HIV diagnoses in Ireland were relatively stable but increased by 30% between 2014 and 2015[4]. In 2015, 485 people were diagnosed with HIV; this increase was mainly identified among migrant men who have sex with men (MSM) with a proportion attributed to an outbreak of HIV among people who inject drugs[4]. However, an improvement in the surveillance case definition for HIV in 2015 (HSE East) and 2016 (all other HSE areas), also improved the sensitivity and timeliness of notifications, thereby accounting in part for this increase[4]. In 2016, there were 508 new HIV diagnoses, the highest number ever reported and an increase of 5% from 2015[5]. Again, the majority of these diagnoses were among MSM (51.4%), 27.6% among heterosexual people and 4.1% among people who inject drugs[5]. While the overall number of HIV diagnoses has increased in recent years, an increasing proportion of people diagnosed with HIV in Ireland have been previously diagnosed positive abroad and have transferred their HIV care to a service in Ireland (39% in 2017 and 34% in 2016 compared to 12% in 2012)[4-6]. There was a slight reduction in overall cases of HIV notified in 2017 (n=492 compared to n=508 in 2016); however, overall, this increasing proportion of HIV diagnosis having been previously diagnosed abroad, in conjunction with a relatively stable HIV notification rate between 2015 and 2017 (10.1–10.5% per 100,000) would suggest that the numbers of new HIV infections in Ireland are stable[6].

1.2 GLOBAL EVIDENCE FOR EFFICACY OF HIV-PREP

Over 77 demonstration and implementation studies highlighting the effectiveness of HIV-PrEP have been conducted around the globe[7]. In 2010, the iPrEx study was the first study to offer PrEP for HIV MSM[8]. iPrEX was a randomised control trial (RCT) conducted in six countries on four continents[8]. The study found that the risk of HIV infection was reduced by 99% among those who took PrEP everyday as prescribed[8]. The IPERGAY study, another RCT, offered PrEP at six hospitals in Canada and France and reported an 86% reduction in infection rate compared to those prescribed the placebo[9]. A more recently published RCT, the PROUD study, conducted in 13 sexual health clinics in England between 2012 and 2014, recommended that all patients be offered PrEP after a relative reduction in HIV infections of 86% during the pilot study[10]. Additionally, a number of studies have been conducted in resource-limited settings such as the Partners PrEP trial in Kenya and Uganda[2], and there are a number of ongoing small-scale demonstration and implementation projects in high-, middle- and low-income countries, which are being documented and updated by PrEP Watch on a quarterly basis[11].

1.3 HIV-PREP IN EUROPE

Uptake of PrEP has been slow in Europe[12]. In July 2016 the European Medicines Agency (EMA) approved PrEP, four years after the US Food and Drug Administration (FDA) had approved it[13]. Despite European regulatory approval, PrEP is currently available through the health system in only a few European countries: France, Norway, Scotland, Belgium and Wales[14]. In November 2015, France became the second country in the world to make PrEP available through its healthcare system by using a 'temporary recommendation for use'[15]. In November 2016, Norway announced a policy to offer PrEP to MSM, funded through the national health service[14]. In July 2017, people in Scotland begin taking PrEP following the government announcement of its introduction in April 2017[16]. In late 2017, England began conducting a pragmatic health technology assessment of PrEP, which is still ongoing (for more information please see https://www.prepimpacttrial.org.uk/). However, even in countries where there is regulatory approval, access to PrEP remains an issue[3]. A key barrier to the free provision of PrEP by public health services is the cost of the drugs, particularly in the context of reduced national health budgets[3]. A lack of national guidelines and lack of financing mechanisms continues to be a barrier to access of PrEP in most European countries[3]. In the absence of PrEP being offered through public healthcare systems, people have been self-sourcing generic PrEP, often through online purchases[3]. While advocacy groups in the UK (e.g. I Want PrEP Now - https://www.iwantprepnow.co.uk/; PrEPster - https://prepster.info/) and in other countries have published purchasing pathways to increase transparency and access, it is difficult to estimate how many people might be accessing PrEP through these online channels[11].

1.4 DELIVERY OF PUBLIC STI SERVICES IN IRELAND

STIs are assessed, tested for, and managed in a range of primary care, hospital-based and community settings nationally, including general practice (GP), family planning clinics, student health services and dedicated STI clinics[17]. A number of population-specific clinics also provide services, namely for young people, for MSM or for women affected by prostitution and trafficking[17]. There are 23 public STI clinics in 16 counties in Ireland[17]. Public STI services are provided at no cost to patients in Ireland; however, they are not funded from a single budget[17]. The absence of a central funding mechanism for public STI clinics[17] makes national and equitable service provision a significant challenge.

Effective prevention strategies for HIV (and STIs) support a combination approach to public health service delivery that encompasses HIV testing, STI testing and treatment, provision of condoms, appropriate vaccinations, Post-Exposure Prophylaxis following sexual exposure (PEPSE), PrEP and treatment as prevention (TasP)[18]. Clinical aspects of care should be delivered alongside behavioural interventions such as health promotion and risk reduction education, support and education around sexual behaviour and around alcohol and substance misuse[18,19]. In order to maximise the impact of PrEP in clinical settings as a HIV prevention strategy, at both an individual and population-level, optimal implementation packages should adopt a multi-component approach including: pharmaceutical intervention; safety screening; behavioural intervention; integration of PrEP as part of comprehensive care; and monitoring of the population-level impact of PrEP[20].

A recent assessment of the distribution of public STI services in Ireland suggests that there may be inequity in the distribution of capacity[1] within public STI clinics (after weighting for age and deprivation-related STI risk in the population)[17]. One of the key findings from this report concludes that, '*the majority of public STI clinics have capacity that is below the national average of current capacity.*'[17] This heterogeneity in capacity may in part be accounted for by the somewhat organic way in which many of these services have evolved over time, often in response to local need and local political campaigning to establish a public STI service in the area rather than a national and strategic approach to the planning and provision of public STI services[17]. Further information on the delivery of public STI services in Ireland can be found in a recent survey of STI and contraception services produced by HSE-SHCPP[17].

1.5 ACCESS TO HIV-PREP IN IRELAND

The branded product Truvada has been available on private prescription since July 2016, with the availability of a generic preparation through community pharmacies on foot of a private prescription since December 2017[18]. There is no available information on the numbers seeking or availing of PrEP on private prescriptions, although there are anecdotal reports from community outreach workers and healthcare professionals of individuals self-sourcing generic PrEP, primarily over the internet[18]. The Health Products Regulatory Authority (HPRA) has raised concerns about some generic products that have been intercepted by Revenue Customs And Excise[18]. PrEP is not currently available through the HSE and there is no available information on the numbers seeking or availing of PrEP on private prescriptions[18]. The Health Information Quality Authority (HIQA) is currently conducting a health technology assessment to establish the clinical effectiveness and cost effectiveness of providing a PrEP programme in Ireland[21].

1.6 GETTING READY FOR THE DELIVERY OF HIV-PREP IN IRELAND

The HSE-SHCPP convened a multisectoral group to make recommendations around HIV-PrEP for Ireland in April 2016. Since that time they have completed a number of important tasks.

- **Practical guidance for healthcare professionals seeing patients who are sourcing PrEP** or who would benefit from PrEP has been developed and widely disseminated (Available here: https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/practical-prep-guidance-december-2017.pdf)
- **Patient information booklet for people who are accessing PrEP themselves or are considering accessing PrEP** has been developed and widely disseminated (Available here: https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/information-on-hiv/hiv-prep-in-ireland.pdf)

This guidance and patient information is particularly important since generic PrEP has become available to ensure that healthcare professionals are aware of how best to use PrEP and that the population is aware of how best to take PrEP and of appropriate care and monitoring while taking PrEP.

1 STI clinic capacity was derived from the reported number of people seen per clinic session, number of sessions per week and calculated to an annual capacity estimate, i.e. estimated annual capacity = number of people seen per session × number of sessions per week × 52 – number of sessions cancelled per annum because of annual leave. Source: https://www.sexualwellbeing.ie/for-professionals/research/research-reports/survey-of-sexual-health-services_june2018.pdf[17].

- **A report that calculated estimates for populations at risk of sexual acquisition of HIV in Ireland** and therefore likely to avail of PrEP was completed in 2017. (Available here: https://www.hpsc.ie/a-z/specificpopulations/menwhohavesexwithmenmsm/msminternetsurvey2015/Ireland%20PrEP%20report%20v1.0_2017.pdf)
- **National Standards for the Delivery and Management of PrEP for HIV** were developed by the National HIV-PrEP Working Group and have been signed off by both the Sexual Health Strategy Clinical Advisory Group and Implementation Group. These standards have been developed in line with the HIQA healthcare standards[22] and address the areas of Access, Service Configuration and Structure, Clinical Assessment and Management, Management of Results, Information Governance and Patient and Public Engagement.
- Finally, the working group has developed clinical eligibility criteria, management guidance and a monitoring framework for PrEP, which have also been signed off by the Sexual Health Strategy Clinical Advisory Group and Implementation Group.

Community partnership and support has been an integral and valuable component of the achievement of these initiatives. As well as providing representation on the HIV-PrEP Working Group, several of these groups have conducted and disseminated important guidance on the next steps required to successfully and safely ensure the delivery of PrEP to those who need it. For example, in 2017 HIV Ireland and the Gay Health Network (GHN) commissioned a scoping and policy options review which identified immediate steps and policy guidance on the urgent and safe delivery of PrEP, while a community statement, also produced by the GHN, advocated the provision of PrEP and the removal of economic barriers to accessing PrEP[23,24]. Strong community partnership such as this will be an important component of the successful implementation of PrEP in the future.

1.7 RATIONALE FOR THE CURRENT STUDY

Ireland's National Sexual Health Strategy 2015–2020[1] calls for equitable, accessible and targeted services with ongoing monitoring and evaluation to ensure policies and programmes are meeting current need. Based on the evidence and recent developments outlined above, and in conjunction with the increasing trend in new HIV diagnoses particularly among MSM in Ireland, an assessment of the preparedness of public STI services for delivery of HIV-PrEP to national standards and to determine the resources required by clinics for HIV-PrEP implementation was requested by the National HIV-PrEP Working Group.

The overall aim of the study is to establish a baseline and understand the requirements in public STI clinics to support implementation of PrEP in line with agreed National Standards for the Delivery and Management of Pre-Exposure Prophylaxis (PrEP) for HIV (https://www.sexualwellbeing.ie/for-professionals/research/research-reports/) and the PrEP Monitoring Framework (Forthcoming on www.sexualwellbeing.ie).

The National Standards for the Delivery and Management of PrEP outline a **core** set of standards that should be adhered to by services providing PrEP. These should be considered key performance indicators and adherence to these standards can be audited by services. In addition this document also sets out **desirable** standards that PrEP centres should strive to achieve and can be used as part of a quality improvement initiative.

The study addressed the following key objectives:

- Document the gaps in resources or funding that will impact on the implementation of these standards in the clinics

- Identify the resource requirements of each clinic in order to operate to core national standards for delivery of PrEP
- Document the gaps in resources that will impact on the implementation of the proposed monitoring and evaluation framework
- Provide recommendations that will enable public STI clinics to participate in proposed national delivery, monitoring and evaluation of PrEP

The assessment provided information on the standards that the current services achieve in relation to PrEP and helped define the current level of care. This assessment informs the implementation of PrEP in Ireland.

The following chapter provides the design and methodological approach used to achieve these objectives.

CHAPTER 2: METHODOLOGY

2.1 STUDY DESIGN

This study used a mixed-methods service evaluation research approach[25]. Service evaluations enable healthcare decision-makers and managers to attain the highest standard of effectiveness, quality, efficiency and value for money in the services that they provide[26]. The recently developed National Standards for the Delivery and Management of PrEP for HIV and the PrEP Monitoring Framework were the central guide to the design and planning of this project. Although similar to a clinical audit in focus, a service evaluation approach was deemed more appropriate given that these standards were not being implemented at the time of the study[25].

Good evaluation studies endeavour to actively involve stakeholders and intended primary users in their design in order to deliver the most useful information to decision-makers, and often include survey methods, economic measures and qualitative research methods, which can provide in-depth insights into programmes[26]. This study employed quantitative and qualitative data-collection methods through two discrete but interrelated Work Packages (WPs). WP1 involved an online survey of key clinical and/or support personnel providing HIV prevention services in public STI clinics in Ireland. WP2 involved follow-up semi-structured interviews to further explore some of the barriers and facilitators within each clinic in terms of the HIV-PrEP national standards and the PrEP Monitoring Framework just mentioned.

2.2 HIV-PREP PROJECT STEERING GROUP AND ETHICAL APPROVAL

The research team initially sought a meeting with the HIV-PrEP Project Steering Group (HPPSG) in order to establish an agreed progress-reporting schedule and to obtain the STI clinic service data and a copy of the recently developed National Standards for the Delivery and Management of HIV-PrEP. The research team also met with the National HIV-PrEP Working Group to present their proposed approach to the work.

According to guidelines recommended by the HSE Research Ethics Committee[27] (https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/Research/rec.html) service evaluations do not usually require ethical approval; however, in order to ensure the ethical protection of participants and to encourage engagement, the research team obtained ethical approval from the RCSI Research Ethics Committee prior to the commencement of recruitment and data collection (http://www.rcsi.ie/ethicscontact). While there were no expected risks or potential harm to the participants associated with this project, ethical consideration of the participants was important for the following reasons. The National Clinical Lead in Sexual Health and the HSE-SHCPP facilitated access to key personnel working in public STI clinics, in the initial stages, by sending an introductory email with a request to nominate one person per clinic to complete the online survey (further details are below). Some clinics contacted the HSE-SHCPP with this information; others contacted the RCSI research team directly. Although nominated participants completed the survey on behalf of their clinic, and no personal details were included as part of the survey, the participants' anonymity was not ensured. Therefore, participants were fully informed of what their participation would entail before consenting. Recruitment for WP2 was managed directly through the research team. In all reported findings, any personal identifying information was removed and participant descriptors for illustrative quotes were made more generic to avoid identification (e.g. number of years working in the clinic was changed to a category such as < 5 years).

2.3 WORK PACKAGE 1: ONLINE SURVEY OF PUBLIC STI CLINICS

2.3.1 Questionnaire development

The questionnaire aimed to assess how current structures and practices in public STI clinics could potentially meet the National Standards for the Delivery and Management of PrEP for HIV and the PrEP Monitoring Framework. To avoid repetition these will be referred to as the HIV-PrEP national standards and the PrEP Monitoring Framework respectively throughout the remainder of the report.

The survey was mapped directly to the HIV-PrEP national standards and the PrEP Monitoring Framework and contained seven core sections comprising:

- Section 1: Clinic demographics
- Section 2: Standard 1: Access
- Section 3: Standard 2: Service Configuration and Structure
- Section 4: Standard 3: Clinical Assessment and Management
- Section 5: Standard 4: Management of Results
- Section 6: Standard 5: Information and Governance
- Section 7: Standard 6: Patient and Public Engagement.

The survey also included an information and consent page at the beginning and a final section inviting participants to provide consent to be contacted regarding the follow-up interviews for Work Package 2. Questions in each section investigated current practices, and barriers to and facilitators of both the core outcomes and the desirable outcomes for each standard. Each section included both open-ended and closed questions to ensure comprehensive coverage of the topics (see Appendix 1).

Survey drafts were extensively reviewed by members of the HPPSG to ensure it was clinically appropriate, provided all of the necessary information, and was easily comprehensible. Researchers were mindful of minimising disruption to busy clinical services and the already heavy demands on staff time and resources; therefore the survey was hosted online on Survey Monkey®, which allowed participants to complete the survey at a time that was convenient to them and to complete the survey across multiple sessions if required. Throughout the project lifecycle, clear and open communication was maintained between the HPPSG and the research team.

2.3.2 Participants and recruitment

Purposive sampling was employed in WP1 in the selection of public STI clinics, in that all public STI clinics were invited to participate in the study (n=23; 22 public STI clinics and one Infectious Diseases Clinic that is planning to establish a PrEP service). In terms of personnel who completed the surveys on behalf of the clinic (WP1), convenience or ad-hoc sampling was used. An invitation email was forwarded to each clinic from the National Clinical Lead in Sexual Health asking them to nominate one person to complete the survey on behalf of the clinic. This nominee was required to have, or have access to, accurate and up-to-date information on the key HIV prevention activities of the service as well as information on personnel, monitoring systems, referral pathways, funding resources, etc. Nominees could respond to HSE-SHCPP to participate or directly to the RCSI research team, thereby preserving some degree of anonymity. Participants could be clinical or support personnel and data collection was completed over two weeks in July 2018. Data provided by one site in March 2019 was also included.

2.3.3 Procedure

Once a nominee had made contact with HSE-SHCPP or the RCSI researchers, a detailed information leaflet was forwarded to them by email by the research team. This information leaflet detailed the aims and objectives of the study and what their participation would involve. It informed participants that their participation was voluntary, that they had the right to withdraw from the study without penalty and that any data provided would be anonymised and stored in line with RCSI guidance on data protection (http://www.rcsi.ie/files/research/docs/20161026053853_Data-Protection-in-RCSI.pdf) on secure and password-protected institutional computer drives. Participants were also invited to contact the researchers, via the contact details on the information leaflet, with any questions they might have. This email also contained an active link to the online survey. On the first page of the online survey, participants recorded their electronic consent by providing responses to a series of questions. At the end of the online survey, participants were invited to nominate themselves or a colleague for a follow-up interview (WP2) and also to indicate a range of suitable times to be contacted. Multiple follow-up email and phone contacts were made by the RCSI research team and HSE-SHCPP in order to maximise participation.

2.3.4 Analysis

Survey data was extracted from Survey Monkey and imported into SPSS statistical software for analysis. Quantitative survey data was mostly categorical information. Qualitative responses were analysed using Braun and Clarke's thematic analysis framework[28]. Individual clinics' survey responses were collated to provide an overview of the preparedness of public STI clinics in terms of meeting the PrEP national standards and the PrEP Monitoring Framework.

2.4 WORK PACKAGE 2: FOLLOW-UP CLINIC INTERVIEWS

2.4.1 Interview guide development

The interview guide for the semi-structured interviews was informed by the quantitative and qualitative findings from WP1, as well as the HIV-PrEP national standards and PrEP Monitoring Framework. The questions were designed to explore clinical stakeholders' views of how they might envisage delivery of PrEP within their service and to elucidate barriers to and facilitators of the implementation of PrEP within their clinical service. They were also asked to consider:

- the relative prioritisation of PrEP compared to other sexual health activities
- current staffing levels
- clinic throughput
- the proposed model of care and clinical management protocol.

2.4.2 Participants and recruitment

WP2 purposively recruited from the participants in WP1 to take part in a semi-structured interview. To maximise participation, participants were offered the option of conducting the interview by telephone or in-person in their clinic. In an effort to make the scheduling process as timely as possible, respondents were asked at the end of the survey in WP1 if they would be willing to participate in either an in-person or phone interview. If participants were not willing to take part in WP2 they were asked to nominate an alternative staff member who could be contacted to participate. Inclusion criteria for participants in WP2 required that

the clinic they represented had provided survey results in WP1. It was not essential that the respondent in WP2 was the same person as had responded to the clinic questionnaire in WP1. Interviews were conducted over the course of three weeks in July/August 2018.

2.4.3 Procedure

Participants were interviewed over the phone (n=10) and face to face (n=2) at a time that suited their schedules. Participants were sent an information leaflet about the study approximately seven days in advance of the scheduled interview (Appendix 2). This gave participants time to consider the nature of the interview and seek answers to any queries they may have had. Before recording began, participants were requested to provide their verbal consent to be recorded and this was electronically captured using a hand-held recorder.

Interviews were used to further explore some of the clinic responses from WP1. Clinic responses were shared with interviewees only if the participant from WP2 was the same as from WP1. In the case where a new staff member was taking part in WP2, if interviewers required clarification of any responses, the individual question from WP1 was repeated to the respondent in WP2 during the course of the interview and further explored.

All interviews were digitally audio recorded and transcribed verbatim. All transcripts were anonymised in terms of interview participant, although they still reflected an individual clinic. The research team endeavoured to maintain confidentiality in the responses; however, as the research was reported on a per-unit basis, in certain cases, particularly for smaller clinics, respondents may be identifiable.

2.4.4 Analysis

Interviews were transcribed verbatim by a member of the research team and analysed using NVivo 11 (QSR International). Any personally identifying information was removed from the interview data prior to analysis. Thematic analysis[28] of pooled responses from all of the interviews was used to identify common barriers to and facilitators of HIV-PrEP service delivery in the context of the national standards and monitoring framework. Interview transcripts were compared with clinic survey results from WP1 to compare responses and where appropriate updates to the WP1 data were made using clarifications from WP2 interviews.

CHAPTER 3: RESULTS

This chapter presents the findings from the online survey with public STI clinics and the qualitative findings from the follow-up interviews. Online surveys were completed for 23/23 clinics and for WP2, 12 respondents were interviewed on behalf of 18/23 clinics (some participants spoke on behalf of more than one clinic).

The online survey results for each clinic are presented by HSE area. This was favoured as it naturally aligns with several established working and governance arrangements between public STI services around the country (e.g. public STI services in the HSE South region). Furthermore, the heterogeneity of funding streams as outlined earlier precludes presenting services by the current Community Health Organisation and Hospital Grouping structures. Finally, public health reporting (e.g. from the Health Protection and Surveillance Centre) and presentation on HIV and STI outcomes in Ireland is presented by HSE area, reflecting where infections are diagnosed (please see Appendix 3 for a map of the Health Areas). Therefore, presenting findings in this way may help inform future service and resource planning. Individual clinic findings have been assigned an alphanumeric code (e.g. HSE East 1 = Clinic number one in the HSE East Area), which have been captured side-by-side in tables within the report to allow comparison of services within a specific HSE area. For clarity and context, survey responses have also been presented alongside the relevant standard, survey item (see Appendix 1 for complete survey) and survey response options. Each section begins with information on the individual clinic related to clinic demographics, services and demand for PrEP.

Part 2 of the Results chapter presents the thematic findings from the qualitative interviews. In some instances online survey responses from WP1 were clarified during the WP2 interviews. The researchers would recommend a review of Appendix 4 before reading the findings below, as these provide a colour-coded overview of the nationwide public STI clinics in terms of their preparedness to meet the National Standards for the Delivery and Management of PrEP for HIV and the PrEP Monitoring Framework.

3.1 OVERVIEW OF PUBLIC STI CLINICS

While a detailed account of services provided by public STI clinics can be found elsewhere[17], a brief summary of preparedness of clinics in relation to PrEP will provide a useful context for evaluation of preparedness at an individual clinic level, as presented below. Of the 22 public STI clinics surveyed (omitting the Infectious Diseases Clinic in Dublin that is in the process of setting up an STI clinic for now), 11 provide one (or less than one) STI clinic session a week. More than half of the clinics (13/22) see between 5 and 15 patients per session on average, while a further six clinics see between 16 and 30 patients. The remaining clinics see approximately 40+ per clinic session. Thirty-two per cent of clinics (7/22) have a Health Advisor on staff who is able to follow up patients on PrEP as required.

In relation to PrEP specifically, 68% (15/22) reported that patients they had seen had requested PrEP while 55% of clinics (12/22) had provided scripts for PrEP. Only four clinics reported having a dedicated PrEP clinic session, while half (11/22) said they had seen patients who were currently taking PrEP. The vast majority (73%, 16/22) said they would not be able to offer an appointment to people seeking PrEP within ten working days, mostly due to the burden already on current services.

3.2 INDIVIDUAL CLINIC PROFILES BY HSE AREA

3.2.1 HSE East Area

HSE East Area encompasses the counties of Wicklow, Kildare and Dublin. The three public STI clinics and one Infectious Diseases Clinic which participated are all located in Dublin. Broadly speaking, the three public STI clinics met the majority of the core requirements of the National Standards for HIV-PrEP but reported some issues in relation to: seeing PrEP patients with ten working days (Standard 1: Access, 2 clinics); participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 1 clinic); and communicating all results to patients on PrEP within a reasonable timeframe (Standard 4: Management of Results, 1 clinic). All clinics met the requirements of Standard 5: Information Governance. As with the majority of the clinics surveyed, particular issues around Standard 6: Patient and Public Engagement were common.

3.2.1.1 Clinic demographics

(i) HSE East 1

The HSE East 1 clinic in Dublin runs four STI clinic sessions per week and sees an average of 40+ people at each clinic session (Tuesday and Wednesday night clinics see 100 people). Thursdays morning's clinic is a dedicated PrEP monitoring clinic. STI clinic sessions are not routinely cancelled due to staff taking annual leave or staff shortages. East 1 does have a Health Advisor on staff; however, the Health Advisor does not currently work in the Thursday PrEP clinic. There is the possibility to develop that role for an existing staff member with further training, which would take an estimated six months to complete. Patients are triaged by a nurse upon arrival at the clinic.

(ii) HSE East 2

The HSE East 2 clinic in Dublin runs five STI clinic sessions per week. On average, 40+ people are seen at each clinic session. STI clinic sessions are not cancelled due to staff taking annual leave and the clinic has a Health Advisor on staff who is able to follow up with patients who are on PrEP. Patients self-triage or are triaged by a nurse upon arrival at the clinic.

(iii) HSE East 3

The HSE East 3 clinic in Dublin runs five STI clinic sessions per week. On average, 11 to 15 people are seen at each clinic session. STI clinic sessions are sometimes cancelled due to staff taking annual leave and the clinic does not have a Health Advisor on staff who is able to follow up with patients who are on PrEP. Patients are triaged by a doctor.

(iv) HSE East 4

The HSE East 4 clinic in Dublin does not have a dedicated STI or PrEP clinic but does see both STI and HIV patients via its Infectious Diseases (ID) Clinic. Fewer than five patients are seen at each 'clinic' session. Clinic sessions are not cancelled due to staff taking annual leave. The ID Clinic hopes to open an STI clinic and notes the large catchment area and demand for its services. It envisions PrEP provision as part of this general STI service initially. In order to operate same it would require one additional specialist STI nurse who could also act as Health Advisor. The clinic is already gaining one new ID consultant and also a HIV nurse specialist. As this is an Infectious Diseases Clinic, they do not see patients without a referral letter. The clinic triages with a referral letter and patients are also triaged by a doctor.

3.2.1.2 Services and demand for PrEP

(i) HSE East 1

While the clinic reports a demand for PrEP, the exact number of patients requesting PrEP per week is unknown. The clinic sees an estimated 50+ people per week who are currently on PrEP, and it also provides prescriptions for PrEP. Approximately 25–30 patients attend the dedicated PrEP clinic and a further 5–10 are turned away every week. Any patients who are turned away are offered a priority appointment in the following PrEP clinic. Meeting the current demand for this PrEP clinic would require the addition of at least one doctor and two nurses. Patients are on PrEP for an average of 18–24 months in this clinic. Further details on the services provided by HSE East 1 clinic to its patients on PrEP are summarised in Table 1.

In addition to the services asked about in the survey, the HSE East 1 clinic reported that they also provide rapid HIV tests; vaccinations; outreach; urine dipstick; 'Chemsex' and counselling referrals where appropriate; and weight checks for people on PrEP. The clinic currently keeps a record or register of patients who are taking PrEP, via an electronic database and a dedicated prescription pad. Further information on data routinely recorded for these patients is summarised in Table 2.

(ii) HSE East 2

Approximately 6–8 patients request PrEP each week. The clinic sees four people per month who are currently on PrEP, and it does provide prescriptions for PrEP if required or requested. It does not run a dedicated clinic session for PrEP, but sees PrEP patients within its general STI clinics. The clinic does not currently keep a record or register of patients who are taking PrEP, but comments that this should ideally be an option on the Electronic Patient Register (EPR) so that it would be easy to audit. Further details on the services provided by the HSE East 2 clinic to its patients on PrEP are summarised in Table 1.

(iii) HSE East 3

The clinic sees approximately ten people per week who are currently on PrEP in a dedicated weekly PrEP clinic session, and it provides prescriptions for PrEP if required or requested. The clinic keeps a record or register of patients who are taking PrEP using a PrEP proforma and further details on the information collected as part of this register is presented in Table 2.

(iv) HSE East 4

Approximately one patient requests PrEP each week and the clinic sees approximately one person per week who is currently on PrEP. It does not routinely provide people with prescriptions for PrEP due to the lack of a Health Advisor. Further details on the services provided by the HSE East 4 clinic to its patients on PrEP are summarised in Table 1. The clinic does keep a record or register of patients who are taking PrEP in the pharmacy via a paper-based record and documents. Further information on data routinely recorded for these patients is summarised in Table 2.

Table 1: Services provided by public STI clinics in the HSE East Area if they are currently seeing patients taking PrEP				
Public STI Clinics in HSE East Area	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
Recommend PrEP to people considered to be at substantial risk of HIV	Yes	Yes	Yes	Yes
Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP	Yes	Yes	Yes	Yes
Prescriptions for PrEP	Yes	Yes	Yes	**No**
Follow-up HIV testing	Yes	Yes	Yes	Yes
Follow-up STI testing	Yes	Yes	Yes	Yes
Renal monitoring	Yes	Yes	Yes	Yes
Not Applicable = N/A				

Table 2: Information being collected by public STI clinics in the HSE East Area if they are currently keeping a record or register of PrEP patients				
Public STI Clinics in HSE East Area	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
The number of individuals who received PrEP at least once during the calendar year	Yes	N/A	Yes	Yes
Those who received PrEP for the first time in their lives	Yes	N/A	Yes	Yes
PrEP indication (i.e. Eligible MSM or transgender women having sex with men; HIV negative people with non-suppressed HIV positive partner; Other, at substantial risk for sexual acquisition of HIV)	Yes	N/A	Yes	Yes
Age	Yes	N/A	Yes	Yes
Sex at birth	Yes	N/A	Yes	**No**
Gender identity	Yes	N/A	Yes	**No**
Population group	Yes	N/A	Yes	**No**
For MSM, dosing schedule (Daily or Event-based dosing (EBD))	Yes	N/A	Yes	**No**
Those who stopped taking PrEP, including those who failed to return for a repeat prescription	Yes	N/A	Yes	**No**
The reasons the individual stopped taking PrEP (i.e. toxicity; non-adherence; risk has changed)	Yes	N/A	Yes	**No**
Not Applicable = N/A				

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
Standard 1: Access						
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes	Yes	**No**
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		**No** - clinic is already over-subscribed	**No** - current waiting list 6 weeks	Yes	Yes
Standard 2: Service Configuration and Structure						
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes	Yes	**No**
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes	Yes	Yes
		PEP in line with national PEP guideline	Yes	Yes	Yes	Yes
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	Yes	Yes	Yes	**No**
		4th generation venous blood HIV test	Yes	Yes	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes	Yes	Yes
		Syphilis serology	Yes	Yes	Yes	Yes
		HCV antibody testing	Yes	Yes	Yes	Yes
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes	Yes	Yes

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
		Pregnancy testing (where indicated)	N/A	Yes	Yes	Yes
		Gonorrhoea culture	Yes	Yes	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes	Yes	Yes
		Provide partner notification services	Yes	Yes	Yes	**No**
		Offer discussion in relation to safer sex, alcohol and drug use	Yes	Yes	Yes	**No**
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	Yes	Yes	Yes	Yes
		Psychological services	Yes	Yes	Yes	Yes
		HIV services	Yes	Yes	Yes	**No** (is a HIV service)
		Urological services	Yes	Yes	Yes	Yes
		GP for onward referral	Yes	Yes	Yes	**No**
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	15+ working days	6–10 working days	15+ working days	6–10 working days

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
Standard 3: Clinical Assessment and Management						
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*	Yes		Yes	
		Healthcare professional takes a history and documents	Yes	Yes		Yes
		Other, please specify:				
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.		N/A	N/A	N/A	
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	Yes	Yes	**No**	**No** - patients assessed by medical notes after a healthcare professional has taken history
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes	Yes	N/A
		Last sex	Yes	Yes	Yes	N/A
		Number of sexual partners in the last 3 months	Yes	Yes	Yes	N/A
		HIV status of sexual partners	**No**	Yes	Yes	N/A
		STI in the last 12 months	Yes	Yes	Yes	N/A
		PEPSE in the last 12 months	**No** - not currently but could be	Yes	Yes	N/A
		Use of 'Chemsex' and slamming in the last 6 months	Yes	Yes	Yes	N/A
		Medical conditions	Yes	Yes	Yes	N/A
		Recreational drug use	Yes	Yes	Yes	N/A
		Last menstrual period (where applicable)	N/A	Yes	Yes	N/A
		Other (please specify)				N/A

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes	N/A
		Chlamydia	Yes	Yes	Yes	N/A
		Gonorrhoea	Yes	Yes	Yes	N/A
		HAV	Yes	Yes	Yes	N/A
		HBV	Yes	Yes	Yes	N/A
		HCV	Yes	Yes	Yes	N/A
		HIV	Yes	Yes	Yes	N/A
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	Yes	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes	Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		Yes	Yes	N/A – it's possible but you don't need weight to estimate GFR	Yes
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes	Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes - often within 1–2 days	Yes	Yes	Yes
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes	**No** - no Health Advisor available

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes	Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes	**No** - not available
All patients receiving PrEP be offered syphilis, chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes	Yes
		HAV	Yes	Yes	Yes	Yes
		HBV	Yes	Yes	Yes	Yes
		HCV	Yes	Yes	Yes	Yes
		HIV	Yes	Yes	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes	Yes	Yes

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
Standard 4: Management of Results						
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - paper-based system for managing results[2]			Yes - results phoned through by microbiologist and signed off by doctor
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes			Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	1–5 working days			6–10 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	Yes	**No -** do not have resources for this		Yes

2 The clinic has a paper-based system for managing results, which is as follows: once all results are complete and in the patient's chart, if the results are negative the patient gets a text message informing them of this; if the results are positive, the patient gets a call to book them into the next available clinic.

Table 3: Showing the survey responses from public STI clinics in the HSE East Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE East Area			
Standard	**Survey Questions**	**Response Options**	**HSE East 1**	**HSE East 2**	**HSE East 3**	**HSE East 4**
Standard 5: Information Governance						
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/ Department of Public Health?		Yes	Yes	Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes	Yes	Yes
Standard 6: Public & Patient Engagement						
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	Yes	Yes	Yes
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	Yes	**No**	**No**	No answer provided
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	Yes	Yes	Yes
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	Yes	**No**	**No**	**No**
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	Yes	Yes	Yes	**No**

3.2.2 HSE Midlands Area

HSE Midlands Area encompasses the counties of Longford, Westmeath, Offaly and Laois and is serviced by two public STI clinics. Broadly speaking the two public STI clinics meet the majority of the core requirements of the National Standards for HIV-PrEP but also reported some issues in relation to: referring patients on PrEP with needs beyond the scope of the service to appropriate services (Standard 2: Service Configuration and Structure, 1 clinic); participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 1 clinic); and PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 2 clinics). All clinics met the requirements of Standard 5: Information Governance. As with the majority of the clinic surveyed, particular issues around meeting Standard 6: Patient and Public Engagement were also noted.

3.2.2.1 Clinic demographics

(i) HSE Mid 1

The HSE Mid 1 clinic runs one STI clinic session on Thursday morning each week. It is a nurse-led clinic with support from a consultant microbiologist who acts in an unpaid, voluntary capacity. On average, 11–15 people are seen at each clinic session (they do occasionally see patients outside of this clinic in the 24/7 Sexual Assault Treatment Unit situated in the hospital). Approximately, two to three STI clinic sessions per year are cancelled due to staff taking annual leave or staff shortages. The STI clinic does not have a Health Advisor; however, two nurses work in this capacity, one of whom has recently undertaken a national training course. Patients are triaged at the point of making an appointment; all patients phoning for an appointment are asked if they are symptomatic or not.

(ii) HSE Mid 2

The HSE Mid 2 clinic runs one STI clinic session on a Tuesday evening each week. On average, 16–20 people are seen at each clinic session and STI clinic sessions are not routinely cancelled due to staff taking annual leave. The clinic has a Health Advisor and the Health Advisor is able to follow up with patients who are on PrEP. Patients can self-triage, or be triaged by a nurse or a doctor.

3.2.2.2 Services and demand for PrEP

(i) HSE Mid 1

Patients do not request PrEP, but the clinic reports that it has brought up the topic of PrEP with some patients. According to the clinic, there is a large cohort of MSM who live and work locally, many of whom are regular service users. The clinic does not currently provide people with prescriptions for PrEP; however, the consultant would be happy to do so. The clinic does not see people who are currently taking PrEP. The clinic does not currently keep a record or register of patients who are taking PrEP, and notes that a database would be required to do so.

(ii) HSE Mid 2

Patients do request PrEP and, more recently, numbers have been increasing. For example, the clinic provided a prescription for PrEP for the first time recently, and in the previous week three further patients had requested PrEP and another two new patients had started PrEP. These requests for PrEP came from both MSM and heterosexual females. The clinic does not run a dedicated clinic session for PrEP, but sees PrEP patients within its general STI clinics. Further details on the services provided by the HSE Mid 2 clinic to its patients on PrEP are summarised in Table 4.

The clinic would be willing to prioritise PrEP patients for appointments if they make this clear when they are booking an appointment. The clinic remarked that in some instances, patients have attended for an STI screen when their real intention was to seek and obtain a prescription for PrEP. The clinic currently keeps a record or register of patients who are taking PrEP. Further information on data routinely recorded for these patients is summarised in Table 5.

Table 4: Services provided by public STI clinics in the HSE Midlands Area if they are currently seeing patients taking PrEP

Public STI Clinics in HSE Midlands Area	HSE Mid 1	HSE Mid 2
Recommend PrEP to people considered to be at substantial risk of HIV	Yes	Yes
Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP	**No**	Yes
Prescriptions for PrEP	**No**	Yes
Follow-up HIV testing	**No**	Yes
Follow-up STI testing	**No**	Yes
Renal monitoring	**No**	Yes
Not Applicable = N/A		

Table 5: Information being collected by public STI clinics in the HSE Midlands Area if they are currently keeping a record or register of PrEP patients

Public STI Clinics in HSE Midlands Area	HSE Mid 1	HSE Mid 2
The number of individuals who received PrEP at least once during the calendar year	N/A	Yes
Those who received PrEP for the first time in their lives	N/A	Yes
PrEP indication (i.e. Eligible MSM or transgender women having sex with men; HIV negative people with non-suppressed HIV positive partner; Other, at substantial risk for sexual acquisition of HIV)	N/A	Yes
Age	N/A	Yes
Sex at birth	N/A	Yes
Gender identity	N/A	Yes
Population group	N/A	Yes
For MSM, dosing schedule (Daily or Event-based dosing (EBD))	N/A	Yes
Those who stopped taking PrEP, including those who failed to return for a repeat prescription	N/A	Yes
The reasons the individual stopped taking PrEP (i.e. toxicity; non-adherence; risk has changed)	N/A	Yes
Not Applicable = N/A		

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
Standard 1: Access				
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		Yes	Yes
Standard 2: Service Configuration and Structure				
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes
		PEP in line with national PEP guideline	Yes	Yes
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	Yes	Yes
		4th generation venous blood HIV test	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes
		Syphilis serology	Yes	Yes
		HCV antibody testing	Yes	Yes

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes
		Pregnancy testing (where indicated)	Yes	Yes
		Gonorrhoea culture	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes
		Provide partner notification services	Yes	Yes
		Offer discussion in relation to safer sex, alcohol and drug use	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	Yes	**No**
		Psychological services	**No**	**No**
		HIV services	Yes	Yes
		Urological services	**No**	Yes
		GP for onward referral	Yes	Yes
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	1–5 working days	15+ working days

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
Standard 3: Clinical Assessment and Management				
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*	N/A	
		Healthcare professional takes a history and documents		Yes
		Other, please specify:		
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.		*PrEP proforma*	
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	Yes	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes
		Last sex	Yes	Yes
		Number of sexual partners in the last 3 months	Yes	Yes
		HIV status of sexual partners	Yes	Yes
		STI in the last 12 months	Yes	Yes
		PEPSE in the last 12 months	**No**	**No**
		Use of 'Chemsex' and slamming in the last 6 months	**No**	**No**
		Medical conditions	Yes	Yes
		Recreational drug use	Yes	Yes
		Last menstrual period (where applicable)	Yes	Yes
		Other (please specify)		

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes
		Chlamydia	Yes	Yes
		Gonorrhoea	Yes	Yes
		HAV	**No** (case-by-case basis)	**No** (case-by-case basis)
		HBV	Yes	Yes
		HCV	**No** (case-by-case basis)	**No** (case-by-case basis)
		HIV	Yes	Yes
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	**No** - renal monitoring is possible but clinic was uncertain about eGFR
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		Yes	
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes (often within 1–2 days)	Yes (there can be a wait sometimes as the clinic sends samples to the NVRL and HSE Mid 1)

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	Yes	Yes
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes
		Chlamydia	Yes	Yes
		Gonorrhoea	Yes	Yes
		HAV	**No** (case-by-case basis)	**No**
		HBV	Yes	Yes
		HCV	**No** (case-by-case basis)	**No**
		HIV	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		**No** (case-by-case basis)	Yes

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
Standard 4: Management of Results				
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - text or phone calls	Yes - CNM2 receives paper results and texts clients
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	1–5 working days	6–10 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	**No**	Yes
Standard 5: Information Governance				
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/ Department of Public Health?		Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes

Table 6: Showing survey responses from public STI clinics in the HSE Midlands Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE Midlands (HSE Mid) Area	
Standard	**Survey Questions**	**Response Options**	**HSE Mid 1**	**HSE Mid 2**
Standard 6: Public & Patient Engagement				
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	**No**
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	Yes	**No**
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	Yes
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	**No** (3 yrs ago)	**No** - not within past year, but could do so without any additional resources
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	No answer provided	Yes

3.2.3 HSE West Area

HSE West Area encompasses the counties of Mayo, Roscommon and Galway. Three public STI clinics provide services in this region. Broadly speaking the three public STI clinics met most of the core requirements of the National Standards for HIV-PrEP but reported particular issues in relation to: seeing PrEP patients with ten working days (Standard 1: Access, 3 clinics); meeting statutory disease notification and surveillance requirements within a reasonable timeframe (Standard 2: Service Configuration and Structure, 1 clinic); participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 2 clinics); assessing and documenting eligibility criteria for PrEP patients at baseline and follow-up (Standard 3: Clinical Assessment and Management, 2 clinics); and PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 1 clinic). Communicating all results to patients on PrEP within a reasonable timeframe (Standard 4: Management of Results) was problematic for all three clinics in this region. All clinics met the requirements of Standard 5: Information Governance, and, as with the majority of the clinics surveyed, particular issues around meeting Standard 6: Patient and Public Engagement were also reported.

3.2.3.1 Clinic demographics

(i) HSE West 1

The HSE West 1 clinic runs seven STI clinic sessions per week and an average of 26–30 people are seen at each clinic session. STI clinic sessions are not cancelled due to staff taking annual leave; the clinic usually runs with just one doctor instead of two. They also have a specialist PrEP clinic (every second week), and this can sometimes be cancelled due to annual leave. The STI clinic does have a Health Advisor on staff, and the Health Advisor is able to follow up with patients who are on PrEP. Patients are triaged by a nurse on arrival at the clinic.

(ii) HSE West 2

The HSE West 2 clinic runs one STI clinic session per week and an average of 11–15 people are seen at each clinic session. STI clinic sessions are cancelled due to staff taking annual leave, but it is not known how many clinics are cancelled per year. The STI clinic does not have a Health Advisor on staff. At present patients leave messages for staff to make an appointment (although walk-ins are accommodated during clinic hours). Therefore, there is currently a two-week wait for non-urgent patients and symptomatic or stressed patients are accommodated within a week if at all possible. Patients are triaged by a nurse on arrival at the clinic.

(iii) HSE West 3

The HSE West 3 clinic runs one STI clinic session per week and an average of 11–15 people are seen at each clinic session. STI clinic sessions are cancelled due to staff taking annual leave, but further information was not provided. The STI clinic does have a Health Advisor on staff. Patients are triaged by a nurse on arrival at the clinic.

3.2.3.2 Services and demand for PrEP

(i) HSE West 1

Patients do request PrEP, but the number of patients who request PrEP per week is not known. The clinic currently sees two people per week who are taking PrEP, and they also remark that this number is increasing rapidly. The clinic does provide prescriptions for PrEP to those who require or request it. For a dedicated

PrEP clinic, additional nurses and administrative staff are available every Tuesday if the need arises for a larger clinic and they also see PrEP patients within their general STI clinics. Further details on the services provided by the HSE West 1 clinic to its patients on PrEP are summarised in Table 7.

The clinic currently keeps a paper-based register of patients who are taking PrEP and additional staffing is needed to assist with further data collection and analysis. Further information on data routinely recorded for these patients is summarised in Table 8.

The clinic did comment on issues regarding the safe monitoring of some results. Renal functioning results are not currently reported through the electronic system. The clinic relies on the paper register of PrEP patients and follows up on results once the paper copy arrives. This system is working given the current level of only ten PrEP patients; however, if numbers increase as expected this system is open to errors.

(ii) HSE West 2

Patients do not currently request PrEP at this clinic and the clinic does not currently provide people with prescriptions for PrEP. The clinic does not see people who are currently taking PrEP, therefore there is no dedicated PrEP session, and the clinic does not see PrEP patients within its general STI clinics. It currently provides no services to patients already taking PrEP but could provide all that are required. Given current resources the clinic could deal with 6–8 PrEP patients, but any more would require additional staff. The clinic is not currently keeping a record or register of patients who are taking PrEP as all PrEP patients are referred to STI services in HSE West 1.

(iii) HSE West 3

Approximately one patient per week requests PrEP, but this is an estimate. The clinic does not currently provide people with prescriptions for PrEP nor do they see patients who are currently taking PrEP; instead they refer patients to public STI services in HSE West 1. The clinic does not keep a record or register of patients who are taking PrEP as they refer all patients to the HSE West 1 clinic and they did not provide information on what would be required to document and report the data required as part of the HIV-PrEP national standards.

Table 7: Services provided by public STI clinics in the HSE West Area if they are currently seeing patients taking PrEP

Public STI Clinics in the HSE West Area	HSE West 1	HSE West 2	HSE West 3
Recommend PrEP to people considered to be at substantial risk of HIV	Yes	N/A	N/A
Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP	Yes	N/A	N/A
Prescriptions for PrEP	Yes	N/A	N/A
Follow-up HIV testing	Yes	N/A	N/A
Follow-up STI testing	Yes	N/A	N/A
Renal monitoring	Yes	N/A	N/A
Not Applicable = N/A			

Table 8: Information being collected by public STI clinics in the HSE West Area if they are currently keeping a record or register of PrEP patients

Public STI Clinics in HSE West Area	HSE West 1	HSE West 2	HSE West 3
The number of individuals who received PrEP at least once during the calendar year	Yes	N/A	N/A
Those who received PrEP for the first time in their lives	Yes	N/A	N/A
PrEP indication (i.e. Eligible MSM or transgender women having sex with men; HIV negative people with non-suppressed HIV positive partner; Other, at substantial risk for sexual acquisition of HIV)	Yes	N/A	N/A
Age	Yes	N/A	N/A
Sex at birth	Yes	N/A	N/A
Gender identity	Yes	N/A	N/A
Population group	Yes	N/A	N/A
For MSM, dosing schedule (Daily or Event-based dosing (EBD))	Yes	N/A	N/A
Those who stopped taking PrEP, including those who failed to return for a repeat prescription	Yes	N/A	N/A
The reasons the individual stopped taking PrEP (i.e. toxicity; non-adherence; risk has changed)	Yes	N/A	N/A
Not Applicable = N/A			

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
Standard 1: Access					
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		No at present 2.5-week wait list for appointments although emergency walk-ins accepted	No - currently 2-week wait list for non-urgent patients	No - patients seeking PrEP will be referred to public STI service HSE West 1
Standard 2: Service Configuration and Structure					
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes	Yes
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes	Yes
		PEP in line with national PEP guideline	Yes	Yes	Yes
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	Yes	Yes	Yes
		4th generation venous blood *HIV test*	Yes	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes	Yes
		Syphilis serology	Yes	Yes	Yes
		HCV antibody testing	Yes	Yes	Yes
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes	Yes
		Pregnancy testing (where indicated)	Yes	Yes	Yes
		Gonorrhoea culture	Yes	Yes	Yes

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
		Send STI samples to accredited laboratories for testing	Yes	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes	Yes
		Provide partner notification services	Yes	Yes	Yes
		Offer discussion in relation to safer sex, alcohol and drug use	Yes	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	Yes	Yes	Yes
		Psychological services	Yes	Yes	Yes
		HIV services	Yes	Yes	Yes
		Urological services	Yes	Yes	Yes
		GP for onward referral	Yes	Yes	Yes
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	Same day	15+ working days	15+ working days

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
Standard 3: Clinical Assessment and Management					
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*	Yes	No	N/A
		Healthcare professional takes a history and documents	Yes	No	N/A
		Other, please specify:	N/A	Standard STI assessment proforma	N/A
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.				All high-risk patients will be referred to public STI service HSE West 1
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	No - no further information provided	Yes	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes	Yes
		Last sex	Yes	Yes	Yes
		Number of sexual partners in the last 3 months	Yes	Yes	Yes
		HIV status of sexual partners	No	Yes	Yes
		STI in the last 12 months	No	Yes	Yes
		PEPSE in the last 12 months	No	Yes	Yes
		Use of 'Chemsex' and slamming in the last 6 months	No	Yes	Yes
		Medical conditions	Yes	Yes	Yes
		Recreational drug use	Yes	Yes	Yes
		Last menstrual period (where applicable)	Yes	Yes	Yes
		Other (please specify)	N/A	N/A	N/A

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	No[3]	No	Yes
		HBV	Yes	Yes	Yes
		HCV	Yes	Yes	Yes
		HIV	Yes	Yes	Yes
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		Yes	Yes	Yes
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes	Yes	Yes
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes

3 HAV testing is not ordered by the laboratory; it is not seen as clinically significant as all MSM are vaccinated against HAV in the clinic.

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	No - see footnote 3	No	No
		HBV	Yes	Yes	Yes
		HCV	Yes	No	Yes
		HIV	Yes	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes	Yes

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
Standard 4: Management of Results					
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - patients asked to call clinic for results after 14 days (dedicated phone line and time). Positive results actively reported in interim.	Yes - paper-based system to manage results	Yes - no detail provided
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	Same day	6–10 working days	1–5 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	Yes	No - 'no news is good news' policy. Not enough staff to routinely communicate negative results	No - 'no news is good news' policy.

Table 9: Showing survey responses from public STI clinics in the HSE West Area, presented alongside the relevant standard, survey item and survey response options.			Public STI Clinics in HSE West Area		
Standard	**Survey Question**	**Response Options**	**HSE West 1**	**HSE West 2**	**HSE West 3**
Standard 5: Information Governance					
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/Department of Public Health?		Yes	Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes	Yes
Standard 6: Public & Patient Engagement					
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	No	No
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	Yes - through patient engagement activities including patient advocacy etc.	No	No
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	No	No
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	No	No - lack of staff and time	No
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	Yes		No

3.2.4 HSE North East Area

HSE North East Area encompasses the counties of Meath, Louth, Cavan and Monaghan and three public STI clinics provide services in this region. A number of the core requirements of the National Standards for HIV-PrEP were met by the clinics in this region. These clinics reported issues in relation to: seeing (or issuing an appointment to be seen to) PrEP patients with ten working days (Standard 1: Access, 3 clinics); providing PrEP patients with the full suite of STI and HIV prevention services (Standard 2: Service Configuration and Structure, 3 clinics); all PrEP patients with needs beyond the scope of the service being referred to appropriate services (Standard 2: Service Configuration and Structure, 2 clinics); PrEP services meeting the statutory disease notification and surveillance requirements within a reasonable timeframe (Standard 2: Service Configuration and Structure, 1 clinic); PrEP services participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 3 clinics); assessing and documenting eligibility criteria for PrEP patients at baseline and follow-up (Standard 3: Clinical Assessment and Management, 3 clinics); PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 3 clinics); patients having appropriate renal monitoring prior to being issued (and where indicated, reissued) with PrEP (Standard 3: Clinical Assessment and Management, 1 clinic); all patients receiving PrEP being contacted regarding the need for treatment of incident STIs within ten working days of the final result being available (Standard 3: Clinical Assessment and Management, 1 clinic); all PrEP patients with incident STIs having partner notification undertaken (Standard 3: Clinical Assessment and Management, 3 clinics); all PrEP patients being offered appropriate vaccination as part of their care (Standard 3: Clinical Assessment and Management, 3 clinics); all PrEP patients being offered condoms as part of their care (Standard 3: Clinical Assessment and Management, 3 clinics). Communicating all test results to patients in receipt of PrEP with a reasonable timeframe (Standard 4: Management of Results) was also problematic for all three clinics. All clinics met the requirements of Standard 5: Information Governance. Unlike the majority of the clinics surveyed, the clinics in the HSE North East Area reported only some issues around meeting Standard 6: Patient and Public Engagement.

3.2.4.1 Clinic demographics

(i) HSE N-East 1

The HSE N-East 1 clinic runs two STI clinic sessions per month; one session on the first and third Friday of each month. On average, 11–15 people are seen at each clinic session. STI clinic sessions are cancelled maybe one or two times per year, but cancellations are avoided if possible. The STI clinic does not have a Health Advisor on staff and no staff have the time to act in this capacity. Patients are not triaged.

(ii) HSE N-East 2

The HSE N-East 2 clinic runs two STI clinic sessions per week. On average, 15–20 people are seen at each clinic session. One or two STI clinic sessions per year are cancelled due to staff taking annual leave. The STI clinic does not have a Health Advisor on staff and no staff have the time to act in this capacity. Patients are not triaged; however, staff suggest it would be possible to prioritise PrEP patients for appointments.

(iii) HSE N-East 3

HSE N-East 3 clinic runs one STI clinic session per week and sees, on average, 11–15 people at each clinic session. STI clinic sessions are cancelled very occasionally (once per year, if at all) due to staff annual leave or staff shortages. The STI clinic does not have a Health Advisor on staff and current staff do not have enough time to act in this capacity. Patients are not triaged.

3.2.4.2 Services and demand for PrEP

(i) HSE N-East 1

This clinic does not have patients who request PrEP although patients do phone enquiring about PrEP. The clinic refers them online for information on PrEP or to a clinic in Dublin for PrEP. The clinic does not currently provide people with prescriptions for PrEP. The participant reported that this was because the view of senior medical staff is that PrEP patients are more appropriately managed in larger sexual health services due to the experience/skills of staff in those clinics. The clinic did not report seeing any patients who are taking PrEP and no patient has identified as taking PrEP. The clinic does not run a dedicated clinic session for PrEP and does not see PrEP patients within its general STI clinics. The clinic does not currently keep a record or register of patients who are taking PrEP as it does not yet supply PrEP.

(ii) HSE N-East 2

This clinic does not have patients who request PrEP; however, it does have patients who phone and enquire about PrEP. Clinic staff typically refer callers to online information on HIV-PrEP or to Dublin-based clinics for access. Staff commented that due to the location of the clinic they see limited numbers of MSM, as many would know people working in the hospital and would not want to be recognised. The clinic does not currently provide people with prescriptions for PrEP, as the reported view from senior medical staff is that patients seeking PrEP are more appropriately managed at the larger GUM services. Furthermore, all current medications dispensed are from HSE pharmacy and PrEP is not currently covered.

The clinic has not seen patients who are taking PrEP to date, and therefore does not run a dedicated clinic session for PrEP nor does it see PrEP patients within its general STI clinics. As they do not see any patients on PrEP they do not keep a record or register of patients who are taking PrEP but they did comment that IT infrastructure and support and an Excel spreadsheet would be required to capture the requested information in the future.

(iii) HSE N-East 3

This clinic does not have patients who request PrEP; however, it does have patients who phone enquiring about PrEP and the clinic refers the patients to information available online and to the clinics in Dublin for PrEP. For similar reasons as mentioned in the other two clinics in this area, the clinic does not currently provide people with prescriptions for PrEP. The clinic does not see patients who are currently taking PrEP. To date, no patients have identified that they are currently taking PrEP. The clinic does not currently keep a record or register of patients who are taking PrEP as it does not yet supply PrEP. Excel and IT infrastructure would be required in order to document and report PrEP-related data as required by the HIV-PrEP national standards.

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
Standard 1: Access					
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes – appointment based	Yes - with appointment	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		No - clinics fully booked up to 4–6 weeks in advance[4]	No – referred to Dublin STI services	No - due to current staffing levels. Clinics held weekly and can be fully booked up to two weeks in advance
Standard 2: Service Configuration and Structure					
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes	Yes
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes HBV/ HPV No HAV	Yes HBV/ HPV No HAV	Yes HBV/ HPV No HAV
		PEP in line with national PEP guideline	No	No	No
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	No	No	No
		4th generation venous blood HIV test	Yes	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes	Yes
		Syphilis serology	Yes	Yes	Yes
		HCV antibody testing	Yes	Yes	Yes

4 Additional access to services for PrEP will put too high a demand on the service as it currently operates. Clinical space would also be an issue as there are no additional rooms available in the Out Patient Department where the STI clinic sessions are hosted.

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes	Yes
		Pregnancy testing (where indicated)	Yes	Yes	Yes
		Gonorrhoea culture	Yes	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes	Yes
		Provide partner notification services	No - patients encouraged to notify all sexual partners from last 6 months	No - patients encouraged to notify all sexual partners from last 6 months	No - patients encouraged to notify all sexual partners from last 6 months
		Offer discussion in relation to safer sex, alcohol and drug use	No - due to lack of a Health Advisor	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	No	No	No
		Psychological services	No	No	No
		HIV services	Yes	Yes	Yes
		Urological services	No	No	No
		GP for onward referral	Yes	Yes	Yes
		Comment			Referrals to all possible, have just never been requested

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	1–5 working days	1–5 working days	1–5 working days
Standard 3: Clinical Assessment and Management					
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma* *Healthcare professional takes a history and documents* *Other, please specify:*	N/A	N/A	N/A
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.		PrEP proforma & national guidelines	PrEP proforma & national guidelines	PrEP proforma & national guidelines

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	Yes	Yes	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes	Yes
		Last sex	Yes	Yes	Yes
		Number of sexual partners in the last 3 months	No	No	No
		HIV status of sexual partners	No	No	No
		STI in the last 12 months	No	No	No
		PEPSE in the last 12 months	No	No	No
		Use of 'Chemsex' and slamming in the last 6 months	No	No	No
		Medical conditions	Yes	Yes	Yes
		Recreational drug use	No	No	No
		Last menstrual period (where applicable)	Yes	Yes	Yes
		Other (please specify)			
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	No	No	No
		HBV	Yes	Yes	Yes
		HCV	No	Yes	Yes
		HIV	Yes	Yes	Yes

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes - if phlebotomy agree and are informed of additional bloods being requested by clinic	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP		Yes - if doctor happy to do this and scales in each room	Yes	Yes
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	No - results in paper format, depending on delivery time, can take 14–21 days to notify client of infection	No - results can sometimes take 2–3 weeks to be returned	No - results in paper format, depending on delivery time, can take 2–3 weeks to notify client of infection
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	No - onus placed on individual to notify contacts in absence of Health Advisor or skilled person to do this task	No	No – responsibility placed on individual with STI

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	No - should be but reliant on clinician remembering to offer	No - or if they are, is not always documented	No - service is clinician dependent
	Is Hepatitis A testing routinely offered to MSM?				
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	No - not routinely	No - no detail provided	Yes - but not in a routine manner
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	No	No	No
		HBV	Yes	Yes	Yes
		HCV	Yes	Yes	Yes
		HIV	Yes	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes	Yes

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
Standard 4: Management of Results					
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - 'no news is good news' policy & only positive results communicated to patient by CNM	Yes - 'no news is good news' policy	Yes - CNM2 processes all results
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	Same day	Same day	1–5 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	No - shortage in staff resources and infrastructures	No – 'no news is good news'. Paper-based system, do not have enough staff to notify all negative results	No - 'no news is good news'. Paper-based system & staff shortages limit ability to report negative results
Standard 5: Information Governance					
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/Department of Public Health?		Yes	Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes	Yes

Table 10: Showing the survey responses from public STI clinics in the HSE North East (HSE N-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in the HSE North East (HSE N-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE N-East 1**	**HSE N-East 2**	**HSE N-East 3**
Standard 6: Public & Patient Engagement					
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	Yes	Yes
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	No	No	No
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	Yes	Yes
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	Yes (annually)	Yes (in 2014, 2016, 2017)	Yes (in 2014, 2016, 2017)
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	No	No	No

3.2.5 HSE North West Area

HSE North West Area encompasses the counties Donegal, Leitrim and Sligo and public STI services are provided by two clinics in this region. These clinics met some of the core requirements of the National Standards for HIV-PrEP but reported a number of issues in relation to: seeing (or issuing an appointment to be seen to) PrEP patients with ten working days (Standard 1: Access, 2 clinics); providing the full suite of STI and HIV prevention services (Standard 2: Service Configuration and Structure, 1 clinic); participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 2 clinics); assessing and documenting eligibility criteria for PrEP patients at baseline and follow-up (Standard 3: Clinical Assessment and Management, 1 clinic); PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 1 clinic); patients having appropriate renal monitoring prior to being issued (and where indicated, reissued) with PrEP (Standard 3: Clinical Assessment and Management, 1 clinic); and communicating all results to people in receipt of PrEP within a reasonable timeframe (Standard 4: Management of Results, 2 clinics). All clinics met the requirements of Standard 5: Information Governance. Similar to the majority of the clinics surveyed, particular issues around meeting Standard 6: Patient and Public Engagement were also reported.

3.2.5.1 Clinic demographics

(i) HSE N-West 1

The HSE N-West 1 clinic runs four STI clinic sessions per week with an average of 16–20 people being seen at each clinic session; approximately ten patients are turned away each week also. A consultant attends the clinic (from Belfast) between 1pm and 4pm at two of the clinics each week. Approximately two to three STI clinic sessions are cancelled per year due to staff taking annual leave. The STI clinic does not have a Health Advisor on staff; current staff could act in this capacity although additional support would be required. Patients are triaged by a nurse on arrival at the clinic.

(ii) HSE N-West 2

The HSE N-West 2 clinic runs one STI clinic session per week. On average, 16–20 people are seen at each clinic session, 2–4 of whom are MSM. STI clinic sessions are cancelled between Christmas and New Year due to staff taking annual leave. The STI clinic does not have a Health Advisor on staff at present and the doctor and Clinical Nurse Manager 2 (CNM2) perform this role. A consultant lead attends the clinic from Belfast every two to three weeks. Patients are triaged on the phone while making the appointment, usually by a CNM2 or a Staff Nurse (SN).

3.2.5.2 Services and demand for PrEP

(i) HSE N-West 1

Approximately 1–2 patients per week request PrEP and the clinic anticipates a 50% increase in this figure once PrEP is more easily accessible. The clinic can provide people with prescriptions for PrEP, but no prescriptions have been provided yet. The clinic does not see people who are currently taking PrEP, therefore there is no dedicated clinic session for PrEP.

(ii) HSE N-West 2

Approximately 2–3 patients request PrEP per week although this number has been increasing in recent weeks. The clinic notes that most of their patients are unaware of HIV-PrEP. The clinic does not currently provide people with prescriptions for PrEP, but doctors in the clinic have been providing information to patients about buying PrEP online. The clinic is unaware of any patients attending the clinic who are currently

on PrEP. The clinic does not run a dedicated clinic session for PrEP and they are unaware if they see any PrEP patients within their general STI clinic. The clinic does not currently keep a record or register of patients who are taking PrEP as it does not yet supply PrEP.

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
Standard 1: Access				
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		No - normally 2–3 week waiting list for non-urgent appointments	No - clinic appointments are approx. 3–4 weeks behind. May be possible to prioritise PrEP patients and reduce wait to <7 days although if numbers increase, main STI service would suffer
Standard 2: Service Configuration and Structure				
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes
		PEP in line with national PEP guideline	Yes	Yes
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	No - never been required and staff believe insufficient clinic time to facilitate this in future	Yes
		4th generation venous blood HIV test	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes
		Syphilis serology	Yes	Yes
		HCV antibody testing	Yes	Yes

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes
		Pregnancy testing (where indicated)	Yes	Yes
		Gonorrhoea culture	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes
		Provide partner notification services	Yes	Yes
		Offer discussion in relation to safer sex, alcohol and drug use	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	Yes	Yes
		Psychological services	Yes	Yes
		HIV services	Yes	Yes
		Urological services	Yes	Yes
		GP for onward referral	Yes	Yes
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	1–5 working days	1–5 working days

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
Standard 3: Clinical Assessment and Management				
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*	N/A	
		Healthcare professional takes a history and documents		
		Other, please specify:		
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.		Doctor would collect this information and record it in patient's file	Current proforma and addition of specific PrEP proforma
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	No - required information collected by doctor taking history during consultation	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	N/A	Yes
		Last sex	N/A	Yes
		Number of sexual partners in the last 3 months	N/A	Yes
		HIV status of sexual partners	N/A	Yes
		STI in the last 12 months	N/A	Yes
		PEPSE in the last 12 months	N/A	Yes
		Use of 'Chemsex' and slamming in the last 6 months	N/A	Yes
		Medical conditions	N/A	Yes
		Recreational drug use	N/A	Yes
		Last menstrual period (where applicable)	N/A	Yes
		Other (please specify)		

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes
		Chlamydia	Yes	Yes
		Gonorrhoea	Yes	Yes
		HAV	No	No
		HBV	Yes	Yes
		HCV	Yes	No
		HIV	Yes	Yes
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		Yes	No - no scales
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes	Yes
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	Yes	Yes

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes
		Chlamydia	Yes	Yes
		Gonorrhoea	Yes	Yes
		HAV	No	No
		HBV	Yes	Yes
		HCV	Yes	No
		HIV	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
Standard 4: Management of Results				
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - results checked by both nurse and doctor and filed in patient's chart	Yes - CNM2 checks all laboratory results, contacts patients and arranges treatment/f/u. Consultant rechecks and signs off on all results
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	Same day	6–10 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	No - patients given number to contact clinic for their results in 2 weeks	No - only communicates positive results or those requiring f/u. Patients may call and request results. Staff do not have time to routinely communicate all negative results - would require additional resources
Standard 5: Information Governance				
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/Department of Public Health?		Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes

Table 11: Showing the survey responses from public STI clinics in the HSE North West (HSE N-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE North West (HSE N-West) Area	
Standard	**Survey Questions**	**Response Options**	**HSE N-West 1**	**HSE N-West 2**
Standard 6: Public & Patient Engagement				
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	No	No
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	No	No
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	No
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	No - would require additional admin staff to undertake any further patient and public engagement	No - planned with 100 patients in coming months
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	Yes	No

3.2.6 HSE South East Area

HSE South East Area encompasses the counties of Tipperary South, Waterford, Kilkenny, Carlow and Waterford. Three public STI clinics provide services in this region and broadly speaking they meet the majority of the core requirements of the National Standards for HIV-PrEP but reported particular issues in relation to: seeing (or issuing an appointment to be seen to) PrEP patients with ten working days (Standard 1: Access, 3 clinics); all PrEP patients with needs beyond the scope of the service being referred to appropriate services (Standard 2: Service Configuration and Structure, 1 clinic); participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 2 clinics); assessing and documenting eligibility criteria for PrEP patients at baseline and follow-up (Standard 3: Clinical Assessment and Management, 3 clinics); PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 3 clinics); patients having appropriate renal monitoring prior to being issued (and where indicated, reissued) with PrEP (Standard 3: Clinical Assessment and Management, 2 clinics); patients being offered condoms as part of their care (Standard 3: Clinical Assessment and Management, 1 clinic). All clinics met the requirements of Standard 5: Information Governance. Similar to the majority of the clinics surveyed, particular issues around meeting Standard 6: Patient and Public Engagement were also reported.

3.2.6.1 Clinic demographics

(i) HSE S-East 1

The HSE S-East 1 clinic runs six STI clinic sessions each week. On average, 11–15 people are seen at each clinic session. STI clinic sessions are cancelled due to staff taking annual leave, but staff were unclear as to how many. The clinic does not have a Health Advisor although a doctor and nurse act together in that capacity. The clinic faces particular challenges with staffing as their two clinic doctors also work in the HSE S-East 2 and 3 services. Therefore, on the days when these clinic sessions take place there is no doctor available in the HSE S-East 1 clinic. There is also often a shortage of staff on Fridays, and with no full-time clerical staff, there are six weeks of the year where the clinic has no clerical support or cover. This work is shared among clinic staff in these instances. Patients are triaged by the nurse on arrival at the clinic.

(ii) HSE S-East 2

The HSE S-East 2 clinic runs one STI clinic session per fortnight. On average, 11–15 people are seen at each clinic session. A few STI clinic sessions are cancelled per year due to staff taking annual leave. The STI clinic does not have a Health Advisor on staff and patients are not triaged.

(iii) HSE S-East 3

The HSE S-East 3 clinic runs one STI clinic session per fortnight. On average, 11–15 people are seen at each clinic session. A few STI clinic sessions per year are cancelled due to staff taking annual leave. The clinic does not have a Health Advisor, and therefore one is not available to follow up with patients who are on PrEP. Patients are triaged by a nurse upon arrival at the clinic.

3.2.6.2 Services and demand for PrEP

(i) HSE S-East 1

Patients have been requesting PrEP at this clinic, and the clinic currently provides people with prescriptions for PrEP. Since the beginning of the year (2018), the clinic has seen approximately 12 people who are currently taking PrEP. The clinic does not run a dedicated clinic session for PrEP, but sees PrEP patients within its general STI clinics. The clinic does currently keep a record or register of patients who are taking

PrEP, recording age and sex at birth, but only for patients for whom the respondent has written a prescription, noting that it is documented in their treatment history on electronic record. Further details on the services provided by the HSE S-East 1 clinic to its patients on PrEP are summarised in Table 12.

(ii) HSE S-East 2

The clinic does not have any patients who request PrEP. The clinic currently provides people with prescriptions for PrEP but does not see people who are currently taking PrEP. It notes that very small numbers attend and the clinic and staff try to discuss PrEP with patients deemed at risk. The clinic does not currently keep a record or register of patients who are taking PrEP as it does not yet supply PrEP.

(iii) HSE S-East 3

One patient this year has requested PrEP in the clinic and the clinic does provide people with prescriptions for PrEP if requested. The clinic has also seen one patient who was already taking PrEP. It does not run a dedicated session for PrEP, but sees PrEP patients within its general STI clinics. Further details on the services provided by this clinic to its patients on PrEP are summarised in Table 12.

Table 12: Services provided by public STI clinics in the HSE South East (HSE S-East) Area if they are currently seeing patients taking PrEP

Public STI Clinics in HSE South East Area	HSE S-East 1	HSE S-East 2	HSE S-East 3
Recommend PrEP to people considered to be at substantial risk of HIV	Yes	N/A	No
Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP	Yes	N/A	Yes
Prescriptions for PrEP	Yes	N/A	Yes
Follow-up HIV testing	Yes	N/A	Yes
Follow-up STI testing	Yes	N/A	Yes
Renal monitoring	Yes	N/A	Yes
Not Applicable = N/A			

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
Standard 1: Access					
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		Yes[5]	No - service only once per fortnight and sessions get booked out in advance	No - small clinic that runs infrequently
Standard 2: Service Configuration and Structure					
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes	Yes
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes	Yes
		PEP in line with national PEP guideline	Yes	Yes	Yes
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	Yes	Yes	Yes
		4th generation venous blood HIV test	Yes	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes	Yes
		Syphilis serology	Yes	Yes	Yes
		HCV antibody testing	Yes	Yes	Yes
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes	Yes

5 Yes but the clinic is quite short-staffed. Symptomatic patients are typically prioritised for the earliest appointments. It may be possible to do this for PrEP patients although staff are not sure how they will manage this or the order of the priority between patient groups.

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
		Pregnancy testing (where indicated)	Yes	Yes	Yes
		Gonorrhoea culture	Yes	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes	Yes
		Provide partner notification services	Yes	Yes	Yes
		Offer discussion in relation to safer sex, alcohol and drug use	Yes	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	No	Yes	Yes
		Psychological services	No	Yes	Yes
		HIV services	Yes	Yes	Yes
		Urological services	Yes	Yes	Yes
		GP for onward referral	Yes	Yes	Yes
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	1–5 working days	1–5 working days	1–5 working days

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
Standard 3: Clinical Assessment and Management					
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*		N/A	
		Healthcare professional takes a history and documents	Yes		Yes
		Other, please specify:			
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.			Health care professional takes a history and documents	
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	Yes	Yes	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes	Yes
		Last sex	Yes	Yes	Yes
		Number of sexual partners in the last 3 months	Yes	Yes	Yes
		HIV status of sexual partners	No	No	No
		STI in the last 12 months	Yes	Yes	Yes
		PEPSE in the last 12 months	No	No	No
		Use of 'Chemsex' and slamming in the last 6 months	Yes	No	No
		Medical conditions	Yes	Yes	Yes
		Recreational drug use	Yes	Yes	Yes
		Last menstrual period (where applicable)	Yes	Yes	Yes
		Other (please specify)			

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	Yes	Yes	Yes
		HBV	Yes	Yes	Yes
		HCV	Yes	Yes	Yes
		HIV	Yes	Yes	Yes
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		No - no weighing scales at present. Clinic using MDRD to estimate eGFR, which does not require weight	Yes	No - no weighing scales at present. Clinic using MDRD to estimate eGFR, which does not require weight
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes	Yes	Yes
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	No - only if requested	Yes	Yes
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	Yes	Yes	Yes
		HBV	Yes	Yes	Yes
		HCV	Yes	Yes	Yes
		HIV	Yes	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes	Yes

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
Standard 4: Management of Results					
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - no detail provided	Yes - all results managed from Waterford	Yes - all results managed through Waterford
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	1–5 working days	1–5 working days	1–5 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
Standard 5: Information Governance					
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/Department of Public Health?		Yes	Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes	Yes

Table 13: Showing the survey responses from public STI clinics in the HSE South East (HSE S-East) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South East (HSE S-East) Area		
Standard	**Survey Questions**	**Response Options**	**HSE S-East 1**	**HSE S-East 2**	**HSE S-East 3**
Standard 6: Public & Patient Engagement					
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	No	Yes
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	No	No	No
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	No	No
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	No - although has conducted surveys in recent years	No - small clinic, lack of staff limits possibility of this	No - due to staff shortages and will not be possible in near future given current resources
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*			

3.2.7 HSE South Area

HSE South Area encompasses the counties of Cork and Kerry. Three public STI clinics provide services in this region; one is a service for young people. Broadly speaking the three public STI clinics meet the majority of the core requirements of the National Standards for HIV-PrEP but reported particular issues in relation to: seeing (or issuing an appointment to be seen to) PrEP patients with ten working days (Standard 1: Access, 2 clinics); providing PrEP patients with the full suite of STI and HIV prevention services (Standard 2: Service Configuration and Structure, 3 clinics); all attendees with needs beyond the scope of the PrEP service being referred to appropriate services (Standard 2: Service Configuration and Structure, 1 clinic); assessing and documenting eligibility criteria for PrEP patients at baseline and follow-up (Standard 3: Clinical Assessment and Management, 3 clinics); PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 3 clinics); for PrEP patients with incident STIs having partner notification undertaken (Standard 3: Clinical Assessment and Management, 2 clinics) or being offered condoms as part of their care (Standard 3: Clinical Assessment and Management, 1 clinic). Just one clinic in this region reported difficulties with communicating all results to patients on PrEP within a reasonable timeframe (Standard 4: Management of Results) and all clinics met the requirements of Standard 5: Information Governance. Similar to the majority of the clinics surveyed, particular issues around meeting Standard 6: Patient and Public Engagement were also reported.

3.2.7.1 Clinic demographics

(i) HSE South 1

The HSE South 1 clinic operates five STI clinic sessions per week (four x 4-hour clinics and one x 3-hour clinic). On average, 50+ people are seen at each clinic session. STI clinic sessions are rarely cancelled due to staff taking annual leave, but patient numbers are regularly reduced due to staff shortages. The STI clinic does have a Health Advisor on staff, but the Health Advisor is not able to follow up with patients who are on PrEP as there are not enough administration hours; currently a nurse and the doctors share this role. Patients are not triaged upon arrival at the clinic. Instead, when patients phone for an appointment in the clinic the administration staff offer an appointment usually within 3 weeks. If the patient on the phone is obviously distressed or requesting to be seen earlier the call is transferred to a doctor or nurse for triaging. Some appointment spaces are kept free in every clinic session for emergencies.

(ii) HSE South 2

The HSE South 2 clinic runs two STI clinic sessions per week (one x 3.5-hour clinic and one x 4-hour clinic). On average, 21–25 people are seen at each clinic session. Approximately 4–5 STI clinic sessions are cancelled per year due to staff taking annual leave. The STI clinic does have a Health Advisor on staff, but the Health Advisor is not able to follow up with patients who are on PrEP due to a heavy workload at present. Symptomatic patients are prioritised for appointments. Patients are triaged over the phone when they make an appointment and not on arrival at the clinic.

(iii) HSE South 3

The HSE South 3 clinic runs one 4-hour STI clinic session per fortnight. On average, 21–25 people are seen at each clinic session. STI clinic sessions are not cancelled due to staff taking annual leave. The clinic does not have a Health Advisor on staff, although the clinic doctor takes on this role in spite of the limited time available. The clinic operates an appointment-based clinic and patients are triaged at the time of booking an appointment rather than on arrival at the clinic.

3.2.7.2 Services and demand for PrEP

(i) HSE South 1

Less than one patient per week requests PrEP, and the clinic does currently provide people with prescriptions for PrEP. The clinic estimates that approximately half of MSM attendees seen in the clinic have enquired about PrEP. The clinic sees less than one patient per week who is currently taking PrEP; however, they estimate a large increase in this number once PrEP becomes more freely available. While the clinic is not currently giving PrEP patients priority for appointments they could do so, and they are willing to advise and provide information on PrEP but have limited time to do so. The clinic currently keeps a dedicated notebook to keep track of patients who are taking PrEP, but they record only if this is the first time the patient has received PrEP . Further details on the services provided by this clinic to its patients on PrEP are summarised in Table 14.

(ii) HSE South 2

To date no patients have requested PrEP, and the clinic does not currently provide people with prescriptions for PrEP. Therefore, the clinic does not run a dedicated clinic session for PrEP, and it does not see patients seeking PrEP during its general STI clinics. At present, no patient has declared that they are taking PrEP at this clinic. Although PrEP is not provided at this clinic, it is discussed with patients, so the services provided are summarised in Table 14 which may be relevant to patients who may be eligible for PrEP. The clinic does not currently keep a record or register of patients who are taking PrEP and comments that a dedicated database would be required to document and report the required data.

(iii) HSE South 3

Patients have not requested PrEP at this clinic to date and the clinic does not see patients who are currently taking PrEP. The clinic does not run a dedicated clinic session for PrEP, but can see PrEP patients within its general STI clinic if needed. The clinic does not currently keep a record or register of patients who are taking PrEP as they do not see any of these patients. The clinic states that a dedicated PrEP database would be required to document and report the required data.

Table 14: Services provided by public STI clinics in the HSE South Area if they are currently seeing patients taking PrEP

Public STI Clinics in HSE South Area	HSE South 1	HSE South 2	HSE South 3
Recommend PrEP to people considered to be at substantial risk of HIV	Yes	Yes	N/A
Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP	Yes	Yes	N/A
Prescriptions for PrEP	Yes	Yes	N/A
Follow-up HIV testing	Yes	No	N/A
Follow-up STI testing	Yes	No	N/A
Renal monitoring	Yes	No	N/A
Not Applicable = N/A			

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
Standard 1: Access					
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		Yes	No - waiting list for appointments already several weeks long	No - only one clinic every 2 weeks
Standard 2: Service Configuration and Structure					
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes	Yes
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes	Yes
		PEP in line with national PEP Guideline	Yes	No	No
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	No	No	No
		4th generation venous blood HIV test	Yes	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes	Yes
		Syphilis serology	Yes	Yes	Yes
		HCV antibody testing	Yes	Yes	Yes
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes	Yes
		Pregnancy testing (where indicated)	Yes	Yes	Yes
		Gonorrhoea culture	Yes	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes	Yes

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
		Provide partner notification services	No[6]	No	No
		Offer discussion in relation to safer sex, alcohol and drug use	No	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	Yes	Yes	No
		Psychological services	Yes	Yes	No
		HIV services	Yes	Yes	Yes
		Urological services	Yes	Yes	Yes
		GP for onward referral	Yes	Yes	Yes
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	1–5 working days	11–15 working days	6–10 working days

6 Clinic encourages patients to contact sexual partners and asks if they have done so but staff do not record any specifics.

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
Standard 3: Clinical Assessment and Management					
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*	Yes	N/A	
		Healthcare professional takes a history and documents			Yes
		Other, please specify:			
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.		National guidelines	Hospital PrEP proforma	Standard PrEP guidelines / checklist
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	Yes	Yes	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes	Yes
		Last sex	Yes	Yes	Yes
		Number of sexual partners in the last 3 months	Yes	Yes	Yes
		HIV status of sexual partners	No	No	No
		STI in the last 12 months	Yes	No	Yes
		PEPSE in the last 12 months	No	No	No
		Use of 'Chemsex' and slamming in the last 6 months	Yes	Yes	Yes
		Medical conditions	Yes	Yes	Yes
		Recreational drug use	Yes	Yes	Yes
		Last menstrual period (where applicable)	Yes	Yes	Yes
		Other (please specify)			

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	Yes	Yes	Yes
		HBV	Yes	Yes	Yes
		HCV	No	Yes	No
		HIV	Yes	Yes	Yes
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		Yes	Yes	Yes
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes	Yes	Yes
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	No - advised by Health Advisor to contact previous sexual partners	No	No - not routinely

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	Yes	No - not available	No - only if requested
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	Yes	Yes	Yes
		HBV	Yes	Yes	Yes
		HCV	No	Yes	No
		HIV	Yes	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes	Yes

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
Standard 4: Management of Results					
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - results provided on paper from labs & available on ilabs. Abnormal paper results are highlighted and stapled to relevant charts and put aside for f/u by doctors	Yes - all paper results reviewed by doctor. Positive results placed on front of charts and results communicated to patient in-person or by phone	Yes - all paper results placed in patient charts for review by clinic doctor every 2 weeks. If abnormal, CNM2 contacts doctor in HSE South 1 clinic for advice and arranges f/u and treatment
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	11–15 working days	11–15 working days	11–15 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
Standard 5: Information Governance					
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/Department of Public Health?		Yes	Yes	Yes
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes	Yes

Table 15: Showing the survey responses from public STI clinics in the HSE South Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE South Area		
Standard	**Survey Questions**	**Response Options**	**HSE South 1**	**HSE South 2**	**HSE South 3**
Standard 6: Public & Patient Engagement					
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	Yes	No
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	No	No	No
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes	Yes
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	Yes	Yes
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	No - but could easily do so in future	No	No
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	Yes	Yes	No

3.2.8 HSE Mid-Western Area

HSE Mid-Western Area encompasses the counties of Clare, Tipperary North and Limerick and three public STI clinics provide services in this region. Broadly speaking the three public STI clinics meet the majority of the core requirements of the National Standards for HIV-PrEP but reported some issues in relation to: providing PrEP patients with the full suite of STI and HIV prevention services (Standard 2: Service Configuration and Structure, 1 clinic); participating in national monitoring within a reasonable timeframe (Standard 2: Service Configuration and Structure, 1 clinic); assessing and documenting eligibility criteria for PrEP patients at baseline and follow-up (Standard 3: Clinical Assessment and Management, 1 clinic); and PrEP patients having information regarding their sexual behaviour documented at baseline and quarterly follow-up (Standard 3: Clinical Assessment and Management, 1 clinic). All three clinics reported difficulties with communicating all results to patients on PrEP within a reasonable timeframe (Standard 4: Management of Results). All clinics met the requirements of Standard 5: Information Governance and similar to the majority of the clinics surveyed, particular issues around meeting Standard 6: Patient and Public Engagement were also reported.

3.2.8.1 Clinic demographics

(i) HSE Mid-West 1

The HSE Mid-West 1 clinic runs four STI clinic sessions per week. Two of the clinic sessions have two doctors, and two of the clinic sessions have one doctor. The two-doctor clinics typically see 26–30 patients per clinic session, while the one-doctor clinics see approximately 11–15 patients per clinic session. Approximately ten STI clinic sessions are cancelled per year due to staff taking annual leave. The STI clinic does not have a Health Advisor on staff. Patients are not triaged on arrival at the clinic.

(ii) HSE Mid-West 2

The HSE Mid-West 2 clinic runs one STI clinic session per week and an average of 11–15 people are seen at each clinic session. STI clinic sessions are not cancelled due to staff taking annual leave; however, small nurse-led clinics are sometimes held. The STI clinic does not have a Health Advisor on staff and patients are not triaged on arrival at the clinic.

(iii) HSE Mid-West 3

The HSE Mid-West 3 clinic runs one STI clinic session per week; an average of 11–15 people are seen at each clinic session and the clinic is not overbooked at present. Approximately 4–6 STI clinic sessions are cancelled per year due to staff taking annual leave. The STI clinic does not have a Health Advisor on staff; however, staff members are able to act in this capacity. The clinic is an appointment-based clinic; however, walk-ins during clinic hours are facilitated at present and patients are not triaged on arrival at the clinic.

3.2.7.2 Services and demand for PrEP

(i) HSE Mid-West 1

Patients request PrEP at the clinic on a weekly basis and currently the staff see 3–4 patients a week who are currently on PrEP. They provide prescriptions for PrEP as required/requested. They do not run a dedicated clinic session for PrEP, but do see PrEP patients within their general STI clinics. Further details on the services provided by the HSE Mid-West 1 clinic to its patients on PrEP are summarised in Table 16. The clinic currently keeps a record or register of patients who are taking PrEP using a record book specific to PrEP. Further information on data routinely recorded for these patients is summarised in Table 17.

(ii) HSE Mid-West 2

Patients do request PrEP, but the precise number of patients who have requested PrEP is unknown. The clinic sees one person per month who is currently on PrEP, and it provides prescriptions for PrEP as required or requested. The clinic does not run a dedicated clinic session for PrEP, but does see PrEP patients within its general STI clinics. Further details on the services provided by the HSE Mid-West 2 clinic to its patients on PrEP are summarised in Table 16. The clinic is currently keeping a record or register of patients who are taking PrEP, but did not provide details on how this information is being collected (i.e. electronically, paper-based). Further information on data routinely recorded for these patients is summarised in Table 17.

(iii) HSE Mid-West 3

Patients do request PrEP, but the number of patients who request PrEP per week is not known. The clinic sees approximately one person per month who is currently on PrEP and it provides patients with prescriptions for PrEP if there is a doctor present (approximately 50% of the time). The clinic does not run a dedicated clinic session for PrEP, but it does see PrEP patients within its general STI clinics. Further details on the services provided by the HSE Mid-West 3 clinic to its patients on PrEP are summarised in Table 16. The clinic is currently keeping a notebook of prescriptions provided for PrEP and data is recorded/combined with figures from the clinic in HSE Mid-West 1. Information recorded includes: the number of individuals who received PrEP at least once during the calendar year; patients who are receiving PrEP for the first time in their lives; and PrEP indication (i.e. Eligible MSM or transgender women having sex with men; HIV negative people with non-suppressed HIV positive partner; Other, at substantial risk for sexual acquisition of HIV).

Table 16: Services provided by public STI clinics in the HSE Mid-Western (HSE Mid-West) Area if they are currently seeing patients taking PrEP

Public STI Clinics in HSE Mid-Western Area	HSE Mid-West 1	HSE Mid-West 2	HSE Mid-West 3
Recommend PrEP to people considered to be at substantial risk of HIV	Yes	Yes	Yes
Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP	Yes	Yes	Yes
Prescriptions for PrEP	Yes	Yes	Yes*
Follow-up HIV testing	Yes	Yes	Yes
Follow-up STI testing	Yes	Yes	Yes
Renal monitoring	Yes	Yes	Yes
Not Applicable = N/A			

Note. *Only when the doctor is present.

Table 17: Information being collected by public STI clinics in the HSE Mid-Western (HSE Mid-West) Area if they are currently keeping a record or register of PrEP patients			
Public STI Clinics in HSE Mid-Western Area	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
The number of individuals who received PrEP at least once during the calendar year	Yes	Yes	Yes
Those who received PrEP for the first time in their lives	Yes	Yes	No
PrEP indication (i.e. Eligible MSM or transgender women having sex with men; HIV negative people with non-suppressed HIV positive partner; Other, at substantial risk for sexual acquisition of HIV)	Yes	Yes	No
Age	Yes	Yes	No
Sex at birth	Yes	Yes	No
Gender identity	Yes	Yes	No
Population group	Yes	Yes	No
For MSM, dosing schedule (Daily or Event-based dosing (EBD))	Yes	Yes	No
Those who stopped taking PrEP, including those who failed to return for a repeat prescription	No	Yes	No
The reasons the individual stopped taking PrEP (i.e. toxicity; non-adherence; risk has changed)	No	Yes	No
Not Applicable = N/A			

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
Standard 1: Access					
Individuals seeking PrEP be able to do so without a referral letter	In general, does your clinic see patients without a referral letter?	*Yes/No* *If no, please briefly explain your answer:*	Yes	Yes	Yes
Individuals referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.	Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within ten working days?		Yes	Yes	Yes
Standard 2: Service Configuration and Structure					
Services providing PrEP have availability of the full suite of STI and HIV prevention services	Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply:	*Condoms*	Yes	Yes	No - never requested by a patient
		Vaccination against HAV/HBV/HPV in line with national immunisation guidelines	Yes	Yes	Yes
		PEP in line with national PEP guideline	Yes	Yes	No - referred to Limerick
	Does your clinic currently have the ability to perform the following functions: Please tick all that apply:	*Deliver further vaccinations in the setting of disease outbreaks*	Yes	Yes	No - never been required
		4th generation venous blood HIV test	Yes	Yes	Yes
		HBV testing directed by history unless documented as HBV immune	Yes	Yes	Yes
		HAV IgC testing if previous vaccination not reported or not documented as HAV immune	Yes	Yes	Yes
		Syphilis serology	Yes	Yes	Yes
		HCV antibody testing	Yes	Yes	Yes
		Chlamydia and gonorrhoea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)	Yes	Yes	Yes
		Pregnancy testing (where indicated)	Yes	Yes	Yes

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
		Gonorrhoea culture	Yes	Yes	Yes
		Send STI samples to accredited laboratories for testing	Yes	Yes	Yes
		Provide STI treatment within the clinic	Yes	Yes	Yes
		Provide partner notification services	Yes	Yes	Yes
		Offer discussion in relation to safer sex, alcohol and drug use	Yes	Yes	Yes
All attendees with needs beyond the scope of the PrEP service are referred to appropriate services	Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services?	*Substance abuse services*	Yes	Yes	Yes
		Psychological services	Yes	Yes	Yes
		HIV services	Yes	Yes	Yes
		Urological services	Yes	Yes	Yes
		GP for onward referral	Yes	Yes	Yes
PrEP services meet statutory disease notification and surveillance requirements within a reasonable timeframe	Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?	*Yes/No* *If no, please explain your answer:*	Yes	Yes	Yes
	Does your clinic use the relevant enhanced notification forms?	*Always* *Usually* *Sometimes* *Never* *If no, please explain why not:*	Always	Always	Always
PrEP services participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe	When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+working days*	1–5 working days	1–5 working days	6–10 working days

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
Standard 3: Clinical Assessment and Management					
All patients receiving PrEP have their eligibility criteria assessed and documented at baseline and at quarterly follow-up	If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.	*PrEP proforma*	Yes		
		Healthcare professional takes a history and documents			Yes
		Other, please specify:		Standard STI assessment proforma	
	If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.				
All patients receiving PrEP have information regarding their sexual behaviour documented at baseline and at quarterly follow-up	Does your STI clinic use a standard assessment proforma for new attendees?	*Yes/No* *If no, please describe how patients are assessed:*	Yes	Yes	Yes
	If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):	*Previous history of STI*	Yes	Yes	No
		Last sex	Yes	Yes	Yes
		Number of sexual partners in the last 3 months	Yes	Yes	Yes
		HIV status of sexual partners	Yes	Yes	Yes
		STI in the last 12 months	Yes	Yes	Yes
		PEPSE in the last 12 months	Yes	Yes	No
		Use of 'Chemsex' and slamming in the last 6 months	Yes	Yes	No
		Medical conditions	Yes	Yes	Yes
		Recreational drug use	Yes	Yes	No
		Last menstrual period (where applicable)	Yes	Yes	No
		Other (please specify)			

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
All patients receiving PrEP have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	No	No	Yes
		HBV	Yes	Yes	Yes
		HCV	No	No	Yes
		HIV	Yes	Yes	Yes
All patients receiving PrEP have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP	Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?	*Yes/No/Not applicable* *If no, please explain why:*	Yes	Yes	Yes
	In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?		Yes	Yes	Yes
	Is it possible to check weights in your clinic in order to calculate eGFR?* * Please consult page 18–19 of the HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV-PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines re: renal monitoring for patients taking PrEP.		Yes	Yes	Yes
	In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?		Yes	Yes	Yes
All patients receiving PrEP be contacted regarding the need for treatment of incident STIs within ten working days of the final result being available	At your clinic, are patients diagnosed with STIs informed of the need for treatment within ten working days of the final result being available?	*Yes/No* *If no, please indicate how long and briefly describe why it is not possible to do so within ten working days.*	Yes	Yes	Yes
All patients receiving PrEP with incident STIs have partner notification undertaken	Is partner notification offered for all patients diagnosed with STIs?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
All patients receiving PrEP be offered appropriate vaccination as part of their care	Are all patients offered appropriate vaccination as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Is Hepatitis A testing routinely offered to MSM?		Yes	Yes	Yes
All patients receiving PrEP be offered condoms as part of their care	Are patients offered condoms as part of their care?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP be offered syphilis chlamydia and gonorrhoea testing at baseline and quarterly follow-up	Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply:	*Syphilis*	Yes	Yes	Yes
		Chlamydia	Yes	Yes	Yes
		Gonorrhoea	Yes	Yes	Yes
		HAV	No	No	Yes
		HBV	Yes	Yes	Yes
		HCV	No	No	Yes
		HIV	Yes	Yes	Yes
	Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrhoea where clinically indicated?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
All patients receiving PrEP are offered hepatitis C testing in line with national HCV testing guidelines	Are all MSM patients offered Hepatitis C (HCV) testing annually?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?		Yes	Yes	Yes

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
Standard 4: Management of Results					
All PrEP services have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable timeframe	Does your clinic have mechanisms in place for managing results?	*Yes/No* *If yes, please describe how the results are managed at your clinic:*	Yes - mechanism not described	Yes - no further explanation provided	Yes - works off a paper-based system
It is a core requirement that all people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days	Does your clinic routinely contact patients with abnormal or inconclusive results?	*Yes/No* *If no, please explain why:*	Yes	Yes	Yes
	How long does it normally take to contact patients with abnormal or inconclusive results?	*Same day* *1–5 working days* *6–10 working days* *11–15 working days* *15+ working days*	6–10 working days	6–10 working days	1–5 working days
It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe	Does your clinic routinely communicate all test results to patients?	*Yes/No* *If no, please explain why:*	Yes	No - no explanation provided	No - only positive results - lack of staff prohibits anything more

Table 18: Showing the survey responses from public STI clinics in the HSE Mid-Western (HSE Mid-West) Area, presented alongside the relevant standard, survey item and survey response options			Public STI Clinics in HSE Mid-Western (HSE Mid-West) Area		
Standard	**Survey Questions**	**Response Options**	**HSE Mid-West 1**	**HSE Mid-West 2**	**HSE Mid-West 3**
Standard 5: Information Governance					
All PrEP services must be compliant with the National Data Protection (Amendment) Act 2003 and infectious diseases legislation	Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?	*Yes/No* *If no, please explain why:*	Yes	Yes	No responses provided for these questions
	Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/ Department of Public Health?		Yes	Yes	
	Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?		Yes	Yes	
Standard 6: Public & Patient Engagement					
Services providing PrEP have mechanisms for receiving patient and public feedback and suggestions in place	Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?	*Yes/No*	Yes	Yes	No - lack of staff and available time
Services providing PrEP make information on the provision of patient and public feedback available to service users and the public	Does your clinic actively seek users' opinions on the provision of their care?	*Yes/No* *If yes, please describe how this is achieved:*	No	No	Not answered
Services providing PrEP have mechanisms in place for responding to service user feedback	Does your clinic provide a response to all service users who make a complaint?	*Yes/No*	Yes	Yes	Not answered
	Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?	*Yes/No*	Yes	Yes	Not answered
It is desirable that services providing PrEP undertake service user satisfaction surveys	Has your clinic conducted a service user satisfaction surveys within the past year?	*Yes/No*	No	No	No
	Does your clinic use patients and public feedback to continuously improve the experience for all service users?	*Yes/No*	Yes	Yes	Not answered

3.3 WORK PACKAGE 2: RESULTS FROM FOLLOW-UP CLINIC INTERVIEWS

Staff interviewed on behalf of the clinics included: Doctors (n=5); Clinical Nurse Managers (CNMs) (n=5); and Nurse practitioners (n=2). The average length of service of respondents was 8.5 years. This section of the result will present the findings from these interviews in relation to the perceived barriers to and facilitators of PrEP implementation in Ireland by experts providing public STI services in the field.

3.3.1 Barriers to meeting the National Standards for the Delivery and Management of PrEP for HIV

All clinics reported issues with current staffing levels or clinic resources; these impacted service provision to varying degrees. Overall, for many of the clinics there was a view that the national roll-out of PrEP without the provision of any additional resources or financing to STI clinics would impact on current service provision. The level of impact would be determined by the numbers of HIV-PrEP-seeking patients in an individual service. Some of the specific barriers identified are discussed below.

3.3.1.1 Staff shortages

A shortage of staff was the most common barrier identified in this study; it was cited by all 18 respondents in WP2. A particular concern was a shortage of specially qualified staff. Several clinics cited having issues with hiring specialist STI staff. For example, one doctor who had been working in the clinic for less than a year remarked:

"So prior to my starting, there was a doctor doing the job for over thirty years and they couldn't fill the post for six months after [they] left, so there is a resourcing issue"

- **Doctor, <1 year's experience**

One participant commented that an STI nurse specialist could perform many additional roles within the clinic, e.g. Health Advisor, reducing the burden on other staff, while one doctor remarked that any future HIV-PrEP clinic would require one STI nurse specialist and one HIV nurse specialist along with two Infectious Disease consultants to operate successfully.

In terms of impact on services, staff shortages frequently led (n=15) to clinic closures due to annual leave, or to reduced clinic capacity, e.g. nurse-only clinics, increased waiting times, clinics with no clerical cover, or affected national disease-reporting capabilities. The following selection of quotes illustrates this:

"…if I'm not present, if I'm on leave, or if I'm sick there's no one to take my place. When I go on leave, which there will be in two weeks' time, the clinic doesn't run."

- **Doctor, < 1 year's experience**

"At certain times we're very stretched, like July, August, September and at Christmas time we're very stretched, so waiting times increase"

- **Doctor, > 10 years' experience**

"We're not doing the gonorrhoea reporting because we don't have any administrative back up."

- **Doctor, > 10 years' experience**

"Staffing is absolutely an issue. At the moment it is myself and the clinical nurse specialist and then two other nurses who facilitate that clinic. But like we kind of have to resource it so if she's on annual leave, I'm here. If I'm on annual leave she's here. Because if neither of us were here, the clinic probably could not run on that day."

- **CNM, < 5 years' experience**

Some clinics reported actively discouraging patients from attending their sessions during these busy periods, for example:

"*I think the clerical cover is inadequate. If she's away…we put a message on the phone to kind of discourage people from ringing. We tell people that we don't have clerical cover for a number of weeks and normal service will resume. You know, it's not a message that is encouraging people to come during that time because we literally don't have enough staff."*

- **Doctor, > 15 years' experience**

These staff shortages and delays in accessing services were reported by some clinics to have an impact on patient satisfaction and use of services:

*"[*if a clinic is cancelled*]…then the waiting list is put out a week or two. So then some people just won't ever bother coming back."*

- **Doctor, > 15 years' experience**

3.3.1.2 Clinic space and time

Many services are limited by the availability of clinic space. Some clinic times are determined by the availability of rooms in the outpatient departments. In other instances there are enough staff to see more patients (in contrast to the resource issues raised above) but they are unable to due to lack of space or suitable space, for example:

*"Space would be one big obstacle. We only have 3 examination rooms. We share a space…[*with another clinical department*]. So if we were to run it* [a PrEP clinic]*, we would have to sacrifice a general clinic to have a PrEP clinic."*

- **Doctor, 15 years' experience**

"Access to rooms would be one [barrier]*…in all three clinics"*

- **CNM, < 5 years' experience**

"Yes, there is a huge barrier for me there [lack of clinic space]*…I could do a lot more work, I could see a lot more people if I had space…where we work out of* [currently] *is like a store room, it is not suitable for seeing patients"*

- **CNM, > 10 years' experience**

"We have an accommodation problem up in the hospital, that's why we do an evening clinic because this clinic [space] is free in the evening time"

- **CNM, > 15 years' experience**

This availability of evening clinic time only also limits the amount of clinics that can be scheduled as some staff noted that they did not wish to work multiple evenings a week. In addition, the amount of time the clinics can be open (due to staffing/space/resources) also limits service provision both currently and potentially in future if numbers increase.

"time constraint of our clinic as it's just two evenings a week…I couldn't see it being feasible [running an additional PrEP clinic with current resources]*"*

- **CNM, > 5 years' experience**

"the X clinic now has reached capacity a while ago and we are turning quite a number of people away. So we turn away anything from 5 to 10 people a week, these are new now, new people who want to attend the PrEP clinic for the first time"

- **CNM, > 5 years' experience**

STI clinics which operate out of outpatient hospital services also highlighted issues with measuring patient weights for eGFR given a lack of weighing scales or the ability to ensure a weighing scales is present.

3.3.1.3 Administrative constraints

Many clinics are operating without dedicated clerical cover, with the administrative work falling to staff in the clinic. There were fears that the increased administrative work involved with PrEP patients would put strain on current resources, ultimately impacting on current service provision.

"my administration time which already covers…the whole department administration, I do the clinic management, so everything set in that time, my administration time, that already is taken up…managing our current services"

- **CNM, < 5 years' experience**

Clinics with paper-based results management systems struggle the most with a lack of clerical staff as illustrated in the following comment:

"Now it's fine. We have 5 or 6 (PrEP Patients)*. If you were looking at 10s or 100s it could take me a few days. It's a physical process where I have to go down and look for them [*the results*]. If they are not there I have to locate them somewhere else. These small things all take time".*

- **Doctor, < 10 years' experience**

Staff also feared that the process of checking results (e.g. STI tests or urinalysis) and adding them to patient files could suffer if there was an increase in patient numbers, with some staff expressing concern about patient safety.

3.3.1.4 PrEP patients requiring additional care

Another concern among clinics with more limited resources (e.g. staff, restrictions on clinic time, etc.) was fears that including PrEP patients within a general STI clinic would lead to services being negatively impacted. The belief was that PrEP patients would require additional support and more time than other patients and this could put an unnecessary strain on current resources. Many felt that PrEP patients could be dealt with better in the larger clinics.

"You could get stuck with patients and have to deal with a lot of their inquiries and that would slow up the clinic"

- **Doctor, > 10 years' experience**

"…if someone is coming for PrEP they are going to generate more work in terms of screening and everything else"

- **Doctor, > 15 years' experience**

3.3.2 Facilitators to meeting the National Standards for the Delivery and Management of PrEP for HIV

3.3.2.1 Satellite clinics

Several smaller clinics noted that they were very willing to provide HIV-PrEP to patients, and that their patients had expressed a desire for a locally based service rather than being required to travel to Dublin. Staff commented that once patients are up and running with PrEP, repeat appointments would require less time and interaction. They also suggested that smaller clinics could be utilised as satellite clinics to larger centres where patients could initiate PrEP therapy. Many of the clinics suggesting this were currently poorly staffed and lacked an onsite Health Advisor. The time that would be required in an initial visit for PrEP to explain and discuss the treatment meant the implementation of PrEP was prohibitive for these short-staffed clinics. Nevertheless, many of these clinics were capable of providing all the follow-up treatment required including screening and renal monitoring. For example:

"Once patients are up and running with PrEP it won't be that long of an interaction"

- **Nurse practitioner, > 5 years' experience**

3.3.2.2 Staff willingness

The willingness of staff to provide PrEP and STI services was found to be very high. In all but three clinics, staff responded that they would be very willing to provide PrEP. In eight of the clinics, this willingness was dependent upon additional resources, including staff, training or clinic space. Respondents reported that PrEP provision was a priority for both patients and staff members. While a number of clinics reported that the demand for PrEP was mostly coming from their MSM patients, several clinics reported requests for PrEP from some of their heterosexual female patients. Overall, several staff reported the desire among patients to have a locally based PrEP service, and staff were keen to meet this need. The following quotes illustrate this point:

"people don't want to travel to Dublin/Galway"

- **Nurse practitioner, > 5 years' experience**

"…but our patients would prefer to go anywhere but Dublin. I know that sounds odd, but as far as parking and all that sort of stuff it seems like an easier option [to go to a clinic nearby]*."*

- **CNM, > 15 years' experience**

3.3.3 Clinic requirements to meet the National Standards for the Delivery and Management of PrEP for HIV

3.3.3.1 Addressing staff shortages

As noted above staffing is one of the biggest barriers to PrEP provision in public STI clinics. The staff required range from nursing to medical and clerical. In some instances additional staff were required simply to ensure clinics were not affected by annual leave. In other clinics additional staff were required to meet current standards of care. Staffing needs would be dependent on the numbers of future PrEP-requesting patients.

3.3.3.2 Support from the HSE

Nine out of the 18 clinics interviewed stated that they would like more support from the HSE. The support required ranged from training to more frequent updates of policies and procedures related to PrEP, standardised databases, patient information leaflets, Pro Formas and patient survey templates for PrEP. A few respondents reported that they had no formal training in STIs, and they felt that this was a hindrance in the provision of PrEP in their clinics. For example

*"my interpretation [*of the clinical guidelines on PrEP*] might be different to my neighbour's interpretation"*

- **CNM, < 5 years' experience**

"…just the standards that we would be practising…ensuring that there is some kind of training and updates ensuring that we're all kinda practising and preaching the same thing."

- **CNM, < 5 years' experience**

Several respondents requested a nationalised database for PrEP reporting. There were also requests for standardised PrEP leaflets to hand out to patients and also standardised patient satisfaction surveys for STI clinics nationally. Many smaller clinics which did not currently undertake patient satisfaction surveys reported that they would be able to do so given a survey template.

"…leaflet should be nationalised, your database should be nationalised and maybe a patient survey should be nationalised…a national patient feedback mechanism"

- **Nurse practitioner, > 5 years' experience**

Clinics who may provide PrEP as part of their current general STI clinics requested guidance on the order of priority for triaging patients for appointments, i.e. symptomatic versus requesting PrEP. Clinics which felt that they may not be involved in the direct provision of PrEP nevertheless requested to be kept up to speed on developments and on the national PrEP plan in order to best advise their patients.

"But I would very much like clear pathways for my patients who are requesting it…I would like to be kept up to date of what's going on so that we can inform our patients. So if other services locally do get PrEP up and running, we can refer those patients to the local centre rather than refer them to Dublin"

- **Nurse practitioner, > 5 years' experience**

Other requirements included clarification on some points from the PrEP clinical guidelines themselves. Of particular note was confusion around the eGFR levels and whether other urinalysis profiles could be substituted. Additionally there was uncertainty regarding the need for a negative HIV test prior to beginning PrEP. Guidance from the HSE is required to clarify these queries and misconceptions.

CHAPTER 4: DISCUSSION

This research aimed to assess the preparedness of public STI clinics for PrEP, including alignment with the HIV-PrEP national standards, and to explore whether the delivery and management of HIV-PrEP is feasible within existing services and structures and what, if any, resources might be needed to successfully support this. Underhill et al. (2010)[20] propose an integrated framework to plan for the successful implementation of PrEP in clinical practice. This framework includes five components: (i) PrEP drugs; (ii) safety screening and repeated HIV testing; (iii) behavioural interventions to facilitate PrEP initiation, maintain adherence, and minimise risk compensation; (iv) the development of strategies to engage PrEP users and the healthcare system over the long-term; and (v) population-level monitoring[20]. A recent report by the HSE-SHCPP has also highlighted a number of areas of action that will have particular relevance for the implementation of HIV-PrEP in public STI services, and therefore the discussion of the findings of that report should be considered in conjunction with key points from this report[17].

4.1 PREPAREDNESS OF PUBLIC STI CLINICS IN RELATION TO THE NATIONAL STANDARDS FOR THE DELIVERY AND MANAGEMENT OF PREP FOR HIV

Standard 1 in the HIV-PrEP national standards refers to access to services. All clinics (apart from the ID Clinic, which is currently setting up its service) met the core requirement for this standard of the ability for patients to self-refer to the service. The difficulty with this standard came in the desirable requirement that patients be issued with an appointment to be seen within ten working days. At present waiting lists in some STI clinics are up to six weeks and this requirement will not be met without significant additional resources.

Standard 2 is based on service configuration and structure, with three elements: the availability of appropriate combination HIV prevention and STI management tools; links to other services; and surveillance monitoring and evaluation. The majority of public STI services provide the full suite of HIV prevention and STI management services. For others, HIV-PrEP, partner notification services, some vaccinations, and the condom provision service were not always provided or available. In particular, provision of HIV-PrEP is essential to HIV prevention and partner notification is central to management of STIs, and individuals accessing PrEP should have access to these services. Provision of condoms could be achieved through the HSE National Condom Distribution Service. Clinics indicated an ability to refer to other services where required; in many cases respondents were unsure of the pathways for referral simply because this had never previously been requested or required by patients.

Issues surrounding surveillance, monitoring and evaluation were identified as being limitations caused by a shortage of staff, lack of clerical staff or a time-consuming paper-based reporting system.

Standard 3 contains ten core requirements surrounding clinical assessment and management of patients. Most clinics indicated an ability to meet all of the core requirements. Those that posed particular difficulty included partner notification and condom provision for patients. In terms of partner notification, clinics stated they did not or were not able to undertake partner notification due to lack of staff, lack of a Health Advisor or insufficient time. This issue was geographically clustered in two HSE areas and it was clear that without additional resources partner notification services, beyond advising patients to notify partners, would be impossible. In relation to the provision of condoms, some clinics did not actively offer condoms to patients but made them available if required.

The management of results is covered in Standard 4 with two core requirements and a desirable requirement. All clinics have mechanisms in place for managing results. All clinics also report abnormal results to patients within ten days of receipt of results (provided a clinic is not cancelled for annual leave etc.). Of note is that many respondents misinterpreted this requirement, with some assuming that the ten days referred to the time from the taking of the sample to communication of results, and others assuming it was ten working days from receipt of results by the clinic to the communication of results to the patient. This should be clarified for PrEP providers. The desirable requirement that all results, both positive and negative, be reported to patients was a significant barrier for many clinics. Over half of all clinics operate on a 'no news is good news' policy whereby only abnormal or inconclusive results are reported to patients. Some clinics have the option for patients to phone a dedicated phone line to receive their results if required. It is clear that in order to support the communication of all results to service users, clinics would need additional staff or resources.

All clinics that provided responses to this item met the requirements of Standard 5 for Information Governance and there were no reported issues with doing so.

Standard 6 refers to Patient and Public Engagement. This was the least-met standard. While many clinics did have mechanisms in place for receiving patient and public feedback, and responding to feedback, few made information on the provision of feedback available to service users or the public. The desirable requirement that services undertake user satisfaction surveys was achieved by the fewest clinics; however, most clinics said that they would be able to do so in future and some clinics had implemented a survey in the time between answering the survey and taking part in the follow-up interview. Clinics requested a standardised survey template for use for this purpose.

4.2 CONSIDERATIONS FOR PREP PROGRAMME IMPLEMENTATION

Service capacity: One of the biggest concerns among staff was the impact of increasing numbers of PrEP patients within current service provision. There was a widely held belief that once PrEP becomes subsidised the significant prohibitive barrier of cost to the patient would be removed and numbers seeking PrEP would increase exponentially. In addition to this, increased awareness of PrEP could also drive an increase in patients seeking PrEP.

Providing PrEP without additional resources would limit other services, e.g. one clinic said it would have to cut back on the number of acute walk-in patients (approximately 60 on a weekly basis) that staff typically see to accommodate those seeking PrEP. One recommended way to take pressure off some of the larger clinics would be the use of satellite clinics. Larger centres could act as specialist centres and all PrEP patients would be seen initially at one of these centres, with dedicated Health Advisors to provide all information to these patients. Each three-monthly follow-up appointment could then take place in the patient's local clinic, many of which have the capacity to fulfil all ongoing monitoring of the patient, with patients returning to the specialist centre only as required.

PrEP provision within routine STI clinics: In most clinics, the small numbers of PrEP-seeking patients means that a dedicated PrEP clinic is probably not currently required. In these clinics, PrEP could be provided as part of routine STI clinics. Some clinics suggested assigning a limited number of weekly appointments to PrEP patients; the numbers possible would be unique to each clinic and also resource dependent.

Awareness of local context: It is important to take the local context into consideration to allow adaptation of the HIV-PrEP national standards to suit all needs and circumstances[29-31]. As noted, this research did not evaluate the views or preferences of service users. Some clinics remarked that their patients would prefer a local clinic while other clinics commented that due to issues of stigma and anonymity patients would prefer clinics outside of their locality. An assessment of individuals seeking PrEP across the range of HSE areas may be useful to determine where service users would prefer to access PrEP (i.e. locally or not).

Consensus-building: In the case of three clinics, there was a difference of opinion among staff on the level of local need for a clinic and staff willingness to provide PrEP, although local consensus-building has been found capable of changing social norms[32] and may be a useful tool to aid the roll-out of PrEP.

Capacity to provide full service: The main barriers to PrEP implementation – staff shortages and lack of suitable training, clinic space and time – are frequently reported barriers to guideline implementation, as reported elsewhere[33-35]. The lack of Health Advisors and of adequate time for other staff members to act in this regard, particularly for partner notification in a proportion of clinics, is a worrying factor for PrEP implementation. It is important that any clinic providing PrEP has the capacity to provide adequate health advice and partner notification to those in receipt of PrEP.

Availability of PEP: The lack of Post-Exposure Prophylaxis (PEP) in some services is another potential barrier to the optimal implementation of PrEP. PEP is an important aspect of HIV prevention to which those accessing PrEP should also have access.

Availability of condoms: The clinics which currently do not provide condoms to patients could be facilitated to do so by engaging with the National Condom Distribution Service which functions as a central point for distributing free condoms and lubricant sachets to HSE services.

Screening and behavioural intervention: According to the literature, in order to successfully implement new national standards, barriers have to be assessed and addressed[36]. As well as providing access to the drugs, PrEP implementation needs to occur in the context of appropriate screening and, importantly, behavioural interventions. These interventions help engage eligible service users in PrEP use, ensure effectiveness of the treatment by promoting appropriate and adequate adherence, and assess and manage any increases in risk behaviours that might negate the benefits of PrEP at a population level[20].

4.3 STRENGTHS AND LIMITATIONS

This study used a successful methodology to engage stakeholders and secure a high response rate by using a deliberately inclusive approach designed to promote and enhance the success of any future implementation of PrEP. WP1 used an online approach to try to reduce the burden on participants and in WP2 the research team facilitated interviews around the availability of participants in a mode of their choosing. While the participation of each clinic meant that ultimately each clinic would be identifiable, responses in the interviews were anonymised in order to reduce any social desirability bias. Importantly, gaps in current service provision that could affect the implementation were identified.

As already highlighted one limitation of this research was that it did not investigate the needs and views of service users. Without investigating the opinions of local service users it is impossible to determine whether services meet the needs of service users. Another limitation was that clinics were asked to report on their ability to meet HIV-PrEP national standards which had been issued but not yet implemented and which

were made available only at the time of the study. This required participants to anticipate the barriers they might encounter in the future in the implementation of these standards. While the researchers sought to overcome this by asking about current service practices (in WP1), some respondents reported that after discussing their WP 1 responses with their colleagues they had collaboratively identified potential methods to overcome these anticipated barriers. Therefore, the responses in WP1 may have been overly negative, while it is also possible that barriers may exist that were not foreseen by respondents in WP2. Ongoing monitoring and evaluation of PrEP provision and the ability of public STI clinics to meet HIV-PrEP national standards is essential to capture any such discrepancies.

One section of the online questionnaire caused interpretation issues for respondents, thereby introducing a discrepancy in the results. This was elucidated as part of the interview process in WP2. Where participants were asked about how long it took to communicate test results to patients, respondents reported two different interpretations. Some reported the time from the taking of the test to the communication of results back to the patient. Others reported the time from the receipt of results in the clinic to the communication of the results to the patient.

4.4 STUDY RECOMMENDATIONS

This section provides some recommendations based on the findings. It should be noted that some time has elapsed since this data was collected and some factors related to HIV-PrEP in Ireland may have changed. The recent report from the HSE-SHCPP [17] has highlighted clear capacity issues and resource needs in the public STI services that must be addressed and that will have direct implications for the successful delivery and management of HIV-PrEP now and in the future. Therefore, it would be prudent to consider these recommendations in the light of wider capacity and resource issues within the sector.

4.4.1 Governance and quality assurance

4.4.1.1 Development of a model for PrEP delivery

Developing a model for PrEP delivery will facilitate and guide planning and decision-making for the effective delivery of PrEP to patients who need it. It will also provide clarity to services in relation to how they can support its delivery. This model would need to consider the findings of this report and make recommendations as to whether the roll-out of PrEP in some services should not take place without significant prior investment, in order to meet the national standards. Implementation of PrEP should also be guided by best practice and its delivery optimised through the use of a multi-component package that includes: PrEP drugs; safety screening and repeated HIV testing; behavioural interventions to facilitate PrEP initiation, maintain adherence, and minimise risk compensation; the development of strategies to engage PrEP users and the healthcare system over the long-term; and population-level monitoring[20].

4.4.1.2 Utilise existing relationships between services to support HIV-PrEP implementation

Several public STI services have existing informal governance and service delivery arrangements already in place. Any model for PrEP delivery should consider and support these relationships in identifying the most efficient way of delivering PrEP in a timely and cost-effective manner.

4.4.1.3 Investment in public STI services to meet HIV-PrEP national standards

A significant investment in STI services is required for services to meet national PrEP standards, to ensure a safe, equitable and sustainable HIV-PrEP programme. The challenges faced by services in terms of adequate staffing was apparent and in some locations physical clinical space to hold STI sessions was problematic and sub-optimal. In particular, there should be investment to support partner notification services to allow for appropriate care of those on PrEP with STIs and further investment in administrative/clerical services to support timely management of results. Some smaller clinics which work an appointment-only service could potentially schedule in a minimum number of PrEP patients a day using current resources.

4.4.1.4 Develop guidelines on the delivery of public STI services for the management of STIs and HIV

In the context of the gaps identified here, and in light of the recent report on STI services in Ireland[17] , a broader issue is the absence of Irish guidelines on delivery of STI services for the appropriate management of STIs and HIV. Developing these would be a critical support to the long-term planning and sustainability of these services.

4.4.1.5 Support services delivering PrEP as part of combination approach to the prevention of STIs and HIV

Some clinics identified particular issues with partner notification and provision of condoms. PrEP must be delivered as part of a combination approach to STI and HIV management. These gaps should be addressed as a priority. Partner notification services can be delivered and supported with additional staffing and access to condoms is readily available through the National Condom Distribution Programme. The development of guidelines on the delivery of public STI services will emphasise for staff the importance of pro-actively making these available for service users.

4.4.2 Services and service providers: education resources, communication and service engagement

4.4.2.1 Revision of the National Standards for the Delivery and Management of PrEP for HIV

Revision of the standards in their current format is required to maximise clarity for stakeholders and ensure service fidelity, e.g. Standard 4, Management of Results.

4.4.2.2 Ensure adequate and timely circulation of eligibility and clinical guidance for HIV-PrEP

The eligibility and clinical guidance for HIV-PrEP should be circulated well in advance of the planned availability of PrEP through public STI services to ensure optimal staff readiness and patient care. Furthermore, clinic staff should keep up to date with supporting documentation and guidance around HIV-PrEP delivery.

4.4.2.3 National support for successful implementation of HIV-PrEP

Many of the gaps identified in this study could be addressed with national support for implementation, which should include: staff training and upskilling; regular staff updating of evidence and developments; development and distribution of standardised proformas; development of IT/monitoring module for ongoing

monitoring of PrEP use; development and distribution of standardised patient satisfaction surveys[7]; and ongoing monitoring and evaluation to ensure services are not under strain if the number of PrEP-seeking patients increases.

4.4.3 Service users: engagement, information resources and communication

4.4.3.1 Include service user perspective in development of model of PrEP delivery

The development of any model of PrEP delivery should incorporate the perspective of end-users. This will be useful in determining the need for localised services and aid in the design and location of services going forward. An efficient way this could be achieved is through an online survey, guided by a patient representative working group, and supplemented by a selection of focus groups with service users, ideally accessed from both services and the community.

4.4.3.2 Update PrEP patient information leaflet

The current patient information leaflet should be updated to reflect availability of PrEP in clinics, agreed eligibility criteria and information on the standards for PrEP.

4.4.3.3 National HIV-PrEP communication campaign

The roll-out of any HIV-PrEP programme should be supported by a national health promotion campaign highlighting the value of PrEP for patients and the types of patients who would benefit from using it, and giving clear guidance on how to access it, as well as a supporting campaign, perhaps within clinic services, about risk, the importance of adherence, and the ongoing monitoring of patients while they are taking the drug.

7 Examples of these have already been developed within the HSE and could be easily adapted. E.g. https://www.hse.ie/eng/services/list/2/primarycare/patient-experience-survey/patient-experience-survey-2017.pdf

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APPENDIX 1: COPY OF THE ONLINE SURVEY FROM WP1

INTRODUCTION

What is this survey for?

To assess the preparedness of public STI clinics in Ireland for providing HIV Pre-Exposure Prophylaxis (PrEP) against the National Standards for the Delivery and Management of PrEP for HIV developed by the HIV-PrEP Working Group chaired by Dr. Fiona Lyons, National Clinical Lead in Sexual Health.

Who is conducting this research?

Researchers from the Department of Psychology, Division of Population Health Sciences, Royal College of Surgeons in Ireland (RCSI), Dublin and on behalf of the HSE Sexual Health and Crisis Pregnancy programme.

Why am I being asked to complete this survey?

You are being asked to, (or may have been nominated to) take part as you work in a public STI clinic and have expertise and knowledge on the likely barriers and facilitators to the successful implementation of HIV-PrEP in your clinic.

Why do the HSE want this information?

Your clinic may or may not be currently providing HIV-PrEP, however, an accurate understanding of how current services are operating, identifying any gaps in resources and exploring future requirements of clinics in relation to HIV-PrEP will allow the HSE Sexual Health Crisis Pregnancy Programme to make informed decisions about the development of these services going forward.

What else do I need to know?

1. Before you decide whether or not you wish to take part, we recommend that you read the invitation email carefully and review. To help you answer the survey, please find attached the National Standards for the Delivery and Management of Pre-Exposure Prophylaxis (PrEP) for HIV and the HSE agreed eligibility criteria and clinical management guidance documents.

2. Take some time to ask any questions you may have (Research Team contact details are below), and discuss with colleagues if needed.

3. We have also provided you with a PDF of the survey to allow you to gather any information you might require before you begin completing the survey.

4. The survey will take you approximately 20 minutes to complete.

Are there any risks or benefits to me or the clinic in participating?

There are no direct risk or benefits to you or the clinic in participating in this survey. It is a survey designed to assess how prepared clinics are in relation to a set of proposed standards for the implementation and monitoring of HIV PrEP.

Please note, the information you provide about your clinic will allow identification of the clinic. However, all of your responses and comments will be anonymised in the final report and the research team will not disclose who completes the survey, or who takes part in the follow up interviews.

RESEARCH TEAM CONTACT DETAILS

If you have any questions before taking part please feel free to contact either:

Dr. Caroline Kelleher (Principal Investigator)
Email:
Telephone: 01 402 XXXX (during office hours)

or

Mary Scholl (Researcher)(until July)
Email:
Telephone: 01 402 XXXX

or

Dr Sarah Tecklenborg
Email:
Telephone: 01 402 XXXX

CONSENT

In order to participate in this research study, we require a record of your informed consent. Please answer the following questions.

1. I confirm that I have read and understood the information provided in the information leaflet about this survey.

   Yes

   No

2. I have been able to ask questions, all of which have been answered to my satisfaction.

   Yes

   No

3. I understand that I do not have to take part in this study and that I can opt out at any time. I understand that I do not have to give a reason for opting out.

   Yes

   No

4. I am aware of the potential risks and benefits of this research study.

   Yes

   No

5. I give my permission for material/data from this survey to be stored for possible future research related to the current study without further consent being required but only if the research is approved by a Research Ethics Committee.

   Yes

   No

6. I give my permission for material/data from this survey to be stored for possible future research unrelated to the current study without further consent being required but only if the research is approved by a Research Ethics Committee.

   Yes

   No

7. I give informed consent to have my data processed (i.e. analysed) as part of this research study.

   Yes

   No

8. I am aware and have read Survey Monkey's privacy policy and am happy to participate in this survey.

   Please find a copy of Survey Monkey's privacy policy here
   https://www.surveymonkey.com/mp/legal/privacy-policy/

   Yes

   No

CLINIC DEMOGRAPHICS

Before we begin, we would like to learn a little bit more about your clinic and in particular about the STI services you offer. If you need to pause and check information before responding, please feel free to do so. For brevity we will use PrEP when we are referring to HIV-PrEP throughout this survey.

Please answer all of the questions as accurately as you can.

9. Please select which public STI clinic you are answering on behalf of: (please note if answering for more than one clinic a separate survey must be completed for each)

10. How many STI clinic sessions does your clinic provide per week?

    Other (please clarify)

11. What is the average number of people seen at each STI clinic session?

    <5

    5-10

    11-15

    16-20

    21-25

26-30

31-35

36-40

40+

Other (please specify)

12. Do your STI clinic sessions ever have to be cancelled due to staff taking annual leave/staff shortages?

    Yes

    No

    If yes, please state how many sessions are cancelled per year due to annual leave:

13. Does your clinic have a Health Advisor?

    Yes

    No

14. If Yes, can this Health Advisor follow up with patients who are on PrEP?

    Yes

    No

    Not applicable

    If no, please add briefly explain you answer:

15. Do you have any patients requesting PrEP in your clinics?

    Yes

    No

    If yes, please state approximately how many patients per week request PrEP

16. Does your clinic currently provide people with prescriptions for PrEP?

    Yes

    No

    If no, please explain why:

17. Does your clinic see people who are currently taking PrEP?

    Yes

    No

    If no, please explain why:

18. Approximately, how many patients who are taking PrEP attend your STI service each week?

19. If your clinic is currently seeing patients taking PrEP, which services are provided. Please tick all that apply.

    Recommend PrEP to people considered to be at substantial risk of HIV

    Discuss PrEP and where appropriate recommend PrEP to those seeking information about PrEP

    Prescriptions for PrEP

    Follow up HIV testing

    Follow up STI testing

    Renal monitoring

    Other (please specify)

20. Does your clinic run a dedicated clinic session for PrEP?

    No

    Yes

    If yes, how often?

21. If your clinic does not run a dedicated clinic session for PrEP, does your clinic see PrEP patients within your general STI clinics?

    Yes

    No

STANDARD 1: ACCESS

Standard 1 relates to access. It states that:

- **those seeking PrEP be able to do so without a referral letter.**
- **those referred for assessment for PrEP be seen (or be issued with an appointment to be seen) within ten working days.**

As your clinic does not currently provide PrEP, the following questions address general access to services at your clinic - including patients who might be looking for PrEP.

22. In general, does your clinic see patients without a referral letter?

    Yes

    No

    If No, please briefly explain your answer:

23. Do you anticipate that it will be possible to offer an appointment to people seeking PrEP within 10 working days?

    Yes

    No

    If No, please briefly explain your answer:

24. How are patients triaged in your clinic? Please tick all that apply.

    Self-triage

    Triaged by a nurse

    Triaged by a doctor

    No triage

    Other (please briefly explain):

STANDARD 2: SERVICE CONFIGURATION & STRUCTURE

Standard 2 relates to service configuration and structure. It states that all services providing PrEP:

- **have availability of the full suite of STI and HIV prevention services.**
- **that all attendees with needs beyond the scope of the PrEP service are referred to appropriate services.**
- **meet statutory disease notification and surveillance requirements within a reasonable timeframe.**
- **participate in national monitoring and evaluation requirements for PrEP within a reasonable timeframe.**

The following questions relate to the configuration and structure of services provided at your clinic.

25. Does your clinic currently provide the following STI and HIV prevention services? Please tick all that apply.

    Condoms

    Vaccination against HAV in line with national immunisation guidelines

    Vaccination against HBV in line with national immunisation guidelines

    Vaccination against HPV in line with national immunisation guidelines

    PEP in line with national PEP guideline

26. Does your clinic currently have the ability to perform the following functions: Please tick all that apply.

    Deliver further vaccinations in the setting of disease outbreaks

    4th generation venous blood HIV test

    HBV testing, directed by history unless documented as HBV immune

    HAV IgG testing if previous vaccination not reported or not documented as HAV immune

Syphilis serology

HCV antibody testing

Chlamydia and gonorrhea NAAT testing from all relevant anatomical sites (can be self-taken or provider taken)

Pregnancy testing where indicated

Gonorrhea culture

Send STI samples to accredited laboratories for testing

Provide STI treatment within the clinic

Provide partner notification services

Offer discussion in relation to safer sex, alcohol, and drug use

All of the above

None of the above

27. Are attendees at your clinic with needs beyond the scope of the clinic referred on to appropriate services? If yes, please tick all services that apply.

    Substance abuse services

    Psychological services

    HIV services

    Urological services

    GP for onward referral

    All of the above

    None of the above

28. Does your clinic report information to the local Department of Public Health of notifiable diseases, where requested by the Department of Public Health, in accordance with HPSC guidance?
    Please see http://www.hpsc.ie/notifiablediseases/notifyinginfectiousdiseases/

    Yes

    No

    If No, please explain your answer:

29. Does your clinic use the relevant enhanced notification forms?

    Always

    Usually

    Sometimes

    Never

    If not, please explain why not:

30. When enhanced information is requested by the local Department of Public Health, how many working days does it usually take to provide this data?

    Same day

    1-5 working days

    6-10 working days

    11-15 working days

    15+ working days

31. If requested enhanced information is not provided to the local Department of Public Health, why not? Please briefly explain.

32. Are you currently keeping a record or register of patients who are taking PrEP?

    Yes

    No

    If yes, please briefly describe how you keep this record. (For example, a dedicated prescription pad for PrEP or a paper or electronic patient register/database)

33. If you are keeping a record or register of PrEP patients, what information are you currently collecting? Please tick all that apply.

    The number of individuals who received PrEP at least once during the calendar year Those who received PrEP for the first time in their lives

    PrEP indication (i.e. Eligible MSM or transgender women having sex with men; HIV negative people with a non-suppressed HIV positive partner; Other, at substantial risk for sexual acquisition of HIV)

    Age

    Sex at birth

    Gender identity

    Population group

    For MSM, dosing schedule (daily or EBD)

    Those who stopped taking PrEP, including those who failed to return for a repeat prescription

    The reasons the individual stopped taking PrEP (i.e. toxicity; non-adherence; risk has changed)

    All of the above

    None of the above

    Other (please specify)

34. If your clinic does not currently keep a record of PrEP patients, what would be required to document and report the required data as outlined above? Please write ‘Not applicable’ if you already collect this information.

STANDARD 3: CLINICAL ASSESSMENT & MANAGEMENT

Standard 3 relates to clinical assessment and management. It states as a requirement that all patients receiving PrEP:

- **should have, at baseline and at quarterly follow-up appointments,**
- **eligibility criteria assessed and documented**
- **their information regarding their sexual behaviour documented**
- **be offered syphilis, chlamydia and gonorrhoea testing**
- **have their HIV negative status confirmed prior to being issued (and where indicated reissued) with PrEP**
- **have appropriate renal monitoring prior to being issued (and where indicated reissued) with PrEP**
- **are contacted regarding the need for treatment of incident STIs within 10 working days of the final result being available**
- **with incident STIs have partner notification undertaken**
- **are offered appropriate vaccination as part of their care**
- **are offered hepatitis C testing in line with national HCV testing guidelines are offered condoms as part of their care**

The following questions relate to clinical assessment and management practices at your clinic.

35. Does your STI clinic use a standard assessment proforma for new attendees?

    Yes

    No

    If no, please describe how patients are assessed:

36. If your clinic does use a standard assessment proforma, does it include questions about the following (please tick all that apply):

    Previous history of STI

    Last sex

    Number of sexual partners in the last 3 months

    HIV status of sexual partners

    STI in the last 12 months

    PEPSE in the last 12 months

    Use of “Chemsex” and slamming in the last 6 months

    Medical conditions

    Recreational drug use

    Last menstrual period

    Other (please specify)

37. If you are already seeing patients taking PrEP, how do you assess and document risk and eligibility for PrEP? Please tick all that apply.

    PrEP proforma

    Health care professional takes a history and documents

    Other, please specify:

38. If you are not seeing patients taking PrEP, how do you envisage assessing and documenting risk and eligibility for PrEP? Please explain.

39. At your clinic, are patients diagnosed with STIs informed of the need for treatment within 10 working days of the final result being available?

    Yes

    No

    If no, please indicate how long and briefly describe why it is not possible to do so within 10 working days.

40. Is partner notification offered for all patients diagnosed with STIs?

    Yes

    No

    If no, please explain why:

41. Are all patients offered appropriate vaccination as part of their care?

    Yes

    No

    If no, please explain why:

42. Are patients offered condoms as part of their care?

    Yes

    No

    If no, please explain why:

43. Are all new patients seen at STI clinics offered testing for the following? Please tick all that apply.

    Syphilis

    Chlamydia

    Gonorrhea

    HAV

    HBV

    HCV

HIV

All of the above

44. Is Hepatitis A testing routinely offered to MSM?

    Yes

    No

    If no, please explain why:

45. Are all review patients offered testing for HIV, syphilis, chlamydia and gonorrohea where clinically indicated?

    Yes

    No

    If no, please specify why:

46. Are all MSM patients offered Hepatitis C (HCV) testing annually?

    Yes

    No

    If no, please explain why:

47. Does your clinic administer more frequent Hepatitis C (HCV) testing if clinically indicated (e.g. an unexplained rise in ALT, a diagnosis of a new STI, or if a risk exposure has occurred such as contact with a known case of HCV, or other risk behaviours including chemsex)?

    Yes

    No

    If no, please explain why:

48. Is it possible to do renal monitoring with serum creatinine and eGFR in your clinic?

    Yes

    No

    If no, please explain why:

49. In your clinic, will it be possible to measure creatinine and eGFR every 3 months for patients on PrEP?

    Yes

    No

    Not Applicable

    If no, please explain why:

50. Is it possible to check weights in your clinic in order to calculate eGFR?*

*Please consult page 18-19 of the *HSE agreed eligibility criteria and clinical management guidance for individuals requiring HIV PrEP within the context of a combination HIV (and STI) prevention approach in Ireland for guidelines* re: renal monitoring for patients taking PrEP.

Yes

No

Not Applicable

If no, please explain why:

51. In the event that a person eligible for PrEP or taking PrEP needs referral for renal assessment, will it be possible to make this referral from your service?

Yes

No

Not Applicable

If no, please explain why:

STANDARD 4: MANAGEMENT OF RESULTS

Standard 4 relates to the management of STI results. It states that is a requirement for all public STI services:

- **to have mechanisms for managing results in place for checking results and responding appropriately to abnormal or inconclusive results within a reasonable time frame.**
- **that for people in receipt of PrEP who have abnormal or inconclusive results have results communicated to them within ten working days.**
- **It is desirable and encouraged that all results are communicated to people in receipt of PrEP and within a reasonable timeframe.**

The following questions relate to the management of STI results at your clinic.

52. Does your clinic have mechanisms in place for managing results?

No

Yes

If yes, please describe how the results are managed at your clinic:

53. Does your clinic routinely contact patients with abnormal or inconclusive results?

Yes

No

If no, please explain why:

54. How long does it normally take to contact patients with abnormal or inconclusive results?

    Same day

    1-5 working days

    6-10 working days

    11-15 working days

    15+ working days

55. Does your clinic routinely communicate all test results to patients?

    Yes

    No

    If no, please explain why:

STANDARD 5: INFORMATION & GOVERNANCE

Standard 5 relates to the governance of information. It states that all services that provide PrEP must be compliant with the General Data Protection Regulation (GDPR) introduced May 25, 2018 and Infectious Diseases legislation.

The following questions relate to the governance of information at your clinic.

56. Does your clinic comply with the General Data Protection Regulation (GDPR) introduced May 25, 2018?

    Yes

    No

    If no, please explain why:

57. Does your clinic comply with the infectious diseases regulations that require you to notify to the Medical Officer of Health/Department of Public Health?

    Yes

    No

    If no, please explain why:

58. Does your clinic have the infrastructure in place to ensure that patient information is recorded and stored in line with appropriate legislation?

    Yes

    No

    If no, please explain why:

STANDARD 6: PATIENT & PUBLIC ENGAGEMENT

Standard 6 relates to patient and public engagement. It states that it is a requirement that services providing PrEP:

- **to have mechanisms for receiving patient and public feedback and suggestions in places**
- **to make information on the provision of patient and public feedback available to service users and the public**
- **to have mechanisms in place for responding to service user feedback to undertake service user satisfaction surveys, if possible.**

The following questions relate to current patient and public engagement at your clinic.

59. Does your clinic have mechanisms in place for receiving patient and public feedback and suggestions?

    Yes

    No

60. Does your clinic actively seek user's opinions on the provision of their care?

    Yes

    No

    If yes, please describe how this is achieved:

61. Has your clinic conducted a service user satisfaction surveys within the past year?

    Yes

    No

62. Does your clinic provide a response to all service users who make a complaint?

    Yes

    No

63. Does your clinic use patients and public feedback to continuously improve the experience for all service users?

    Yes

    No

64. Does your clinic engage in regular evaluation of services to assess how well it is meeting the needs and preferences of service users?

    Yes

    No

CONSENT TO BE CONTACTED FOR FOLLOW-UP INTERVIEWS

If you are amenable, we would like you to follow up with you to discuss some of the topics addressed in this survey. We anticipate this follow-up discussion will take no more than 30 minutes.

We would hope these interviews (telephone or face-to-face) would take place as soon as we receive your survey responses.

65. Do you agree to be contacted to take part in a follow-up interview?

Yes

No

If no, can you please recommend an alternate staff member who would?

Interview Scheduling

66. Please indicate how you would like to answer the follow-up questions:

By telephone

In-person meeting at your clinic

Either by telephone or in-person meeting at your clinic

67. Please state if there are particular days and times that are most convenient.

Successfully Completed!

Congratulations!!
You have successfully completed all sections of the survey.
We hope this was a relatively straightforward process for you and not too time-consuming.
If you have any questions or further comments for us we would be happy to hear them.
Please contact us in confidence using the contact information below.
Thank you again for providing us with this valuable information about your clinic.
Kind regards

RCSI Research Team

Dr. Caroline Kelleher (Principal Investigator)
Email:
Telephone: 01-402 XXXX (during office hours)

or

Mary Scholl (Researcher)
Email:
Telephone: 01-402 XXXX (during office hours).

YOU ARE NOT SURE ABOUT PARTICIPATING?

You have been re-directed to this page as you have not agreed to take part in the research. If this is because you have some questions or unaddressed concerns please contact us in confidence and allow us to clarify these concerns for you.

If you are happy with your decision and do not want to participate, many thanks for taking the time to consider taking part.

Research Team Contact Details

Dr. Caroline Kelleher (Principal Investigator)
Email:
Telephone: 01-402 XXXX (during office hours)

or

Mary Scholl (Researcher)
Email:
Telephone: 01-402 XXXX (during office hours).

APPENDIX 2: SEMI-STRUCTURED INTERVIEW GUIDE FOR WP2

INTERVIEW SCHEDULE

Make phone call but DO NOT RECORD

Hello _____,

Thank you for taking my call. My name is _____ and I am one of the researchers on the RCSI team investigating the preparedness of public STI clinics for PrEP.

As part of the evaluation, I would like to ask you a series of questions further exploring your view on some of the barriers and facilitators of implementing PrEP guidelines within your clinic. We will also ask some questions to gain a further understanding of the data provided in your clinic's survey responses.

The interview should take approximately 30 minutes and you can stop the interview at any time. I will be recording the interview if that is ok with you?

After consenting BEGIN RECORDING

Have you had time to review the information leaflet? Have you any questions?

We will try to maintain confidentiality in your responses however; as this research will be reported on a per unit basis, this may mean that in certain cases you will be identifiable. The analysis will also include a thematic analysis of pooled responses from all respondents and some demographic questions around your role, length of employment etc, for this, your anonymity will be guaranteed.

Are you happy to give verbal consent to take part in this interview?

Thank you.

INTERVIEW QUESTIONS

SECTION 1: PARTICIPANT'S CURRENT ROLE:

1. What is your current role in _____ clinic?

2. How long have you been working in this clinic?

3. What are your professional qualifications?

SECTION 2: PREP SERVICES

1. If your clinic were to open a PrEP clinic in the morning what would be the biggest obstacle to that given your current resources?

2. In terms of meeting the standards to deliver PrEP (for example, access, monitoring etc.) what would be the easiest standard to meet – what do you already do that easily meets this standard?

3. If your clinic were to open a PrEP clinic in the morning, in general what would be the reaction from your service-users?

4. If your clinic were to open a PrEP clinic in the morning, in general what would be the reaction from your colleagues/clinic personnel?

4a. Why would you say that? Could you explain your answer a bit more?

5. In comparison to other services offered by your STI clinic, how much of a priority is being able to access PrEP for your service-users?

6. In comparison to other services offered by your STI clinic, how much of a priority is being able to offer PrEP to your colleagues/clinic personnel?

7. With current resources in terms of funding, personnel etc. could you meet the PrEP standards?

7a. If no, which key services would be impacted if you were to use your current clinic resources (i.e. staff, clinic sessions) to meet the PrEP standards without additional resources/funding?

8. Do you have particular comments on the guidelines themselves that you would like to share?

   Are the guidelines suitable for daily practise?

   Is there anything missing from the guidelines?

SECTION 3: PREPAREDNESS OF THE CLINIC IN RELATION TO THE STANDARDS (Based on survey responses)

SECTION ON CLINIC DEMOGRAPHICS:

Question 4 - Staff shortages due to annual leave

1. You/ your clinic indicated that Staff shortages/ annual leave led to the cancelling of clinic sessions. Could you please describe the mechanisms, which are in place to facilitate missed appointments where this occurs?

2. Approximately how long of a delay for the patient is incurred by each cancelled clinic?

3. Is there a mechanism in place to facilitate repeat prescriptions where clinic sessions are cancelled?

Question 5 - If no Health advisor and no alternative offered in survey comment:

1. In the survey it was indicated that your clinic does not have a health advisor. Is there a staff member who could act in this regards for those on PrEP?

2. How do you envision the delivery of health advice for PrEP patients in the absence of a Health Advisor?

3. Will there be adequate time allowed?

Question 6 - For clinics with and without patients already requesting PrEP in your clinic…

1. Your clinic currently has X /does not have any patients requesting PrEP. Do you foresee a change in this demand if PrEP were to become available? (why do you say that?)

STANDARD 1: ACCESS

Survey Question 1 - If no to,'does your STI service see patients without a referral letter'…

- From the survey we see that your STI service does not see patients without a referral letter.. How difficult would it be to implement this?

Survey Question 3 - for patients who are referred for assessment are they seen within 10 working days

- Elaborate on potential barriers if required

Survey Question 4 - if waiting time for patients to be seen in the STI clinic >10 days

- How feasible would it be to reduce this to 10 working days?
- If not, how much shorter do you think it could be made given current resources?

Barriers to Standard 1

Your clinic fulfilled X% of the required criteria for Standard 1.

What do you think are the main barriers to the clinic in reaching the remainder of the standard? (Remind which criteria are outstanding)

(Probe potential barriers mentioned previously or indicated from survey responses)

Barriers include:

- Budget
- Equipment
- Infrastructure
- Number of Personnel
- Personnel Time
- Supplies
- Other

What are the minimum resources your clinic would require to overcome this?

APPENDIX 2: SEMI-STRUCTURED INTERVIEW GUIDE FOR WP2

STANDARD 2: Service Configuration and Structure

Survey Questions 1&2 – for any STI/HIV/Sexual Health services not currently provided

What is the procedure currently in place where these are required by a patient?

Barriers to Standard 2

Your clinic fulfilled X% of the required criteria for Standard 2. what do you think are the main barriers to the clinic in reaching the remainder of the standard? (Remind which criteria are outstanding)

(Probe potential barriers mentioned previously or indicated from survey responses)

Barriers include:

- Budget
- Equipment
- Infrastructure
- Number of Personnel
- Personnel Time
- Supplies
- Other

What are the minimum resources your clinic would require to overcome this?

STANDARD 3 – CLINICAL ASSESSMENT AND MANAGEMENT

Survey Question 14 – if not possible to do renal monitoring –

How would you monitor this in PrEP patients?

Barriers to Standard 3

Your clinic fulfilled X% of the required criteria for Standard 3. What do you think are the main barriers to the clinic in reaching the remainder of the standard? (Remind which criteria are outstanding)

(Probe potential barriers mentioned previously or indicated from survey responses)
Barriers include:

- Budget
- Equipment
- Infrastructure
- Number of Personnel
- Personnel Time
- Supplies
- Other

What are the minimum resources your clinic would require to overcome this?

STANDARD 4 – MANAGEMENT OF RESULTS

Survey Question 4 – if clinics do not routinely communicate all test results to patients

Elaborate further if required

Exactly what would be required to do so?

Barriers to Standard 4

Your clinic fulfilled X% of the required criteria for Standard 4. What do you think are the main barriers to the clinic in reaching the remainder of the standard? (Remind which criteria are outstanding)

(Probe potential barriers mentioned previously or indicated from survey responses)

Barriers include:

- Budget
- Equipment
- Infrastructure
- Number of Personnel
- Personnel Time
- Supplies
- Other

What are the minimum resources your clinic would require to overcome this?

STANDARD 6 – PATIENT AND PUBLIC ENGAGEMENT

What resources would be required in order to implement (_____missing requirements) ?

MONITORING OF HIV PREP

The monitoring of HIV PrEP is important from a programme viewpoint.

What further resources would be required for your clinic to meet the remaining requirements (if any)

Can you suggest any alternative monitoring mechanisms?

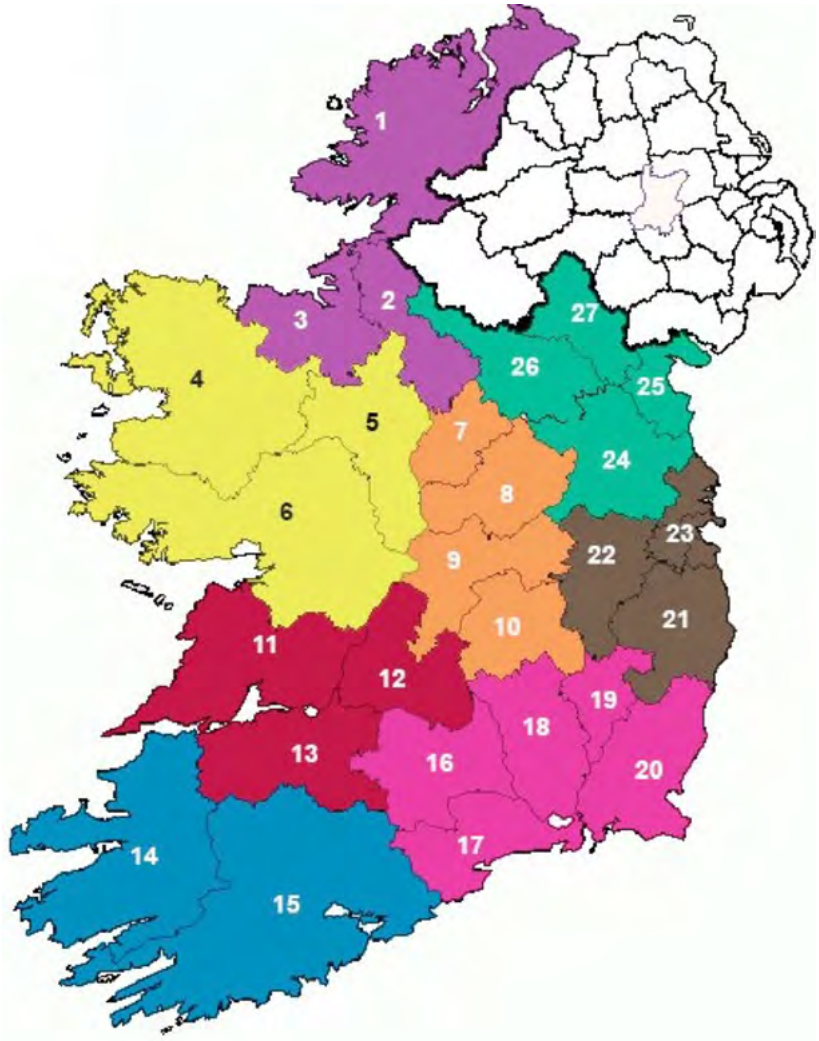
CONCLUSION

Throughout this interview you have stated that X/Y/Z are the barriers and facilitators within your clinic to reaching the standards for PrEP.

Are there any additional barriers to this that you can think of?

Thank you for answering our questions.

APPENDIX 3: MAP OF HSE PUBLIC HEALTH AREAS USED TO REPORT THE FINDINGS

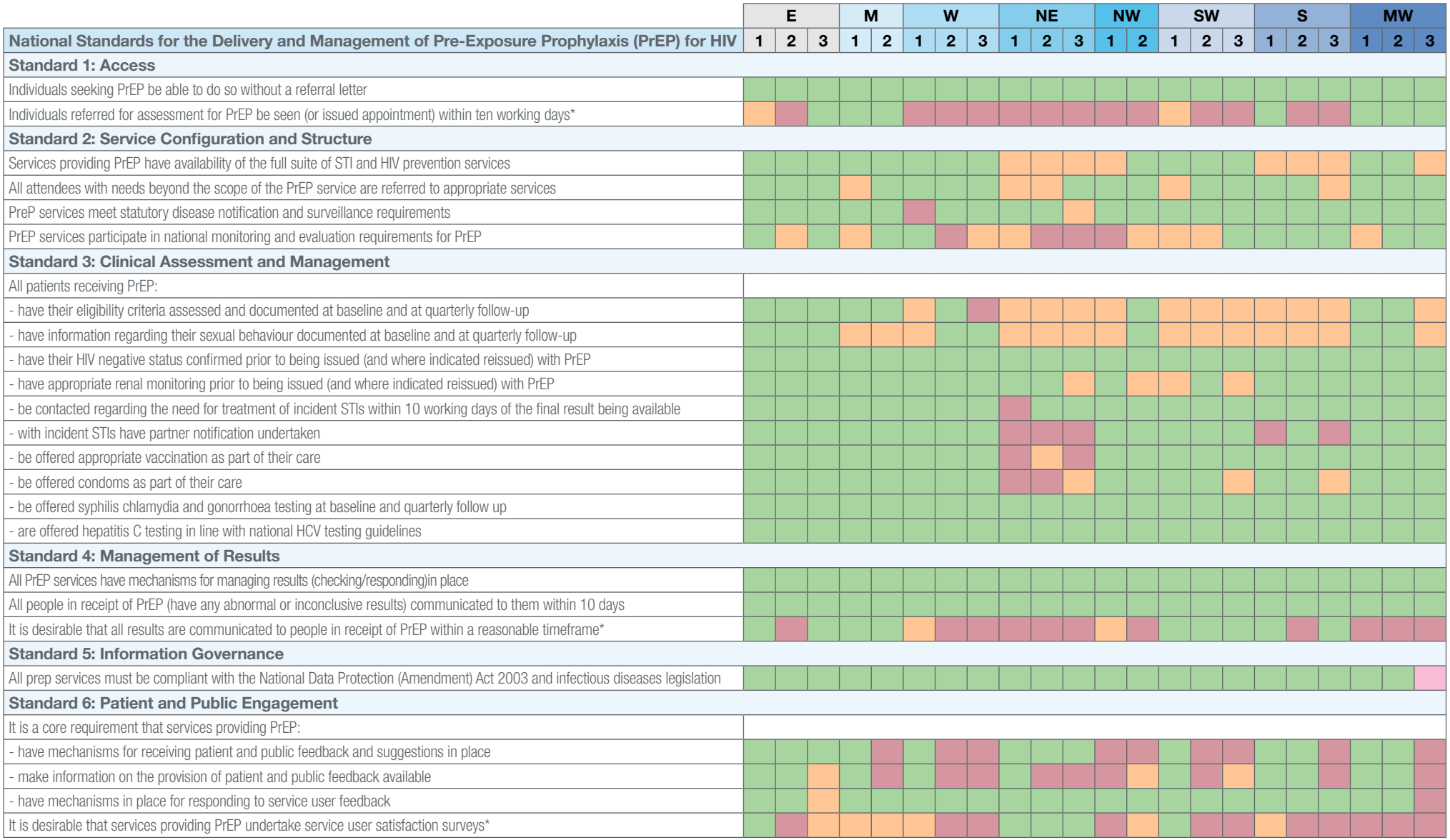


Source: HSE Public Health Departments

https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/contact/

List of HSE Areas and Counties

- **HSE Northwest:** Donegal (1), Leitrim (2) and Sligo (3)
- **HSE West:** Mayo (4), Roscommon (5) and Galway (6)
- **HSE Midlands:** Longford (7), Westmeath (8), Offaly (9) and Laois (10)
- **HSE Midwest:** Clare (11), Tipperary North (12) and Limerick (13)
- **HSE South:** Kerry (14) and Cork (15)
- **HSE Southeast:** Tipperary South (16), Waterford (17), Kilkenny (18), Carlow (19) and Wexford (20)
- **HSE East:** Wicklow (21), Kildare (22) and Dublin (23)
- **HSE Northeast:** Meath (24), Louth (25), Cavan (26) and Monaghan (27)



Area and Clinic Code

E	M	W	NE	NW	SW	S	MW
HSE East Area	HSE Midlands Area	HSE West Area	HSE Northeast Area	HSE Northwest Area	HSE Southwest Area	HSE South Area	HSE Midwest Area

Meets the standard
Partially meets the standard
Does not meet the standard currently
No Data Available

Note: HSE East 4 clinic was not included in this table as they do not currently have a dedicated STI or PrEP clinic

*Desirable standards. All other standards are core requirements for clinics.