

Would HIV Pre-exposure Prophylaxis (PrEP) Users Attending Sexual Health Services Be Willing to Transfer Their Care to General Practice?

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BACKGROUND

Western Sydney Sexual Health Centre (WSSHC) provides HIV Pre-exposure Prophylaxis (PrEP) to a large culturally and linguistically diverse community, mainly gay and bisexual men-who-have-sex-with-men (GBMSM). While new HIV diagnoses have declined sharply in inner Sydney, rates in Greater Western Sydney have remained stable. Since 2018, ASHM HIV PrEP prescribing guidelines and PrEP PBS listing allowed GPs to prescribe Medicare-subsidised HIV PrEP, aiming to expand access and reduce the burden on sexual health clinics. Yet most PrEP care is still delivered in sexual health clinics, with barriers including GPs' lack of experience related to working with GBMSM, discomfort of talking about sexual practices, and limited knowledge of on-demand PrEP.

During a one year period, WSSHC provided PrEP care to approximately 800 patients. Anecdotally, access, guideline adherence and follow-up remain challenges for those seeking PrEP care outside of sexual health clinics in Western Sydney. The ADAPT PrEP project was established to better understand these issues, assess patient willingness to transition follow-up care to GPs, and inform evidence-based models of shared PrEP care for the region.

STUDY OBJECTIVES

The objectives of this study were to identify characteristics of WSSHC PrEP users and explore facilitators and barriers to transitioning PrEP care from sexual health specialist services to general practice, focusing on previous GP PrEP care experience, satisfaction with that care, and willingness to receive PrEP care from a GP.

METHODS

Between 11 March 2024 and 13 March 2025, consecutive PrEP follow-up patients at WSSHC were invited to participate in the ADAPT PrEP study.

The study had three steps:

- Step 1: Anonymous survey** via Research Electronic Data Capture platform (REDCap).
- Step 2: Data linkage** of deidentified survey responses with electronic medical record (eMR).
- Step 3: Cohort:** enrolment, where eligible*, in a two-year cohort study to receive PrEP follow-up from a GP and complete four online PrEP care surveys.

*Eligibility: stable PrEP user without current adherence or clinical concerns, not requiring close monitoring, aged ≥ 18 years, covered by Medicare, able to self-complete surveys in English, willing to participate for two years, and not planning to leave NSW for six months or longer.

We described their characteristics and analysed factors associated with willingness to receive PrEP care from GPs, previous GP PrEP care experience, satisfaction with that care, and actual enrolment into the ADAPT cohort for GP-based PrEP follow-up. Odds ratios (OR) with 95% confidence intervals (95% CI) were reported.

RESULTS

A total of 401 participants completed the anonymous survey. As anticipated, South Asian-born men were less likely to be included the ADAPT cohort study than Australian/New Zealand-born, primarily due to Medicare-ineligibility.

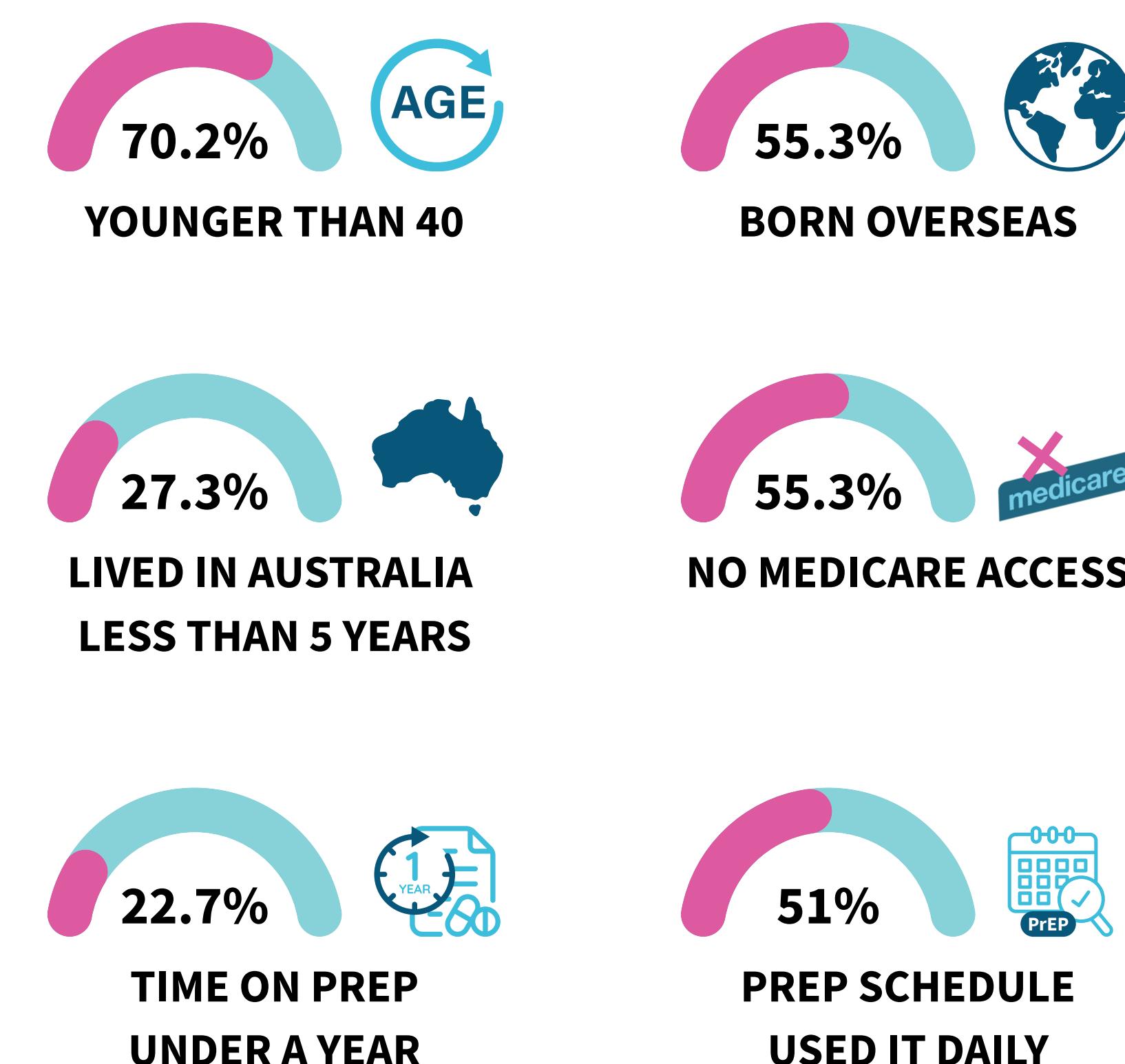
Survey respondents who indicated willingness to receive PrEP care from a GP (in Step 1) were more likely to enrol in Step 3. However, only 44% of such respondents actually enrolled in Step 3.

Over half of Step 1 survey respondents (57.3%) were unwilling to receive PrEP care from a GP, citing preference for sexual health clinics, discomfort discussing sexual practices, and concerns about GPs' knowledge of sexual health.



WSLHD research ethics approval: 2023/ETH01058
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SNAPSHOT OF SURVEY RESPONDENTS (N=401)



PREVIOUS GP PREP CARE & SATISFACTION



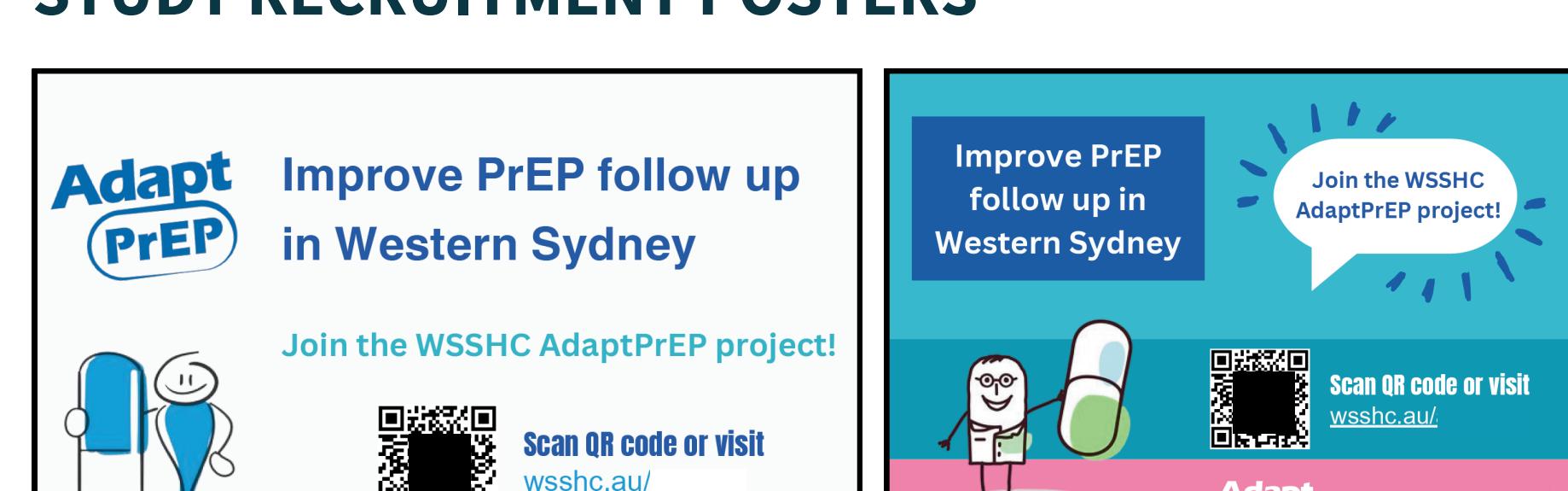
SIGNIFICANT FACILITATORS OF WILLINGNESS TO RECEIVE PREP CARE FROM A GP

Previously seen GP for PrEP
(OR=1.81 95% CI1.13-2.90)

Positive rating of prior GP experience
(OR=3.93 95% CI1.65-9.38)

Younger age <30 years
(OR=2.05 95% CI1.27-3.31)

STUDY RECRUITMENT POSTERS



Most commonly selected reasons for not wanting to get PrEP from a GP

1. I prefer receiving PrEP follow-up care at a sexual health clinic (n=202, 50.4%)
2. I am not confident talking with a GP about my sexual partners and practices (n=125, 31.2%)
3. I have concerns that the GP will not understand my sexual health issues (n=90, 22.4%)
4. I do not want to pay for my PrEP visits, if a GP is not bulk-billing (n=83, 20.7%)
5. I am concerned about my confidentiality (n=79, 19.7%)
6. I have concerns about STI testing conducted by a GP (n=47, 11.7%)

CONCLUSIONS

At WSSHC, survey respondents described financial, confidentiality, privacy and confidence related barriers to receiving PrEP care from GPs.

Younger GBMSM and those with positive prior GP experiences were more willing to see GPs.

Fewer than half of survey respondents who indicated willingness to see a GP actually enrolled in the cohort suggesting that attitudes may not always translate into actions.

These findings highlight the need for differentiated models of shared PrEP care alongside GP training.

DISCLOSURE OF INTEREST STATEMENT

Western Sydney Sexual Health Centre is funded by NSW Health. No funding was received in the development of this study.

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