

# HIV prevention efforts should support PrEP delivery through community pharmacies.

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## About the research

PrEP (pre-exposure prophylaxis), is medicine that prevents acquiring HIV through sex or injecting drugs. In England, PrEP is provided free via NHS sexual health clinics, but these can feel stigmatising, hard to access and limited in capacity. Community pharmacies, could offer a more accessible, and discreet alternative, supporting the UK Government's goal of ending new HIV transmissions by 2030. The [Accessing PrEP through Pharmacies to Improve HIV Prevention study](#), the first of its kind in the UK, examined community pharmacy-based PrEP awareness raising and delivery through three components:

### 1. Review of international evidence on pharmacy PrEP delivery

We reviewed 56 studies to identify the barriers and facilitators of community pharmacy PrEP delivery, mostly from the USA.

### 2. Interviews with UK pharmacists and underserved community members

We examined the feasibility of community pharmacy PrEP delivery in the UK through interviews with community pharmacists and community members at increased risk of acquiring HIV.

### 3. Design and implementation of a community pharmacy PrEP delivery pilot

Between October 2024 and April 2025, five community pharmacies across Bristol North Somerset South Gloucestershire (BNSSG) piloted oral PrEP awareness raising and initiation (i.e., delivery). NHS policy restrictions prevented on-site dispensing, requiring referral pathways with a local sexual health clinic ([see fig 1](#)).

## Policy recommendations

- Embed community pharmacies in national HIV prevention strategies and stigma reduction efforts, with inclusion in sexual health training & commissioning guidance.
- Expand UK pharmacy PrEP pilots to assess scalability, cost-effectiveness, and equity impact.
- Invest in pharmacy infrastructure, staffing, and on-site screening capacity to support effective service delivery.
- Introduce streamlined reimbursement for PrEP consultation to incentivise pharmacy participation and ensure sustainability.
- Develop a national pharmacist PrEP training programme to build confidence and capability.
- Co-produce public awareness campaigns with underserved communities to help build trust and uptake.
- Support walk in consultations for PrEP delivery and integrate awareness raising and delivery into existing pharmacy public health services to reach underserved groups, especially those not accessing sexual health clinics or unaware of PrEP.
- Amend NHS policy to enable pharmacies to stock and dispense PrEP, supported by integrated care models, to enable autonomous supply by trained pharmacists and reduce access delays.
- Plan for community pharmacy delivery of long-acting injectable PrEP to maximise access, support continued use, and reduce demand on sexual health clinics.

## Key findings

- Awareness of HIV and PrEP was low among pharmacists and community members, including who can benefit and where to access PrEP.
- Community pharmacies are well-positioned to raise awareness and improve access to PrEP. Pharmacies were valued for their accessibility, extended opening hours, walk-in availability and perceived as less stigmatising than sexual health clinics.
- Pharmacy teams were keen to deliver PrEP, but needed training, infrastructure, reimbursement and PrEP supply mechanisms.
- Pharmacists reported a lack of facilities and capacity to delivery STI and HIV screening required for PrEP initiation and a concern about the potential cost and added workload.
- Walk-in pharmacy PrEP availability and integration with existing pharmacy public health services can improve convenience, reduce HIV stigma and normalise PrEP delivery.
- Training increased pharmacists' PrEP knowledge, confidence in initiating PrEP consultations, and readiness to provide oral PrEP.
- Pharmacy-based PrEP delivery required integrated care models with sexual health services for training, screening, monitoring, and access to NHS-funded PrEP.
- Current NHS policy prevented community pharmacies stocking and dispensing NHS-funded PrEP directly, requiring referrals to sexual health clinics to prescribe PrEP, which could cause delays in access.

## Further information

[Accessing PrEP through pharmacies to improve HIV prevention](#) project page

Extended version of this policy briefing: <https://www.bristol.ac.uk/policybristol/policy-briefings/pharmacy-prep-delivery>

1. Harrison, C. R., et al. (2024) [Facilitators and barriers to community pharmacy PrEP delivery: A scoping review](#). Journal of the International AIDS Society.
2. Harrison, C. R., et al (2024) [A qualitative exploration of the barriers and facilitators to community pharmacy PrEP delivery for UK pharmacists and underserved community members using the COM-B model of behaviour change](#). Sexually Transmitted Infections.
3. Harrison, C. R., et al (2025). [Development and implementation of pharmacy PrEP awareness raising and initiation: acceptability and feasibility of a UK pilot](#). medRxiv Pre-print.

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