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|  | Sláinte Ghnéis & Clár Thoirchis Ghéarchéime,  Urlár 4, 89 – 94 Sráid Chéipil,  Baile Átha Cliath 1,  **T:076 695 9130 Email:** [**info@crisispregnancy.ie**](mailto:info@crisispregnancy.ie)  [**www.sexualwellbeing.ie**](http://www.sexualwellbeing.ie)  Sexual Health & Crisis Pregnancy Programme,  4th Floor, 89 – 94 Capel Street,  Dublin 1. |

**Health Service Executive (HSE)**

**National HIV Pre-exposure prophylaxis (PrEP) Programme**

Service Application Form

**Background**

HIV Pre-Exposure Prophylaxis (PrEP) is the pre-emptive use of oral antiretroviral therapy in HIV negative people to reduce the risk of HIV infection. The HSE Sexual Health and Crisis Pregnancy Programme is making PrEP medication free of chargeto those who meet clinical eligibility criteria and are deemed to be at substantial risk of acquiring HIV. HIV PrEP should be provided as part of a combination HIV (and STI) prevention approach within services that meet national standards.

**Applying to be a HIV PrEP Service**

To apply as a HIV PrEP service, your service is required to meet the core National Standards for the Delivery and Management of HIV PrEP in Ireland, available on [www.sexualwellbeing.ie/prepproviders](http://www.sexualwellbeing.ie/prepproviders).

Assess your service against the core standards, and complete the checklist on page 3.

If you are satisfied that your service meets the core standards, complete the application form on page 2 and submit this with the completed checklist, to HSE Sexual Health & Crisis Pregnancy Programme (SHCPP) for approval.

Completed application forms should be sent to Caroline Hurley, Project Manager, by email to [caroline.hurley1@hse.ie](mailto:caroline.hurley1@hse.ie) or by post to: HSE Sexual Health & Crisis Pregnancy Programme, 4th Floor, 89 - 94 Capel Street, Dublin 1, D01 P281.

Your application will be assessed by SHCPP and where appropriate, your service will be approved. Following approval you will be provided the HIV PrEP Service Agreement. This needs to be completed, signed by your Service Clinical Lead for HIV PrEP and returned to SHCPP.

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**Service Application Form**

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| **Information and data protection notice** |
| 1. Please complete all sections below (preferably electronically, or in block capitals if being completed by hand) 2. **Data protection notice**: This information, including personal data, is collected and used by the HSE for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data. |

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| **1.** | **Name of service**  (hospital or practice) |  |
| **2.** | **Service Address** |  |
| **3.** | **Service Clinical Lead for HIV PrEP** (Full name as on Irish medical council register) |  |
| **4.** | **Irish Medical Council Number** |  |
| **5.** | **Email Address** |  |
| **6.** | **Telephone Number** |  |

**Core National Standards for HIV PrEP: Self-assessment Checklist**

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| **Please complete the checklist below on the core National Standards for HIV PrEP. Please refer to full standards document regarding footnotes and provide written documentation where required.** | | |
| **Core Standard 1: Access** | | |
| People seeking PrEP will be able to do so without a referral letter | Y | N |
| **Core Standard 2: Service configuration and structure: availability of the following core services** | | |
| Condoms[[1]](#footnote-1) | Y | N |
| HAV, HBV, HPV vaccination in line with national immunisation guidelines | Y | N |
| HIV testing using accredited diagnostics | Y | N |
| STI testing using accredited diagnostics | Y | N |
| STI treatment within service[[2]](#footnote-2) | Y | N |
| HIV Post Exposure Prophylaxis (PEP) in line with national PEP guidelines[[3]](#footnote-3) | Y | N |
| Partner notification for incident STIs | Y | N |
| Safer sex, alcohol and substance misuse advice | Y | N |
| Referral mechanism for attendees to additional services as required | Y | N |
| Meet statutory disease notification & surveillance requirements within a reasonable timeframe | Y | N |
| Participate fully in national PrEP monitoring and evaluation within a reasonable timeframe | Y | N |
| **Core Standard 3: Clinical Assessment and Management** | | |
| All PrEP patients will have their clinical eligibility criteria assessed and documented at visits | Y | N |
| All PrEP patients will have their sexual history documented at visits | Y | N |
| All PrEP patients will have their HIV negative status confirmed prior to each PrEP prescription | Y | N |
| All PrEP patients will have appropriate renal monitoring | Y | N |
| All PrEP patients with incident STIs will be contacted within 10 working days of final results being available | Y | N |
| All PrEP patients with incident STIs will have partner notification undertaken | Y | N |
| All PrEP patients will be offered appropriate vaccination as part of their care | Y | N |
| All PrEP patients will be offered condoms as part of their care1 | Y | N |
| All PrEP patients will be offered syphilis, gonorrhoea and chlamydia testing at visits | Y | N |
| All PrEP patients will be offered HCV testing in line with national testing guidelines | Y | N |
| **Core Standard 4: Management of results** | | |
| Mechanism(s) in place for management of all abnormal or inconclusive results in PrEP patients in a reasonable timeframe | Y | N |
| All PrEP patients with abnormal or inconclusive results will be informed within 10 working days of the final result being available | Y | N |
| **Core Standard 5: Information Governance** | | |
| Compliant with national data protection and infectious diseases legislation | Y | N |
| **Core Standard 6: Patient and Public Engagement** | | |
| Mechanism for receiving patient and public feedback (including complaints) and suggestions in place | Y | N |
| Information available to patients and the public on how to provide feedback | Y | N |
| Mechanism in place to respond to patient and public feedback | Y | N |

1. SHCPP approved services will have access to condoms through SHCPP [↑](#footnote-ref-1)
2. Please refer to the Standards for requirements on STI treatment. Where syphilis treatment is not available, written documentation of an agreement for treatment with another service must be provided with this application. [↑](#footnote-ref-2)
3. Please refer to the Standards for requirements regarding PEP. Where PEP is not available, written documentation of an agreement for treatment with another service must be provided with this application. [↑](#footnote-ref-3)