National Institute for Health and Care Excellence

PUBLIC HEALTH GUIDELINES – INCREASING THE UPTAKE OF HIV TESTING AMONG BLACK AFRICANS IN ENGLAND (PH33) AND INCREASING THE UPTAKE OF HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN (PH34)

Consultation on the Review Proposal from 2 to 16 July 2014

Comments on the Review Proposal to be submitted no later than 5pm on 16 July 2014

Please note you may find it easier to complete this form by changing the layout of the word document to 'Draft'. You can do this by clicking "View" and selecting "Draft". If you have any queries please feel free to contact us.

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put **'general'** in this column
3. **Please note - Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline**.
4. **During this consultation, NICE is particularly interested in hearing from stakeholders whether they think that the current model of two guidelines is appropriate, or whether there should be a single more generic guideline that included recommendations targeted at specific risk groups.**

Name:	**Dr Adrian Palfreeman**
Organisation:	**British HIV Association (BHIVA)**
Section number Indicate **section number** or **'general'** if your comment relates to the whole document	**Comments** Please insert each new comment in a new row.
General	BHIVA believes that there should be one guideline on HIV testing for the UK and that having 3 sets of Guidance (PH33, PH34 and the UK 2008 National HIV Testing Guidelines) dilutes the message.
	Since all 3 sets of Guidance were published there has been significant research on effectiveness of various strategies to increase HIV testing in various populations with high HIV prevalence which should inform future guidance

Please add extra rows as needed

Please return to: increasinghivtesting@nice.org.uk

NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

National Institute for Health and Care Excellence

PUBLIC HEALTH GUIDELINES – INCREASING THE UPTAKE OF HIV TESTING AMONG BLACK AFRICANS IN ENGLAND (PH33) AND INCREASING THE UPTAKE OF HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN (PH34)

Consultation on the Review Proposal from 2 to 16 July 2014

Comments on the Review Proposal to be submitted no later than 5pm on 16 July 2014

Please note you may find it easier to complete this form by changing the layout of the word document to 'Draft'. You can do this by clicking "View" and selecting "Draft". If you have any queries please feel free to contact us.

Stakeholder Comments

	There has been a Europe wide research project to validate the HIV indicator diseases which will provide an evidence base for recommending testing.
	There has been significant research on the impact of stigma within various populations on attitudes to testing and the impact on uptake.
	BHIVA believes that in explicitly focusing on just 2 groups for testing risks further stigmatizing some vulnerable minorities and thus could be counterproductive. Lessons learnt from universal testing for HIV in antenatal clinics 15 years ago showed that targeted testing of high risk populations did not work, but an offer of a test to all was universally accepted. Furthermore, the HIV epidemic in the UK is evolving and narrowly focusing on these 2 groups may mean others who are at risk and should be tested miss out.
	BHIVA recognises that Black Africans and Men who have sex with men bear a disproportionate burden of HIV in the UK and any new guidance should explicitly address how best to promote both testing and access to care to these populations.
	BHIVA remains concerned at the high levels of undiagnosed HIV in the UK and the unacceptable number of patients presenting late to care as a consequence of missed opportunities to offer testing.
	Some of NICE's existing guidance also advises against routine testing – e.g. the dementia guidance and this is an opportunity to highlight specifically that that policy is wrong. There are also potentially more opportunities for testing in that home testing is legal, POCTs are quick and simple to carry out with a little bit of training, and home sampling pilots have been pretty successful also. Home sampling may be a way to tackle stigma as many of those testing this way had not accessed conventional services. High rates of uptake of opt-out testing outside of antenatal clinics are possible. The main barriers to more widespread testing are medical staff and their strange opinions and behaviours.

Please add extra rows as needed

Please return to: increasinghivtesting@nice.org.uk

NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

National Institute for Health and Care Excellence

PUBLIC HEALTH GUIDELINES – INCREASING THE UPTAKE OF HIV TESTING AMONG BLACK AFRICANS IN ENGLAND (PH33) AND INCREASING THE UPTAKE OF HIV TESTING AMONG MEN WHO HAVE SEX WITH MEN (PH34)

Consultation on the Review Proposal from 2 to 16 July 2014

Comments on the Review Proposal to be submitted no later than 5pm on 16 July 2014

Please note you may find it easier to complete this form by changing the layout of the word document to 'Draft'. You can do this by clicking "View" and selecting "Draft". If you have any queries please feel free to contact us.

Stakeholder Comments

	In London a local MSM group have data showing that less than 50% of MSM with GPs are 'out' to their GP so targeted testing of MSMs in primary care would miss these individuals. Testing based on HIV indicator diseases such as mononucleosis like illness would however capture a significant proportion of these, so a multi-stranded approach would be appropriate to consider.
	These has been considerable success in some HIV testing initiatives in non-traditional settings in collaboration with sexual health services, and the evidence from these projects should shape any future guidance.

Please add extra rows as needed

Please return to: increasinghivtesting@nice.org.uk

NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.