

Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
British Association for Sexual Health and HIV (BASHH)	Question	Question	Question 2 above Developing an App that reliably enables people at risk of STI to self-triage and book the most cost effective, timely and optimally appropriate type of STI testing intervention (e.g. home rapid testing, home sampling, phone/virtual/Face2face level 1 advice and rapid/sent away test, level 2 access and rapid/sent away test, level 3 consultation with or with or without examination.	Thank you for the information. The development of an app is not included in this guideline which will consider currently available strategies to improve uptake of testing and frequency of testing (for high risk groups). Apps are one method that may be used in these strategies and will be included in this review question.
British Association for Sexual Health and HIV (BASHH)	005	012	This could be more specifically put as" HIV Pre- Exposure Proiphylaxis (PrEP), an emerging subgroup where increasing rates of STIs have been identified due to condomless sex with multiple partners".	Thank you for your comment. This has been clarified to say taking HIV PrEP. In the section on key issues and draft questions in the scope the question in relation to PrEP includes unintended consequences, this will include consideration of possible changing rates of STIs that may be linked with the use of PrEP.
British Association for Sexual Health and HIV (BASHH)	005 010	General 1	Transgender including non-binary people are also disproportionately affected by STI due to reported barriers to accessing care and experience higher rates of sexual abuse and involvement in commercial sex work (BASHH recommendations for integrated sexual health services for transgender including non-binary people, www.bashh.org).	Thank you for your comment. The scope has been amended to include trans people in the 'groups that will be covered' section (3.1). The scope includes considering barriers and facilitators to sexual health services The wording is 'people at risk of STIs' in the 'groups that will be covered' section, this includes non-binary people.
British Association for Sexual Health and HIV (BASHH)	006 Question 1 above 010	019 007	Question 1 above We suggest going further than covering partner notification (PN) strategies to include a consensus on PN outcome measures for Bacterial STIs that take into account Partner Type. A report commissioned by BASHH and developed by a panel of topic experts in	Thank you for your comment. This question will include partner notification methods for STIs. The protocol that will be developed for this question will consider subgroup analysis that will be considered where the evidence is available, this may include partner type.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			partnership with the NIHR funded LUSTRUM team was accepted by BASHH Board on 13 September 2019 (Developing optimal PN outcomes for bacterial STIs in the UK, Wayal S, Estcourt C, Mercer C, Saunders J, Low N, Mckinnon T, Symonds M, Cassell J).	
British Association for the Study of the Liver (BASL) and British Viral Hepatitis Group (BVHG)	005	001-002	We believe that the guideline should cover hepatitis B and hepatitis C as STIs. With excellent treatments available for both and this being a guideline which covers STIs in general, they have an important place here.	Thank you for your comment. Interventions to increase awareness of hepatitis B or C, interventions to increase uptake of testing or vaccination for hepatitis B or C in high-risk groups, commissioning, contact tracing or laboratory services will not be covered. These are covered in NICE's guideline on hepatitis B and C testing. We will be covering uptake of hepatitis A, hepatitis B, and HPV vaccination in men who have sex with men.
East Sussex County Council – Public Health	Question	Question	Question 1 – Are there any specific interventions for reducing and preventing sexually transmitted infections that should be included in this guideline that are not clearly covered in this draft scope? Yes, targeting men in general including but also separately targeting non gay identifying men (such as heterosexual men and those who may have sex with other man but would not define as gay) focussing on those aged over 25.	Thank you for your comment. The scope included those at risk of STIs, this includes heterosexual men and those who have sex with other man but would not define as gay (described as men who have sex with men) and those aged over 25. Thank you for your comment. Chlamydia screening and the true cost effectiveness (ROI) of national chlamydia screening programme (NSCP) will not be covered as this is not within NICE's remit



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			The true cost effectiveness (ROI) of national chlamydia screening programme.	
East Sussex County Council – Public Health	Question	Question	Question 2 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? We have a contraceptive nurse team working with women who are undergoing or have undergone child removal, the referrals are through social services, antenatal and maternity, they have over 80% success in getting women to take LARC	Thank you for the information. Contraceptive services will not be covered as these are covered in NICE's guidelines on contraceptive services for under 25s and long-acting reversible contraception (LARC)
East Sussex County Council – Public Health	002	003	'Since 2014 the rate of first episode genital warts diagnoses decreased in 1 those aged 15 to 17 years, by 92% in girls and 82% in heterosexual boys. 2 This is thought to be mainly due to the National Human Papilloma Virus (HPV) vaccination 3 programme in school age girls. From September 2019, this programme will 4 include boys aged 12 to 13.' I am not sure this statement is entirely correct or maybe should be made clearer as an presumption This has to be set against the reduction in access to face to face GUM and SHHAPT reporting services in areas such as London boroughs and thus reduction in diagnosis through GUM clinics, the incidence may be higher through diagnosis in primary care where SHHAPT is not normally use?	Thank you for your comment. The wording in the scope is in line with the government and NHS decisions to extend the Human Papilloma Vaccine to adolescent boys aged 12 to 13. Please see link below: https://www.gov.uk/government/news/hpv-vaccine-to-be-given-to-boys-in-england; https://www.gov.uk/government/news/hpv-vaccine-to-be-given-to-boys-in-england; https://www.nhs.uk/conditions/vaccinations/hpv-human-papillomavirus-vaccine/
East Sussex County Council – Public Health	002	011	We must be clear that services have traditionally targeted 15-24 for a number of years now (mainly	Thank you for your comment. The scope notes the high diagnosis rates (Public Health England report 2019) and



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			since the inception of the national chlamydia screening programme that was originally targeted at the female higher prevalence age group for chlamydia), hence the higher diagnostic rates in this group.	the National Chlamydia screening programme, which has been put in place to reduce these rates. The scope has also been amended to note that this guidance is considered complementary to the National Chlamydia Screening Programme.
East Sussex County Council – Public Health	003	010	Not just MSM, I think a better sentence would be that prevention and targeted outreach services (cause they aint all about MSM) have been reduced in some geographical areas	Thank you for your comment. This section has been amended as suggested to say prevention and targeted outreach services have also been cut.
East Sussex County Council – Public Health	003	012	If we were to try and be balanced I think there are many more innovations that have occurred How about, to counter this; 'Services have been redesigned and in some cases centralise reducing face to face GUM access in some areas, however; 'some innovative approaches have increased access to testing such as web/phone app requested STI and HIV testing, postal testing packs available free through pharmacies. More integration of services to provide a more one stop shop approach, such as integrated GUM and contraception services. There are also further moves away from a standard traditional consultant led service approach such as increased nurse led services, trained primary care services offering a wider access to locally accessible services.'.	Thank you for your comment. Innovative services mentioned here are examples and not exhaustive. This section has been amended to reflect a wider range of possible innovative approaches.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
East Sussex County Council – Public Health	005	012	Specific focus on MSM taking PrEP.	Thank you for your comment. This section includes men who have sex with men taking PrEP
GlaxoSmithKline - Vaccines	General	General	We have no further comments to submit	Thank you
LGBT Foundation	001	020	A fact or figure on the link between chemsex and STI prevalence should be included as chemsex has played a role in the STI epidemic in the UK (source: https://onlinelibrary.wiley.com/doi/full/10.1111/hiv.1257 4).	Thank you for your comment. We have amended this section to include chemsex
LGBT Foundation	005	005	This should include trans women as this group is disproportionately affected by STIs.	Thank you for your comment. The scope has been amended to include trans people in the 'groups that will be covered'
LGBT Foundation	005	005	This should include people aged over 50 as this groups is disproportionately affected by STIs.	Thank you for your comment. We refer to older people aged over 50 (i.e. age) in the 'equality considerations' section of the scope and in the equality impact assessment (EIA) document. We shall be addressing this group during guideline development.
LGBT Foundation	005	005	This should include people from deprived groups as these groups are disproportionately affected by STIs and are more likely to face barriers to accessing sexual health services.	Thank you for your comment. We have amended the scope to include groups that are disproportionately affected by STIs and may face barriers to accessing sexual health services in the 'groups that will be covered' (3.1) and in the 'equality considerations' sections
LGBT Foundation	005	008	This should include people of black African ethnicity as well as black Caribbean ethnicity as this group is disproportionately affected by STIs.	Thank you for your comment. The scope has been amended to include 'people of Black ethnic minority in the groups that will be covered (3.1). This now covers the STI burden in both Black African and Caribbean minorities.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
LGBT Foundation	005	018	This should state that this point specifically refers to medical non-specialist sexual health services as non-medical a settings are outlined in the point at line 23.	Thank you for your comment. This has been added
LGBT Foundation	005	023	This point should include a specific mention of sexual health services provided by the charity sector.	Thank you for your comment. Charity sector has been added to this list. The list in this section includes examples of settings where sexual health services are provided, it is not considered to be exhaustive.
LGBT Foundation	006	005	There should be a point 1b after point 1 that specifies awareness raising strategies/ approaches/ programmes/ interventions for STIs among healthcare providers including GPs.	Thank you for your comment. STI awareness raising strategies targeted specifically at healthcare providers including GPs will not be covered. The focus of this guideline is awareness raising in those who are over 16 and in the specified groups. Awareness raising among healthcare professionals was not considered a priority for this guideline.
LGBT Foundation	006	007	These groups that are 'disproportionately burdened' must include trans women, people aged over 50, people from deprived groups and people of black African ethnicity.	Thank you for your comment. We have amended the scope to include trans people in the 'groups that will be covered' section (3.1). We referred to older people aged over 50 (by age) in the 'equality considerations' section of the scope and in the equality impact assessment (EIA) document. We shall be addressing these groups during guideline development. The scope has been amended to include 'people of Black ethnic minority in the groups that will be covered (3.1). This now covers the STI burden in both Black African and Caribbean minorities.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

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LGBT Foundation	006	012	This should also specify uptake and increased frequency of STI testing in groups disproportionately burdened by STIs.	Thank you for your comment. This section of the scope only describes the key areas that will be covered. Groups that are disproportionately burdened by STIs are in the 'groups that will be covered' section (3.1) of the scope.
LGBT Foundation	006	026	This guideline does not cover condom distribution schemes for people over 25. Over 25s should either be included in an existing NICE guideline or a new guideline on this topic should be created.	Thank you for your comment. The scope will not cover condom distribution schemes for people over 25 as this is covered in NICE's guideline on sexually transmitted infections: condom distribution schemes NG68
LGBT Foundation	009	016	This should include awareness raising among clinicians and not just among the adult population.	Thank you for your comment. STI awareness raising strategies targeted specifically at healthcare providers including clinicians will not be covered. wareness strategies / approaches are public focussed
LGBT Foundation	009	026	The rates of uptake in different demographic groups and barriers to uptake of PrEP must also be measured.	Thank you for your comment. For PrEP, it was agreed that the priority will be the effectiveness, cost effectiveness and unintended consequences. As PrEP is not currently commissioned barriers to uptake of PrEP cannot be considered within this guideline. The PrEP Impact trial is a health technology assessment of PrEP and its implementation, the results will inform service commissioners on how to deliver a PrEP programme.
LGBT Foundation	009	028	This must include uptake in groups disproportionately more likely to be affected by STIs.	Thank you for your comment. This section of the scope only describes the key areas that will be covered. We have specified groups that are disproportionately burdened by STIs in 'groups that will be covered' section of the scope.
LGBT Foundation	010	002	This must also look specifically at barriers to, and facilitators for, improving uptake and increasing	Thank you for your comment. This section of the scope only describes the key areas that will be covered. We



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			frequency of STI testing in groups more likely to be affected by STIs.	have specified groups that are disproportionately burdened by STIs in 'groups that will be covered' section of the scope. And we shall be addressing these groups during development.
LGBT Foundation	010	010	When monitoring these outcomes demographic monitoring must be carried out whenever relevant, this must include sexual orientation and trans status monitoring. Any reports should break down outcomes by demographic group.	Thank you for your comment. We shall address these during development where there is evidence to support these.
LGBT Foundation	010	014	Evidence of increased effective use of condoms must also be monitored.	Thank you for your comment. Condom use including its correct use has been added to the main outcomes
LGBT Foundation	010	016	Awareness of STIs should be measured among clinicians and the public.	Thank you for your comment. STI awareness raising strategies targeted specifically at healthcare providers including clinicians will not be covered. The focus of this guideline is awareness raising in those who are over 16 and in the specified groups. Awareness raising among healthcare professionals was not considered a priority for this guideline.
LGBT Foundation	010	General	More key issues that should be included are: uptake, barriers to uptake and impact of post-exposure prophylaxis (PEP); the impact of abortion services and buying treatments, such as antibiotics and PEP, online.	Thank you for your comment. Post-exposure prophylaxis (PEP) following sexual exposure, impact of abortion services and buying treatments, such as antibiotics and PEP, online will not be covered as this is currently not recommended. Please see government guidance (statement) by PHE and BASHH here: https://www.gov.uk/government/publications/doxycycline-as-post-exposure-prophylaxis-for-stis-phe-response



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
National AIDS Trust	General	General	The position of HIV within this scope is currently inconsistent, and its relationship to NICE's guideline on HIV testing (NG60) could be made clearer. We are aware that the first iteration of this scoping document excluded HIV entirely (with the exception of reference to PrEP), and we are pleased that this appears to have been rectified on the basis that NG60 focuses exclusively on testing, and not on the wider awareness raising and prevention approaches that this new guideline addresses. The draft scope should therefore include HIV as a default, and only exclude it where explicitly stated (i.e. the section on strategies to improve uptake and frequency of STI testing). As the following 4 entries below highlight, this is not currently the case.	Thank you for your comment. HIV will be excluded if interventions are targeted at improving uptake and. The scope now notes that the particular STIs of interest will be included in each question. HIV awareness will be included in the raising awareness review. As noted in your comment there is existing guidance that includes frequency of HIV testing as these are covered in NICE's guideline on HIV testing. This guidance will be cross referred to where appropriate.
National AIDS Trust	001	020	As parts of this scope relate to HIV, this section should include key statistics for HIV as it does for other STIs. E.g. "HIV diagnoses have declined significantly since their peak in 2015, in large part due to the intensification of combination HIV prevention and the resulting decline in new diagnoses among gay, bisexual and other men who have sex with men (MSM). However, 4,363 new diagnoses were still made in 2017, and some groups, such as heterosexual women, have seen less progress than others."	Thank you for your comment. An additional sentence has been added in to the key facts and figures section to reflect these changing HIV statistics.
National AIDS Trust	002	021 - 024	This paragraph should place emphasis on the Impact Trial rather than voluntary provision of PrEP. We	Thank you for your comment. The scope has been amended to reflect the aims of the PrEP Impact Trial



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			suggest the following wording: "The Pre-exposure Prophylaxis (PrEP) Impact Trial is learning the real world impact of providing PrEP via the NHS and Local Authority-commissioned sexual health services. Currently some voluntary organisations provide PrEP to people at risk of HIV who cannot get it through the Impact Trial, or can't afford to buy it."	and the sentence relating to voluntary organisations has been moved to below the sentence about PrEP as suggested.
National AIDS Trust	003	007 - 011	We are disappointed that valuable information contained in the draft scope discussed at the July scoping workshop has since been omitted. We recognise that information on tracking patient records over time is perhaps superfluous, but the open-access nature of SHS and the current difficulty accessing appointments promptly are both directly relevant to efforts to reduce STIs. As such, we suggest the following wording: "People can access specialist sexual health services without referral, irrespective of their place of residence. Pressure and demand have increased in recent years, but service provision varies. Some clinics have closed, moved to less convenient locations or reduced their opening hours. Outreach services targeting high-risk groups such as MSM have also been cut. Some clinics now have fewer consultants or health advisors, and. some patients with STI symptoms report finding it more difficult to access appointments within 48 hours."	Thank you for your comment. We have amended the scope in line with your suggestions.
National AIDS Trust	003	019	It could be worth noting here that while local authorities are largely responsible for commissioning	Thank you for the information. The Green Paper suggests a more collaborative commissioning between



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			sexual health services, a recent government review called for more collaborative commissioning in order to deliver joined-up care. The recent Prevention Green Paper states: "We have now confirmed that local authorities will continue to be responsible for commissioning [sexual health] services, but We want to see the NHS and local authorities working more closely with more collaborative commissioning. In some areas – such as sexual and reproductive health – we want collaborative commissioning to become the norm"	NHS and local authorities in advancing health and prevention in the 2020s, this guideline is specific to reducing STIs. This guideline will help to support the collaborative commissioning of sexual health services by providing guidance of reducing STIs and will ensure that the relevant context, such as the Green paper, will provide a backdrop and inform the committee when drafting the recommendations.
National AIDS Trust	004	002	Added to this list (and the list on page 5, line 20) should be "and some voluntary organisations." We note that page 4 line 5 makes reference to "voluntary organisations with an interest in STI prevention," but this ignores voluntary organisations who actually provide sexual health services. Terrence Higgins Trust for example provide 'clinics' in some parts of England that offer HIV testing, STI screening, condom distribution, risk assessments, sexual health promotion, etc. These voluntary sector services make an important contribution in reaching populations that may not be accessing testing in formal healthcare settings, and must be recognised in this scope.	Thank you for your comment. The scope has been amended in line with suggested text to include voluntary organisations that provide or have an interest in STI prevention.
National AIDS Trust	005	002	HIV should be added to this list. The awareness raising and prevention approaches that are covered in	Thank you for your comment. STIs listed in the scope are examples and are not
			this guideline do not exclude HIV, and therefore people at risk of HIV are a group that should be	exhaustive. HIV will be covered during development but excluded if interventions are targeted at improving



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			covered. It does not make sense to separate HIV from other STIs given that behaviours that put people at risk of STIs also put people at risk of HIV.	uptake and frequency of testing as these are covered in NICE's guideline on <u>HIV testing.</u> We will cross-refer to this guideline where appropriate.
National AIDS Trust	005	008	As this guideline covers awareness raising and prevention approaches for STIs including HIV, groups that are disproportionately burdened by HIV should be included. Accordingly, 'people of black African ethnicity' should be added to this list; after MSM they are the group most highly affected by HIV. For this reason, they should also be added to the list on page 9, line 18.	Thank you for your comment. The scope has been amended to include 'people of Black ethnic minority in the groups that will be covered (3.1). This now covers the STI (including HIV) burden in both Black African and Caribbean minorities.
National AIDS Trust	005	018 - 021	It is not clear why the definition provided in this section for "non-specialist sexual health services" is different to that provided on page 3 line 3-6. We would suggest that PHE and/or BASHH are consulted if publicly available definitions are inconsistent.	Thank you for your comment. This section (3.2) describes the settings that will be covered during development while page 3 line 3-6 describes current practice in sexual health service provision. The definitions described here were from the Public Health England (PHE) 2019 report on Sexually transmitted infections. Please see link for report (page 4) below: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1
National AIDS Trust	009	018	"Those engaging in chemsex" is included here without any prior mention in the 'Groups that will be covered' section. We agree that this group should be definitely	919 stis-ncsp ann18.pdf Thank you for your comment. We have added text about chemsex and its relationship to sexual behaviours in the 'key facts and figures' section (section 1). We will also



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			be covered and included in this scope, but its inclusion should be consistent throughout.	be covering chemsex in the awareness raising and/or prevention strategies question (3.5)
National AIDS Trust	009	020	It is not clear to us why this question on public acceptability of raising awareness and/or prevention approaches excludes HIV. HIV is not excluded from the preceding question ("What awareness raising and/or prevention approaches are effective and cost effective at preventing STIs in the adult population") so it does not make sense that the public acceptability of approaches to raise awareness of and/or prevent HIV is not explored.	Thank you for your comment. We have deleted this from this section. HIV will be excluded if interventions are targeted at improving uptake and frequency of HIV testing as these are covered in NICE's guideline on HIV testing. We have amended the scope for clarity.
National AIDS Trust	009	030	It would be good to make it explicit here that the reason HIV and BBVs are excluded from this section (page 9 line 28 to page 10 line 3) is because there is existing guidance available. We suggest that you simply say: "(excluding HIV and BBVs – for guidance on HIV testing and Hepatitis B &C testing, see NICE guidelines NG60 and PH43)" with hyperlinks to the relevant resources.	Thank you for your comment. The scope has been amended and the wording 'blood borne viruses (BBV)' has been taken out. Interventions targeted at increasing awareness of hepatitis B or C, increasing uptake of testing or vaccination for hepatitis B or C, commissioning, contact tracing or laboratory services will not be covered as these are covered in NICE's guideline on hepatitis B and C testing
				HIV will be excluded if interventions are targeted at improving uptake and frequency of testing as these are covered in NICE's guideline on HIV testing
NHS England – Primary Care	General	General	There needs to be a general raising of awareness of ngen in the GP population with resources to support the GP, including patient information leaflets.	Thank you for your comment. STI awareness raising strategies targeted specifically at healthcare providers including GPs will not be covered. The focus of this



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			Whilst the majority of STI work is done by the specialist clinics, a great number of swabs are taken by GPs and their practice nurses. Chlamydia swabbing kits are still available in the toilets of many GP surgeries for self use but there is not information about ngen.	guideline is awareness raising in those who are over 16 and in the specified groups. Awareness raising among healthcare professionals was not considered a priority for this guideline.
			GP surgeries are key to improving the rates of HPV vaccination to support the school nursing service. Once again any leaflet or posters can be helpful to boost uptake and also provide catch up jab if required. (This needs resourcing.)	
			When considering primary care it should include both GPs and practice nurses who are key in this area.	
NHS England - Specialised Commissioning	002	023	The draft scope states "The PrEP Impact trial is assessing the feasibility of providing PrEP on the NHS". The trial aims to address outstanding questions about the effective future commissioning and implementation of a large scale national programme, so this sentence should be amended. Further information on the questions being addressed by the trial can be found here: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/blood-and-infection-group-f/f03/prep-impact-trial-questions-and-answers/	Thank you for your comment. The scope has been amended to more clearly reflect the aims of the PrEP trial.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
NHS England - Specialised Commissioning	003	016	The draft scope states "Local authorities, clinical commissioning groups (CCGs) and NHS England are responsible for commissioning and providing sexual health services (Health and Social Care Act 2012)." NHS England is not responsible for commissioning and providing sexual health services with the exception of secure and detained environments. Outside of this, NHS England is responsible for the provision of the drugs associated with PEP, PEPSE and PrEP, but not the service costs associated with the delivery of these.	Thank you for your comment. This section of the scope has been amended to highlight that local authorities, clinical commissioning groups and NHS England are responsible for sexual health services.
NHS England - Specialised Commissioning	004 & 005	General	The draft scope excludes groups that have been identified earlier in the document and within the EIA that are at increased/ increasing risk of STIs, namely older people, transgender people and people of a low economic status.	Thank you for your comment. These groups are included. The inequalities were recognised during scope development and groups identified are added to the 'equality considerations' section of the scope and the equality impact assessment (EIA) document. We shall also be addressing these group during guideline development.
			STI services for young people (under 16) also appear an omission until near the end of the document that refers to a NICE pathway being developed that will cover this.	



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
				Thank you for your comment. The scope has been amended to cover those who may be under 16 years but have been assessed as Gillick competent who may access sexual health services
NHS England - Specialised Commissioning	009	026 & 027	The draft scope refers to a key issues and draft question on PrEP (1.5). The sentence states "Effectiveness, cost effectiveness and unintended consequences of PrEP". Some of this is being considered within the IMPACT trial (as outlined in the link above), so it may be prudent to liaise with the Trial Steering Group and lead researchers where there may be an overlap in research questions. The IMPACT trial also has a Community Advisory Board that could be accessed to provide further information and patient perspective if needed.	Thank you for the information.
NHS England - Specialised Commissioning	Equality Impact Assessm ent	General	The terminology used in the Gender Reassignment section needs to be reviewed, and there should be inclusion of non-binary people within this.	Thank you for your comment. The wording of this section has been amended to include non-binary people.
Prison Reform Trust	General	General	It would be beneficial to make reference to transgender people in tis document. It would be good to explore their barriers to, and facilitators of, good sexual health. For example, are trans people less likely to engage with sexual health services due to the expectation of discrimination?	Thank you for your comment. We have amended the scope to include trans people in the 'groups that will be covered' (3.1). NICE uses the wording trans people as an umbrella term that refers to people whose gender identity or expression differs from their birth sex.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
				The scope includes considering barriers and facilitators to sexual health services to all groups (including trans people) identified in the scope.
Prison Reform Trust	General	General	From my (currently unpublished) PhD research on LGBT prisoners, I know that people in prison can be particularly hesitant to access sexual health services for fear of getting in trouble for having sex. This could be worth exploring, as well as similar issues in other settings.	Thank you for your comment. Sexual health and sexual health services in prison are covered in NICE's physical health of people in prison guideline.
Prison Reform Trust	002	002	Reference is made to 'girls' and 'heterosexual boys'. Why is the sexuality of boys referred to, but not the sexuality of girls? It would be better to refer to sexual behaviour, rather than sexual identity, using phrases such as 'boys who have sex with girls'.	Thank you for your comment. The 'heterosexual' wording described here reflects wording from the Public Health England (PHE) 2019 report describing data from heterosexual boys who have sex with girls of the same age range. Please see link for report (page 2) below: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806118/hpr1919 stis-ncsp_ann18.pdf
Prison Reform Trust	Equality Impact Assessm ent	Equality Impact Assessm ent	Page 1 of the Equality Impact Assessment Section on 'Gender reassignment' trans and transgender men and women- replace with a phrase such as 'transgender men and women and non-binary people'. It would also be good to consider the barriers to services for transgender people.	Thank you for your comment. The wording has been amended.
Public Health England - National Chlamydia Screening Programme			We are pleased that NICE recognise that the NCSP has existing guidance and standards.	Thank you for your comment. Chlamydia screening will not be covered as this is not within NICE's remit. Guidance relating to the National Chlamydia Screening Programme (NCSP) are provided by PHE. This



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			However, the scope of the NICE guideline is highly relevant to the population that the NCSP is aimed at (young people aged 15-24) and the delivery of the NCSP (awareness raising and prevention, strategies to improve uptake and frequency of STI testing and partner notification strategies for STIs) and therefore is seems difficult to not include chlamydia screening within the scope. We also recognise the importance of NICE guidelines for commissioners and providers and would be keen that chlamydia screening is not excluded from the scope as they will add strength to our existing guidance and standards.	guideline will complement the NCSP and recommendations made during development may be relevant to chlamydia screening.
			In particular, we would not want the forthcoming NICE guideline to explicitly exclude chlamydia screening, thereby implying that the recommendations in the NICE guideline are not relevant to chlamydia screening as they clearly will be. We also would not want any contradictory or conflicting recommendations to emerge and would therefore ask that the recommendations are cross-reference /checked with NCSP guidance and standards.	
			From a practical perspective, it might be challenging for NICE to find relevant literature on which to base recommendations if you do not include the NCSP literature/ research as a result of the NCSP in England as this has driven or fed into much of the work around	



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			prevention/ campaigns/ self-sampling/ reminders for testing, retesting/ and partner notification. If it would be helpful (and possible) for one the NCSP team to join the working group we would be happy to discuss that.	
Royal College of General Practitioners	General	General	Can the committee specifically look at the link with online dating, sexual activity and increase in sexually transmitted infections?	Thank you for your comment. As the guideline is aimed at primary prevention or reduction of STIs, the link with online dating, sexual activity and increase in sexually transmitted infections (STIs) will not be covered. However, we will be covering interventions for raising awareness and prevention of STIs which may include apps for sexual health education and promotion.
			There is a perceived increase risk in older people who are not at risk of pregnancy and therefore not using barrier contraception presenting with sexually transmitted infections following later life new relationships found on the internet.	Thank you for your comment. We referred to older people (i.e. Age) in the 'equality considerations' section of the scope and in the equality impact assessment (EIA) document. We shall be addressing this group during guideline development.
Royal College of General Practitioners	003	023	The committee should consider including paediatricians and A&E/ urgent care providers in the list of those the guidance is aimed at as it is not uncommon for STI's and those at risk to present to these services rather than primary care	Thank you for your comment. Accident and emergency (A&E) or urgent care providers have been added to the list. Paediatric services have been added. This guideline is for those 16 and over (including those who are under 16 and considered to be Gillick competent).



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
Royal College of General Practitioners	003	023	The committee should include schools and school nurses in the list of those who the guidance is aimed at. Not through the curriculum (page 5 line 24, but for the pastoral support that these give for young people in their care). The Local Education Authority is mentioned but specifically including school and the school nurses would be advantageous	Thank you for your comment. This section of the scope has been ameded to include schools and school nurses. This guideline is for those 16 and over (including those who are under 16 and considered to be Gillick competent).
Royal College of General Practitioners	004	026	The committee should consider lowering thee age that this document covers (or example, age 13-15, if Gillick competent and those over 16). Increasingly in primary care we are treating children from 13-16 who are sexually active, on contraception and at risk of STI's. If Gillick competent, they are seen without parents/guardians.	Thank you for your comment. The scope has been amended to cover people who may be under 16 years but have been assessed as Gillick competent who may access sexual health services.
Royal College of General Practitioners	005	020	The committee should consider adding other primary care services rather than just general practice, including urgent care centres and walk in centres to the list. Alternatively, this can be covered by changing "general practice" to "primary care services"	Thank you for your comment. Settings where sexual health services are provided will be included. The settings listed here are examples and are not exhaustive.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to review NICE guideline for reducing sexually transmitted infections.	Thank you for your comment
Royal College of Nursing	General	General	We would support the review of this guideline. It is timely given the increase in STIs in many situations alongside the changes to services and the cuts in provision.	Thank you for your comment



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
Royal College of Nursing	Page no. General	Line no. General	The RCN have done some considerable work on the workforce and promoting the speciality of sexual health in nursing. This has been done alongside the education requirements for nursing staff at all levels and in all settings. It includes how nursing staff can develop into the speciality. It would be good if the guideline can reference these: RCN public health clinical resource section on sexual health; https://www.rcn.org.uk/clinical-topics/public-health/sexual-health/sexual-health-education-and-training which includes a video to show what sexual	Thank you for your comment and the information provided
			training which includes a video to show what sexual health services do. The Education directory: https://www.rcn.org.uk/clinical-topics/publichealth/sexual-health/sexual-health-education-directory	
			which as I explained included 7 areas from integrated clinics, primary care, health advisors, Nursing associates and HCSW A publication which sits alongside the directory to	
			show a career progression flow chart: https://www.rcn.org.uk/professional-development/publications/pub-007502	



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
			A series of career stories and case studies and a video to show the routes into sexual health for nursing colleagues: https://www.rcn.org.uk/clinical-topics/public-health/sexual-health/sexual-health-career-stories-and-case-studies	
Royal College of Nursing	004	001	With the changes to Human papillomavirus (HPV) vaccination as a universal programme and the Men who have sex with men (MSM) programme, it would be useful for the guidelines to make note of the evidence on the impact of this vaccine on HPV infection.	Thank you for your comment. As the guideline is aimed at primary prevention through health promotion and disease prevention the impact of HPV vaccine on HPV infection will not be covered.
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	General	General	The RCP-BASHH is grateful for the opportunity to respond to the above consultation. We have liaised with our experts in Genitourinary Medicine and Infectious Disease and would like to make the following comments.	Thank you for your comment
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	General	General	While our experts recognise there are separate NICE guidance for BBV reduction and HIV we think they should also be integral to this document – especially for MSM as you cannot treat the infections acquired sexually via different policies.	Thank you for your comment. STIs listed in the scope are examples and are not exhaustive. The wording 'blood borne viruses (BBV) has been removed. Interventions targeted at increasing awareness of hepatitis B or C, increasing uptake of testing or vaccination for hepatitis B or C, commissioning, contact tracing or laboratory services will not be covered as these are covered in NICE's guideline on hepatitis B and C testing . We will be covering uptake of hepatitis A, hepatitis B, and HPV vaccination in only men who have sex with men.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
				HIV will be excluded if interventions are targeted at improving uptake and frequency of testing as these are covered in NICE's guideline on HIV testing. We will cross-refer to this guideline where appropriate.
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	002	006 - 007	It should be noted that the ongoing HPV vaccination for MSM is for specified age groups only.	Thank you for your comment. This section has been amended to include the specified age group according to the HPV vaccination for men who have sex with men guidance.
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	004	026	Our experts do not think it is appropriate to exclude those aged 16 and under – not all will be in full time education and some need very specific input from specialist services eg those who are thought to be at risk of, or have been involved in CSE – School PHSE will not be sufficient	Thank you for your comment. The scope has been amended to cover those who may be under 16 years but have been assessed as Gillick competent who may access sexual health services.
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	005	001-002	As above – needs to include sexually acquired BBV and other infections such as LGV, shigella and other STI causes of proctitis.	Thank you for your comment. STIs listed in the scope are examples and are not exhaustive. Interventions to increase awareness of hepatitis B or C, interventions to increase uptake of testing or vaccination for hepatitis B or C in high-risk groups, commissioning, contact tracing or laboratory services will not be covered. These are covered in NICE's guideline on hepatitis B and C testing. We will be covering uptake of hepatitis A, hepatitis B, and HPV vaccination in men who have sex with men.



Consultation on draft scope Stakeholder comments table

20/08/19 to 18/09/19

Stakeholder	Page no.	Line no.	Comments	Developer's response
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	006	003	The time taken to give patients their treatment (effectiveness of patient recall) should be covered on the scope. It is no use diagnosing STIs if there are long delays before patients are treated, leading to clinical complications and further risk of onward transmission.	Thank you for your comment. As the guideline is aimed at primary prevention of STIs, treatments, time taken to give treatments or diagnosis of STIs will not be covered.
Royal College of Physicians (RCP) and British Association for Sexual Health and HIV (BASHH)	010	019	STI testing and re-testing rates are included in the main outcomes. It would be helpful to include repeat STI rates in individuals as well.	Thank you for your comment. The scope has been amended the scope to include this outcome