NICE National Institute for Health and Care Excellence

Increasing the uptake of HIV testing among people at higher risk of exposure

Consultation on draft scope guideline
Stakeholder comments table

13 January 2015 to 10 February 2015

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		Alere Ltd		9	23	The draft scope does not include a reference to types of diagnostic testing that should be used in the diagnosis of HIV, in particular point of care testing. We feel it is important for the guidance to include references to the testing options, with particular reference to 4th generation point of care tests. As this guidance will focus on high risk populations, the use of a 4th generation point of care test is extremely important in reference to detection of primary HIV infection and to prevent the increased levels of onward transmission associated with this type of infection and associated outcomes. The existing BHIVA 2008 guidance (cited by NICE in PH33 and 34) gives reference to the type of diagnostic testing that should be used "The recommended first-line assay is one which tests for HIV antibody AND p24 antigen simultaneously (fourth generation assays)". Therefore if PHG91 is intended to replace this with backing from BHIVA, something needs to be included on diagnostic testing.	Thank you. This is beyond the remit of this guideline. For the purposes of this guideline we will consider any approved test.
		Association of Anaesthetists of Great Britain and		General	General	The AAGBI believes that the NICE Consultation should specifically consider an 'opt out' approach to testing of patients admitted to ICU, particularly (but not exclusively) when the population prevalence for HIV exceeds 2/1000.	Thank you. Opt out approaches to increasing testing will be considered, as will ICU as a setting for testing. We are however aware that many patients in ICU will be unable to

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		Ireland				Reference • http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf page 5. • http://www.bhiva.org/documents/Conferences/2013Manchester/Presentations/Posters/Diagnosis-and-Testing/P110.pdf • http://www.bhiva.org/documents/Conferences/2012Birmingham/Presentations/120419/MarkDodd.pdf This approach is already known to be in effect under local policies, but the AAGBI believes a standardised national policy would significantly increase diagnosis in a vulnerable group of patients.The AAGBI has long has an interest in expanding non-stigmatised HIV testing (http://www.aagbi.org/sites/default/files/needlestick_report_2010_0.pdf)and believes universal testing would be acceptable and cost effective.	consent to an HIV test and therefore would be outwith the scope.
		Association of Anaesthetists of Great Britain and		General	General	The benefits of a negative and positive test for HIV provides significant weight to managing critically ill patients. There is consistent evidence that HIV testing nationally in ICU's is inadequate. The reasons for this are complex but recognised.	Thank you. This is beyond the remit of this guideline. The purpose of this guideline is to examine interventions to increase the uptake of HIV testing among people who are able to

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		Ireland				We would strongly encourage NICE to reconsider and take this opportunity to provide definitive guidance on HIV testing in critically ill patients. In particular for patients lacking the capacity to consent to testing. We believe there is a clear legal framework and best interest argument for publishing clear guidance for clinicians caring for critically ill patients. No such guidance exists to date and this is a barrier to testing. The ommision of such guidance is to loose a rare opportunity to improve patient care and outcomes in critical care and to propagate the inadequate level of testing currently undertaken. We believe the exclusion of critcally ill patients in "HIV testing: encouraging uptake among at risk groups" is contrary to the equality considerations within the document. A high proprtion of patients admitted to ICU have "an illness that may be indicative of HIV infection". ICU meets the definition of "other settings outside of sexual health services" with up to 30% of patients meeting current BHIVA guidelines for HIV testing. The scope of "HIV testing: encouraging uptake among at risk groups" is "increasing the number of settings where tests can be carried out" and ICU provides an appropriate environment for this to occur. This does not	consent to a test.

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						represent "HIV screening for the general population". It is for for a specific cohort with life threatening and complex illness. The economic burden of managing critically ill patients is great. We believe an expansion of testing for HIV in this population may be of considerable economic benefit in terms of short and longer term care. It is highly likely to be "cost effective". The proposed main outcomes of the document are far reaching and admirable. Expanding testing in critically ill patients is likely to impact on several of the proposed main outcomes: 1 Time between HIV infection and diagnosis 11 Barriers to HIV testing for both people at risk (for example, for people who do not speak English as a first language) and service providers. 14 Awareness among those planning and delivering interventions of the factors that aid and hinder implementation of HIV testing services–and of how to overcome the barriers. The cohort of critically ill patients meets many of the criteria	

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						set out in "HIV testing: encouraging uptake among at risk groups". These are an at risk group. We encourage NICE to reconsider inclusion of definitive guidance for critically ill patients including for those who lack the capacity to consent to testing.	
		BASHH		General	General	BASHH is grateful for the opportunity to respond to this consultation. We believe that there is a need for joined up guidelines for HIV testing and an increased focus on normalising testing overall We also believe that there should be promotion of indicator illnesses (of HIV infection) and encouragement of testing on such patients whatever the risk	Thank you. People who present with an indicator condition are listed under groups that will be covered see section 1.1 of the final scope.
		British HIV Association (BHIVA)		General	General	BHIVA would recommend that underpinning the whole document is the recognition that, up on diagnosis, individual need to be linked into care and to received ART for the individual needs and for the benefits of public health, where appropriate.	Thank you. We agree that links into a care pathway for both positive and negative test results is important.
		British HIV Association (BHIVA)		1	4	Title of consultation excludes significant populations who currently test +ve and who are likely to increase in number as the epidemic evolves. Suggest "HIV testing: Encouraging uptake among individuals who may have undiagnosed HIV infection"	Thank you. We have changed the title to HIV testing: increasing uptake among people who may have undiagnosed HIV.
		British HIV		1	22	"Who the guideline is for": needs to more explicitly say that	Thank you. NICE works closely with

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		Association (BHIVA)				this covers all NHS providers (primary and secondary care). Presumably, Public Health England should be included as they are supposed to provide oversight.	PHE on its public health guidelines.
		British HIV Association (BHIVA)		2	10	We need to be careful we do not concentrate too much on "lifestyle" factors as these are not normally known to the health care professional and, if required to be determined, will act as a barrier to testing. Testing on medical admissions units has been acceptable and have found that half of patients do not have apparent risk factors.	Thank you. Evidence relating to routinely offering testing in specific settings will be included in the reviews, as detailed in section 1.1 of the scope.
		British HIV Association (BHIVA)		2	21	People who cannot provide informed consent to an HIV test are excluded from the scope of this guideline. This group of patients often do not get tested despite some of these populations having higher prevalence of undiagnosed HIV, for example, patients with indicator diseases on ITU. GMC guidance is often misunderstood by busy clinicians who shy away from testing. Including this in the scope would save lives.	Thank you. The decision to test or not test a person in ITU who cannot consent is a clinical decision and, as you note, there is GMC guidance on the topic.
		British HIV Association (BHIVA)		3	1.1	"What is the definition of area?": Although prevalence rates were previously given for PCTs as they were within such areas there may be smaller pockets of high prevalence – will this be considered?	Thank you. This will be considered by the committee developing the recommendations.
		British HIV Association (BHIVA)		3	1.3 Subheading	"Home testing/POCT testing" – BHIVA would like the committee to consider the potential risks of wider use of POCT, i.e. missed early infection and false reactive tests.	Thank you. Unintended consequences and potential risks will be considered in the development of

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					2		the guideline.
		British HIV Association (BHIVA)		4	1.4	"Economic aspects": Please see the following as a recent article that our membership believes should be considered: Long EF, Mandalia R, Mandalia S, Alistar SS, Beck EJ, et al. (2014) Expanded HIV Testing in Low-Prevalence, High-Income Countries: A Cost-Effectiveness Analysis for the United Kingdom. PLoS ONE 9(4): e95735. doi:10.1371/journal.pone.0095735	Thank you. We will retain this reference.
		British HIV Association (BHIVA)		4	15	There needs to be at least a recognition that knowledge of status (be it negative or positive) is key to prevention.	Thank you. This is an important starting point for the committee.
		British HIV Association (BHIVA)		4	17	Section 1.5: As a major barrier is reported as staff dependent –whether attitudinal or perceived competency, alongside operational issues (capacity, time, cost-real and opportunity), BHIVA suggests that 1.5 should explicitly refer to influencing the offer of HIV test alongside uptake.	Thank you. We will be looking at evidence about barriers for staff offering tests.
		British HIV Association (BHIVA)		5	3	Proportion of patients offered an HIV test when indicated should be assessed.	Thank you. If this outcome occurs in the literature it will be reported. Section 1.6 is a list of examples we have identified as being important to answer the key questions.
		British HIV Association (BHIVA)		5	3	What are the barriers to providers offering HIV testing, as all of the pilots and programmes so far have shown this to be the major problem.	Thank you. If this outcome occurs in the literature it will be reported. This is a list of examples.

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		British HIV Association (BHIVA)		5	3	Rates of late diagnosis should be recorded.	Thank you. If this outcome occurs in the literature it will be reported. This is a list of examples.
		British HIV Association (BHIVA)		7	3.1	In "Key facts and figures": it would be easy to add 1 or 2 sentences stating that all experience in England to date has shown that offering HIV testing to patients outside of GUM has been very acceptable with high rates of uptake.	Thank you. The context section provides a brief context for the guideline, it is not intended as an in depth analysis.
		British Infection Association		General		The BIA is satisfied with the scope but asks whether people who inject drugs and the prison population are excluded and whether this is correct?	Thank you. Prisons are not excluded from the scope. People who are at risk because they inject drugs were excluded from the draft scope but are included in the final scope as a result of stakeholder feedback. .
		Department of Health		General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you.
		Directors of Public Health Network and Office for Sexual Health South West		General	Gener al	We are concerned that heterosexual men and women outside the African community will be over-looked. Rural communities have a big problem with late diagnosis of HIV; this is often the case in white heterosexual men and women who are middle-aged or older, and although the actual numbers are low, neither they nor the HCPs they meet think about the likelihood that they may have been exposed to HIV. Sadly, there have been several deaths because of this. This was certainly the case with the recent Saving Lives	Thank you. One driver for updating the previous two HIV testing guidelines is to ensure that the broader population is not overlooked. The scope is clear in section 1.1 as to the groups that will be covered.

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						campaign that was targeted specifically at MSM and Black African men and women. Within the Cornwall area some work has been done with a group of college students to produce advertising materials that target white middle-aged and older men and women for both the public and HCPs to encourage them think about testing. We believe that this group needs to be included from an equality perspective, and any advertising materials need to have some resources targeting this group.	
		Expert Advisory Group on AIDS (EAGA)		General		EAGA endorses the comments made by the National AIDS Trust in their response and will not duplicate them here.	Thank you.
		Expert Advisory Group on AIDS (EAGA)		3	1.3.2	Here and elsewhere, it would be better to be more specific and, rather than referring to 'home testing and home sampling', use the terminology self-testing and self-sampling. People may prefer to self-test or self-sample somewhere else, for example in a pharmacy.	Thank you. We have changed the terminology throughout the final scope to be self-test and self-sample.
		Expert Advisory Group on AIDS (EAGA)		4		'Examination of the evidence on the frequency of re-testing' is identified as an area not to be covered by the guidance. In commenting at the review proposal stage, EAGA previously stated that there needed to be a "clearer focus on the frequency/regularity of testing so as to minimise late	Thank you. We agree that frequency of re-testing is an important issue, however it is beyond the scope of this guideline. We will however look for evidence of interventions that

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						diagnosis, and reduce time spent with infectious HIV RNA levels". Frequency of testing is a fundamental component of a guideline aiming to encourage uptake of testing among those at risk of HIV.	promote re-testing among individuals at risk.
		Halve It		General		We recommend that the following additional reference documents and tools be included in a note on 'further information': • 'Commissioning HIV Testing Services in England' (Oct 2014) – The National AIDS Trust • Know Your Needs – Terrence Higgins Trust • HIV TIPs Testing in Practice – MEDFASH	Thank you for your suggestion. The purpose of the Further Information section is to highlight links to the webpage for this guideline.
		Halve It		1	General	The Halve It campaign strongly supports the drafting of a new, comprehensive NICE guideline for all those at risk of contracting HIV. Within the topic statement, we think it would be useful to clarify exactly who NICE considers to fall under the umbrella of 'people in at-risk groups'. This is particularly significant in relation to the 2011 NICE guidelines PH33 and PH34 on increasing the uptake of HIV testing among black Africans and men who have sex with men: it is important that the new guideline is not seen merely as a replacement to these existing documents, but as a comprehensive new guideline that addresses HIV testing among all groups at risk of contracting HIV. Further to this point, the title of the guideline 'Increasing the	Thank you. The title of the guideline has been amended to 'HIV testing: increasing uptake among people who may have undiagnosed HIV'. The intention of the guideline is to explore effective approaches to increase HIV testing among all people at risk of HIV.

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						uptake of HIV testing among people at higher risk of exposure' implies that those at 'lower risk of exposure' will not be included in the scope. We view this to be an unhelpful distinction that does not have a clear cut-off point, and would suggest instead that the guideline be titled 'Increasing the uptake of HIV testing among all people at risk of exposure'.	
		Halve It		1	Gener al	Under 'Who the guideline is for', we would recommend the addition of Royal Colleges and Clinical Institutions, particularly given that these bodies have an important role to play in the continued education and training of healthcare professionals in line with NICE guidelines, ultimately ensuring effective implementation of all recommendations.	Thank you. We have added this.
		Halve It		2		Section 1.1. 'Groups that will not be covered' currently includes 'people at risk because they inject drugs'. There is not an explanation given for this decision, and we would recommend that NICE reconsider including this group as part of what should be a comprehensive guideline that is applicable to all groups at risk of contracting HIV. The 2008 UK National Guidelines produced by BHIVA, BASHH and BIS include recommendations on HIV testing among people at risk because they inject drugs, and we strongly believe that it would be a mistake to exclude this group from the new NICE guideline. Viewing 'people at risk because they inject drugs' as a silo with no cross-over with	As a result of stakeholder feedback, we are no longer excluding people who inject drugs from the guideline.

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						other 'at-risk groups' is not epidemiologically or clinically accurate, and we are concerned that by excluding this group from the guideline we risk individuals 'falling through the cracks' in the commissioning and delivery of HIV testing services. Furthermore, if the new NICE guideline is not comprehensive in its scope we anticipate further confusion among healthcare professionals with regards to which guidelines are current and relevant to their practice and which recommendations they should be routinely implementing. Healthcare professionals are challenged as it is to implement existing guidelines on HIV testing, for a variety of reasons including time pressures. Any new guideline should seriously consider practical implementation on the part of healthcare professionals, and should aim to be as accessible, concise and comprehensive as possible to aid effective implementation of its recommendations.	
		Halve It		3		In Section 1.3.1, 'Interventions to increase awareness of the benefits of HIV testing and details of local testing services', we would strongly recommend that increasing awareness of the benefits of HIV testing among healthcare professionals is prioritised, in addition to awareness among patients and the general population.	Thank you. We have clarified this in the final scope.

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						A recent survey of General Practitioners was conducted by the Halve It Secretariat at the RCGP Conference in October 2014, focusing on respondents' attitudes to offering an HIV test in their practice. Of those surveyed, 37.5% of GPs did not know whether they practised in an area of high HIV prevalence. 59.1% of respondents were unaware of NICE public health guideline 33, 56.8% were unaware of NICE public health guideline 34, and 67.0% were unaware of the BHIVA/BASHH/BIS UK National Guidelines for HIV Testing 2008. When presented with scenarios identified from NICE public health guidance documents 33 and 34, and the BHIVA/BASHH/BIS guidelines, the proportion that would offer a test ranged from 37.5% to 71.6%. The results from the survey are indicative of a lack of awareness and education among General Practitioners of the circumstances in which they should be offering an HIV test. We believe that increasing healthcare professionals' awareness of guidelines, awareness of HIV prevalence, and awareness of their local testing services should be included in the scope as significant and effective interventions in improving the uptake of HIV testing. A further intervention for consideration should be the incentivisation of GPs to offer an HIV test.	

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						Examples of interventions that would increase awareness among healthcare professionals include online training tools, peer education, and proactive dissemination of guidance by Royal Colleges and other relevant institutions.	
		Halve It		3		In 1.3.2, 'Interventions that increase the opportunity for, and uptake, of HIV testing', we recommend that the following interventions be included based on recent work undertaken by BHIVA and BASHH*: partner notification, call-backs to clinic of those at elevated risk, and look-backs for those diagnosed very late. BASHH: Position Statement on Partner Notification; BASSH: Recommendations on Recall for Testing of MSM Diagnosed with an STI; BHIVA: Standards of Care for People Living with HIV (2013)	Thank you. All of those interventions are included in the scope.
		Halve It		3		We welcome the points made in 1.3.2 on interventions that increase the opportunity for, and uptake of, HIV testing, particularly 'increasing the number of tests offered in other settings outside of sexual health services'. When targeting different communities at risk of exposure to HIV, it is imperative that there are a variety of choices available. We would also like to see prisons, immigration centres and initial accommodation centres named as additional settings	Thank you. We have added these to the final scope.

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						where tests can be carried out.	
		Halve It		4		Point 3 in 'Areas that will not be covered' is 'HIV screening for the general population'. We understand this to mean that the scope of the guideline does not extend to a national screening programme (which would instead come under the remit of the National Screening Committee), but is instead targeted only at 'people at risk of exposure to HIV'. It would be useful to clarify the wording of this point, particularly with regards to the 'general population' living in areas of high HIV prevalence, who we assume would indeed fall within the scope of the guideline. Point 5 states that the 'Examination of the evidence on the frequency of re-testing' will not be covered. We would like to understand more fully the implication of this, given that 'reported history and frequency of taking HIV tests' is listed as one of the 'Main outcomes' at 1.6. Re-testing is particularly important for people 'whose lifestyle or sexual behaviour put them at risk': testing once, or testing irregularly, is not sufficient. We would strongly recommend that re-testing be included in the guideline so that healthcare professionals and commissioners have a full understanding of the benefits and recommended frequency of re-testing for at-risk groups.	Thank you. As you say the scope of the guideline does not extend to a national screening programme, which is the remit of the NSC. Thank you. We agree that frequency of re-testing is an important issue, however it is beyond the scope of this guideline. We will however look for evidence of interventions that promote re-testing among individuals at risk. We have removed the outcome related to frequency from the list in section 1.6.

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		Halve It		5		We recommend two additional 'Main outcomes' in this section: Firstly, the proportion of people presenting with a clinical indicator condition who are offered, and accept, a test for HIV. Secondly, awareness among healthcare professionals of HIV prevalence in the area in which they practise, and awareness of the recommendations made in NICE guidelines on HIV testing.	These are important factors that the committee will take into account, and if this is reported in studies then it will be included in the review. The list of main outcomes is not intended to be exhaustive.
		LASS		1	First Para	States that the guideline will examine evidence on testing for HIV at home and home sampling. Where will this evidence be from? The evidence needs to be representative of UK populations – across the country and not just from London. Need real clarity about what works in the provinces and also London and how this may compare with other countries.	Thank you. Details of NICEs internationally recognised systems for identifying and synthesising evidence are fully documented in the NICE methods manual, including applicability assessment.
		LASS		2	Sect 1.1	Need to include sero discordant partners of HIV positive people. This group need to be included because they may be at higher risk of HIV infection depending on their partner's adherence etc.	Thank you. They are included within the scope under whose lifestyle or sexual behaviour puts (or has put) them at risk, see section 1.1.
		LASS		3	Sect 1.3	Where will you get the evidence to help develop the guidelines for the different interventions? LSHTM are currently doing an assessment of some of the interventions delivered under the HPE contract in different areas of the country. It is important to ensure that the evidence is	Thank you. NICE draws evidence from a number of sources, from published literature, from grey literature and from expert consensus

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						adequate and pertinent to the communities across the country and from the different countries. E.g. American research is not relevant to most of the communities in Leicester, research from Malawi or Zimbabwe etc. is more relevant.	amongst other sources. See the NICE methods manual, for details.
		LASS		3	Sect 1.3, item 2	What feedback and evidence is available about home testing and sampling in England and in particular not in London?	We do not know what evidence is available at this point but will be undertaking evidence reviews to identify any evidence around self-sampling and self-testing in the UK.
		LASS		3	Sect 1.3, item 2	Need to include effective linkage to care as any testing intervention that results in a diagnosis must have this clear from the start of the intervention.	Thank you. We recognise the importance of this, however this guideline will focus on the uptake of testing.
		LASS		4	Sect 1.4 Areas that will not be covere d	This section states that the Guidelines will not address the validity or comparable diagnostic effectiveness of different types of HIV test. This is a key part of encouraging at risk groups to make a choice of test that is appropriate for them. If someone is taking a lot of risks they need to have access to accurate and early detection to ensure they do not pass on the virus. Many POCT and most home tests are accurate at 12 weeks so use of this test would not necessarily give the correct result. Also if you are taking economic aspects into consideration	Thank you. The guideline may recommend specific tests in some circumstances (as the current guideline does) however we will not assess the validity or comparable diagnostic effectiveness of different types of HIV tests.

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						there is a need to encourage use of the most appropriate HIV test as preventing an HIV transmission has been costed at saving more than £300,000 over a lifetime. If this guidance is meant for use by people who want to use home HIV test or sampling kits and for the public it has to be very clear about the effectiveness and issues with these approaches – practitioners are likely to have this knowledge but home testers and public are unlikely to based on recent NAT and other surveys.	
		LASS		4	Section 1.4	Comment 7 applies to this section. Also what evidence will be used for the community testing interventions and costs? I know that we (at LASS) have done an analysis of the cost per test for the ones we deliver as a community voluntary sector provider – and the cost we estimated was 10 – 20% of the values quoted by THT in "Time to Test for HIV: Expanded Health Care & Community Testing in England HPA, Dec 2010". It will be beneficial to source a range of data and information to support this analysis.	Thank you. We encourage you to submit any data you have about this as part of the call for evidence that will follow the final scope publication.
		LASS		4	Section 1.5	Point 1 re economic aspects – the diagnostic efficacy of the test method is crucial to this.	Thank you, we recognise that this is an important element to consider in the economic analysis.
		LASS		4	Section 1.5	Point 2. It will be beneficial to consider geographical location in this – London is not the same as Leicester or other higher cities with higher prevalence. The communities and	Thank you. The committee will be expected to give due consideration to regional variations.

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NICE National Institute for Health and Care Excellence

Increasing the uptake of HIV testing among people at higher risk of exposure

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						populations are different and this has to be considered in any interventions	
		LASS		5	Section 1.6	What is the source data for the outcomes measures? For example – the HIV tests that we undertake with vulnerable communities are only considered in SOPHID type reports if we have a reactive result. People who test regularly with us because of their risk factors and stay negative are excluded for the data unless they go to a sexual health clinic. The guidelines should recommend a more extensive and effective outcomes reporting approach across the sector with community testing given credibility and value in reporting increased opportunities to test.	Thank you. There is no predefined 'source data for the outcome measures'. Each study that we review will have its own outcome measures that are applied specifically to that study. These are some examples of those, for example a testing intervention might report some of these measures in its evaluation.
		LASS		5	Section 1.6	Specific comments on the outcomes: Outcome 4. – where will the history and frequency of taking tests be evidenced from – see comment 11	Thank you. We have removed this from the final scope.
		LASS		5	Section 1.6	Outcome 8 Should this state "number of people at risk who say they intend to have an HIV test"? Who should they state this to and how will it be reported? People often state to us they will test and some do and some don't. How will this be followed up to determine if the people took a test?	Thank you. Each study that we review will have its own outcome measures that are applied specifically to that study. These are some examples of those, for example a testing intervention might report some of these measures in its evaluation.
		LASS		5	Section 1.6	Outcome 11 – this isn't an outcome. Should it be that barriers are identified and solutions to get round the barriers are	Thank you, in qualitative research, this may be an important outcome.

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						created.	
		LASS		5	Section 1.6	Outcome 13 – what are people linked for? Because they have a reactive test? because they need support for safer sex practices, because they need psychological help, for further STI screening? How will this be evidenced and what are the data sources that will inform this.	Thank you. Many studies measure the movement of participants from the intervention into further care pathways.
		LASS		5	Section 1.6	All outcomes: How will this data be accessed from people who buy home test kits?	Thank you. NICE do not directly access data. We will appraise existing research conducted on people who use these kits.
		LASS		8	Section 3.1	Should include the data of how many African males & females are diagnosed late. The latest Public Health England report for 2013 data shows the following: The proportion of late diagnoses was particularly high among black-African (66%) and white (61%) followed by black-Caribbean (59%) heterosexual men. Among women, the proportion diagnosed late was highest among black-African (57%), followed by black-Caribbean (48%) and white (42%) women.	Thank you. The context section aims to provide brief context for the guideline.
		LASS		8	Section 3.1	We recommend that this should include the recent information about rising prevalence in eastern European and Russian federation. These are vulnerable communities who need to have focused campaigns for awareness and testing. We are seeing more people from these communities in Leicester – for testing and being diagnosed	Thank you. The context section aims to provide brief context for the guideline.

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		LASS		8	Section 3.2	Need to include HIV testing in non-NHS settings which is commissioned by local public health England commissioning.	Thank you. The context section aims to provide brief context for the guideline.
		LASS		8	Section 3.2	Last point – some organisations are commissioned to provide HIV testing as well as self funding where possible.	Thank you. The context section aims to provide brief context for the guideline.
		National AIDS Trust		General	General	The guideline is described both in its title and on p.1 as relating to 'people in at-risk groups'. This phrase could be misleading since such a phrase is usually used to mean specifically communities, for example MSM or Africans, where there is elevated HIV prevalence. At 1.1 'Groups that will be covered', however, in addition to such communities, people are also included 'whose lifestyle or sexual behaviour puts them at risk' (as well as those living in high prevalence areas and those with clinical indicator conditions). If the guideline is meant to include those whose behaviour has put them at risk then it would be simpler and clearer just to describe the guideline both in its title and in the 'Topic' section as covering 'how to encourage people at risk of HIV to have an HIV test'. 'People at risk' is a phrase used elsewhere in the scoping document. The accompanying equality impact assessment focusses on the proposal to cover 'those at higher risk' (not a phrase used in the scoping document though the scoping document does	Thank you. NICE guideline titles have to follow a standard format. We have amended the title to reflect those who may have undiagnosed HIV.

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						refer to 'people at increased risk of exposure') and warns as a result that 'those at lower risk may not be considered fully in the guidance'. This simply underlines the confusion in the scoping document arising from inconsistent terminology, using phrases such as 'at-risk groups' or 'at increased risk' with no clarity as to comparator or cut-off point. This guideline is a chance to have a comprehensive piece of public health guidance on HIV testing and it would be a mistake unnecessarily and arbitrarily to limit its scope. Wording should be made consistent throughout, with clarity that the scope is to provide guidance on HIV testing to meet the needs of those at risk of HIV. 'People who are at risk of HIV' are adequately described in 1.1 'Groups that will be covered', though it would be better to phrase the first sub-category as 'who live in areas, or are from communities, with a high prevalence of HIV'. In this context we assume on p.9 'Areas that will not be covered' that 'HIV screening for the general population' does not refer to public health screening for HIV in high prevalence areas. If this is about national screening of the kind	

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						mandated by the National Screening Committee perhaps it would be better to make that clear?	
		National AIDS Trust		General		It will be very important that NICE Guidance on HIV testing once finalised is consistently reflected across all NICE advice and recommendations. This is not currently the case and we do not get the sense that, when publishing new guidance, NICE reviews other past guidance where they may be cross-over of recommendations to identify inconsistencies. This should, however, be done both in relation to specific groups (e.g people who inject drugs) and specific conditions (e.g TB, hepatitis B and any other clinical indicator conditions). Such inconsistencies currently allow organisations and individuals to avoid action to implement NICE guidance.	Thank you. NICE pathways intend to address this issue by showing the relationships between different guidelines. We will highlight these related guidelines with the pathways team to ensure consistency.
		National AIDS Trust		1		'Who the guideline is for' – additionally to those cited, add 'Royal Colleges/Clinical professional bodies' (or words to that effect). There is a problem of many bodies which provide guidance around professional practice for what are HIV clinical indicator conditions not consistently recommending HIV testing for people who present with those conditions. We also recommend adding 'health promotion bodies/professionals'. Of course very often such organisations or individuals may also be providers of HIV testing services, but not always. Adding this group will ensure that the Guidance influences not only provision but	Thank you. We have added this to the 'Who the guideline is for' section of the scope.

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						also health promotion messaging.	
		National AIDS Trust		2		In 1.1 'Groups that will not be covered', we strongly disagree with the exclusion of 'people at risk because they inject drugs'. No rationale is given for this planned exclusion and we can see none for it. One purpose of single NICE public health guidance on HIV testing is to replace the 'multiple authorities' which currently exist, including the UK National Guidelines produced by BHIVA, BASHH and BIS. Those Guidelines do include recommendations for people who inject drugs. It is regressive therefore then to exclude them from the scope of consolidated guidance. Such exclusion also assumes readily separable categories of risk. But that is a mistake. In particular there has been much recent discussion in the UK and internationally of the 'chemsex' phenomenon amongst MSM, where MSM are engaging in high risk sexual behaviour whilst taking, and often injecting, drugs ('slamming'). It is not practicable or desirable to separate out, for MSM HIV testing recommendations, sexual and injecting risk, and it goes against the whole direction of travel in service design which is towards integrating professional competencies in single settings. More broadly, and thinking for example of opiate users, there	As a result of stakeholder feedback, we are no longer excluding people who inject drugs from the guideline.

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						is a real danger of marginalising HIV (and indeed other BBV) testing for injecting drug users if this NICE guidance does not address the needs of this group. We note here that unlike sexual health clinics, drugs and harm reduction services are not a mandated requirement for local authorities. This makes all the more important the existence of clear NICE public health guidance to meet these needs. It may be the case that HIV and other BBV testing needs of people who inject drugs are addressed, at least partially, elsewhere in NICE guidance. But this is an opportunity to ensure HIV testing for people who inject drugs is of a comparable standard to wider HIV testing, integrated within the wider HIV testing 'economy' and that the HIV sector has a chance to reflect on current advice around HIV testing for this group more than they may have done in the past.	
		National AIDS Trust		3		In 1.3 'Key areas that will be covered' there is a welcome emphasis on 'Interventions to increase awareness …'. Looking at the examples given of interventions it is apparent that the awareness under discussion is that of people at risk of HIV. As, if not more, important, however, is increasing awareness of the benefits etc of HIV testing amongst healthcare professionals, many of whom currently either do not know they should be offering HIV tests or remain unwilling to do so.	Thank you. We have clarified this in the final scope.

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						We propose at 1.3.1 the wording be therefore amended to read 'Interventions to increase awareness of the benefits of and opportunities for HIV testing, amongst both people at risk and healthcare professionals'. We also recommend that in the examples given of possible interventions one or two examples be given which target healthcare professionals e.g training.	
		National AIDS Trust		3		We recommend at 1.3.2, for 'Interventions that increase the opportunity for, and uptake, of HIV testing', that three further interventions be explicitly mentioned: partner notification, call-backs to clinic of those at elevated risk, and look-backs for those diagnosed very late. They can be mentioned under the first heading of 'Changes in service delivery' (though we think simply saying 'Good practice in service delivery' might be a better phrase here). BASHH have a Position Statement on Partner Notification and in the near future will publish one specifically on HIV. BASHH have also recently published recommendations on recall for testing of MSM diagnosed with an STI. BHIVA Standards of Care for People Living with HIV (2013) recommend look-backs for those diagnosed very late and BHIVA are currently developing best practice advice for this intervention, as well as planning an audit for 2016. All three	Thank you. These are included. We retain the wording 'changes in.' to reflect that there must be an intervention to evaluate.

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						interventions have immense potential for new diagnoses of HIV and should be within the scope of the guidance.	
		National AIDS Trust		3		We agree at 1.3.2 that it is important to increase the number of settings where HIV testing is carried out and believe that there should be explicit mention here of prisons and other places of detention such as immigration removal centres, and initial accommodation centres. Those in these settings are disadvantaged in terms of access to HIV testing services either because they are in detention or (for initial accommodation centres) because they are asylum seekers and unused to the healthcare system.	Thank you. We have added these to the final scope
		National AIDS Trust		4		One of the 'Areas that will not be covered' is 'Examination of the evidence on the frequency of re-testing'. It is not entirely clear what this means. If it means that the NICE guidance will not make any recommendations around frequency of HIV testing for particular groups at risk of HIV, we strongly disagree with this limitation in scope. It is a bizarre exclusion given the scoping document goes on to cite 'reported history and frequency of taking HIV tests' as one of the 'Main outcomes' at 1.6. Many people from MSM and African communities have tested for HIV but then go on to acquire HIV and do not re-test for years. Testing once is insufficient for many people at	Thank you. We agree that frequency of re-testing is an important issue, however it is beyond the scope of this guideline. We will however look for evidence of interventions that promote re-testing among individuals at risk We have removed the outcome related to frequency from the list in section 1.6.

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						risk, and health promoters and healthcare professionals need guidance on what to recommend on re-testing. Commissioners also need a sense of recommended frequency of testing if they are to plan appropriately for testing capacity.	
		National AIDS Trust		5		A further 'Main outcome' to be added is the proportion of people presenting with a clinical indicator condition who are offered a test for HIV (plus testing take-up).	Thank you. If interventions report this outcome then it will be included. This list of main outcomes is not exhaustive.
		NHS England		General		Thank you for the opportunity to comment on the above PH guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you.
		NHS Greater Glasgow and Clyde		General	General	This NICE guideline is welcome as clear direction on what works and does not work for at risk groups around increasing testing is required if we are to tackle the undiagnosed fraction. The recent UNAIDS Fast Track report underlines that the UK must do more in this area if we are to achieve the aim of 90% of those living with HIV knowing their status. On the whole the guideline is correct in its scope and is framing the correct questions.	Thank you.
		NHS Greater Glasgow and Clyde		3	12	'one-to-one information provision through peer education activities' 'Peer education' is wide term that is loosely used in many contexts, and it would be important to ensure that a robust definition is used for the review process, particularly if	Thank you. We will ensure that all interventions are fully described.

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						economic analyses are to be used.	
		NHS Greater Glasgow and Clyde		5	General	Section 1.6 Main Outcome There are outcomes about history of testing and awareness of services, what it is to be HIV positive, intention to test etc but do we have any information on awareness of actually being at risk? Do people 'at risk' as we classify them, understand that they are in an 'at risk' group and that testing is pertinent for them? CNS and consultants often report that many individuals who test positive are truly shocked and disbelieving that they have been diagnosed with HIV, despite belonging to a 'risk group'. This is often in relation to people from black African communities. This relates to Section 1.5 Question 2 What factors help or hinder the uptake of HIV testing in these groups, and how can the barriers be overcome? We need better information and awareness within the communities we are interested in targeting, beyond the functional, operational items such as opening times, language and knowing where to test. Describing and understanding these important social factors, will be critical to the success of interventions. Stigma is one such barrier that plays a huge role in the ability of individuals and the wider community to engage with HIV testing and cannot be ignored when designing, implementing or evaluating interventions.	Thank you.

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		Public Health England		2	7	People who inject drugs should be included in these guidelines as they are an at-risk group who would benefit greatly from promoting and increasing HIV testing.	As a result of stakeholder feedback, we are no longer excluding people who inject drugs.
		Public Health England		3	7	Key areas that will be covered: In point 1, interventions that increase HIV testing should also be included. An outcome measure of changes in HIV testing have been employed increasingly to evaluate the effectiveness of many the interventions listed in this section such as social and mass-media.	Thank you. This is covered in point 2 in section 1.3
		Public Health England		3	18	Key areas that will be covered: In point 2, under changes in service delivery, consideration should be given to reviewing the evidence for recalling individuals at high risk of infection for repeat testing.	Thank you. Recall of high risk individuals would be covered.
		Public Health England		3	24	Key areas that will be covered: In point 2, HIV testing is undertaken in all the settings identified in the fourth bullet ("Increasing the number of settings…"). Perhaps this should be merged with the second bullet ("Increasing number of tests") which should list these different clinical and community settings	Thank you. These have been kept separate to maintain the reference to self-testing and sampling.
		Public Health England		4	9	Areas that will not be covered: An examination of the evidence of the frequency of re-testing would be useful and formalise the evidence base for much of the current advice regarding this issue. If this change is accepted, this would then need to be reflected in Section 1.5. Key issues and	Thank you. We agree that frequency of re-testing is an important issue, however it is beyond the scope of this guideline. We will however look for

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						questions.	evidence of interventions that promote re-testing among individuals at risk
		Renaissance at Drugline Lancashire		9	1.1	The draft scope does not include people at risk because they inject drugs. We feel this group should be included, particularly for those areas where there is a high prevalence of HIV and injecting drug use in the same area. If this group cannot be included in this document, will there be a separate document for this group to reference increasing the uptake of HIV testing? The injecting drug group should include/take into consideration SIPED users.	As a result of stakeholder feedback, we are no longer excluding people who inject drugs from the guideline.
		Royal College of General Practitioners		General	Gener al	It should be emphasised that HIV is now a completely "normal" test for adults regardless of age, sex, risk group, ethnicity, or sexual orientation. It should be part of a normal health check and be offered routinely at blood tests. Also it should be offered to patients presenting with flu-like illness/lethargy/malaise/non-specific rashes as this may be HIV sero-conversion. Fourth generation HIV tests usually should pick up sero-conversion. It is especially important to detect sero-conversion if it is occurring, as individuals have exceptionally high viral loads and the chance for onward transmission is significant. HIV testing should be completely normal in a variety of healthcare settings and it should be noted that long pre-test counselling is outmoded and not needed and should not hinder a person having a test. It	Thank you. We agree that HIV testing should be normalised, and this was very much the message of the previous NICE guidelines on HIV testing (black Africans and MSM).

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						should also be emphasised that having a negative HIV test in no way affects mortgage application, life insurance or income protection which is still a common widespread mis-conception. It should also be emphasised that a person living with HIV on treatment has a near normal life-expectancy which also does not seem to be widely known in the general public.	
		Royal College of Nursing (RCN) and the National HIV Nurses Association		General	General	The Royal College of Nursing share the commitment to driving up the quality of care, support and awareness around this topic. The RCN has shared this consultation with its professional networks and contacts including the National HIV Association of Nurses (NHIVNA). The RCN and NHIVNA have collaboratively worked on the development of resources around this topic and have jointly provided comments to inform on the draft scope of this guideline and consider it to be a very interesting and timely proposal.	Thank you
		Royal College of Nursing (RCN) and the National HIV Nurses Association		General	General	NICE should be congratulated on this piece of work and we acknowledge the benefits this work would bring.	Thank you.
		Royal		General	Gener	NHIVNA fully supports this comprehensive and informative	Thank you.

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		College of Nursing (RCN) and the National HIV Nurses Association			al	consultation and the outcomes that have been set. Any initiative that increases HIV awareness and testing in this manner is positive for the individual and wider public health.	
		Royal College of Nursing (RCN) and the National HIV Nurses Association		General	General	As a joint NHIVNA and RCN response, we feel this is an opportunity to highlight the need for ALL nurses to be aware of the need for an increased uptake in HIV testing, which requires all nurses to be comfortable and confident in discussing the benefits of having an HIV test with all their patients. It does not make sense to produce new guidelines, which state clearly that the recommendation is not to include HIV testing in the general population but rather just purely to focus on people at higher risk. We feel this is a missed opportunity in getting nurses, doctors and GPs to test more often.	Thank you. It is beyond NICEs remit to produce guidelines that refer to screening programmes. This is the remit of the National Screening Committee.
		Royal College of Nursing (RCN) and the National HIV Nurses Association		General	General	We also agree with NHIVNA that this is perhaps an opportunity for a new guideline to encourage local initiatives based on local need and conditions, which should be supported by commissioning.	Thank you. We see Local authority and NHS commissioners of HIV testing services and Clinical commissioning groups as potential key audiences for the guideline.
		Royal		1	4	The RCN feel the title could be a bit more pro-active by	Thank you. We have changed the

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		College of Nursing (RCN) and the National HIV Nurses Association				revising the title to 'Promoting the uptake'..... Or..... 'Encourage the uptake of HIV testing'.	title to HIV testing: increasing uptake among people who may have undiagnosed HIV.
		Royal College of Nursing (RCN) and the National HIV Nurses Association		1	4	NHIVNA also suggests that the title of the guidance could be re-considered in case people who may be at risk may not perceive themselves to be at risk unless it is clear that it is the risk that people engage in and not the group to which they belong. In our experience, nurses have had several new diagnoses in people who are not in a higher risk group for exposure. Guidelines need to be realistic in order to translate successfully into practice. HIV is either normalised or it is not – the question is whether this is nudging towards that. We would really welcome an all-inclusive guideline.	Thank you. We have changed the title of the guideline to HIV testing: increasing uptake among people who may have undiagnosed HIV and hope this reflects your suggestion.
		Royal College of Nursing (RCN) and the National HIV Nurses Association		2	15	The RCN feel it is imperative that clinicians and service providers who have contact with patients should focus on the fact that a HIV test is a test of the Immune System Function and should be recommended in any scenario where this is the case e.g. cases with recurrent infections.	Thank you.
		Royal		2	15	The RCN agree with NHIVNA that overall health literacy	Thank you. The focus of the

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		College of Nursing (RCN) and the National HIV Nurses Association				should be the main concern and targeting only high risk group does not seem inclusive as there are still 25% of HIV-infected individuals that are NOT aware of their HIV status. We feel that this population should be targeted and guidance be developed around this group who are less likely to be tested and do not see the need to be tested.	guideline is on increasing HIV testing uptake among people who may have undiagnosed HIV.
		Royal College of Nursing (RCN) and the National HIV Nurses Association		2	16	Consideration should also be given to MSM (Men having sex with Men) with learning/educational needs. Visual aids might need to be employed to help in raising awareness. Some of our nurses have had patients in their clinics where HIV testing and sexual health advice has been complicated because of patients' learning needs/educational needs. I.e. their perception of risk was difficult to determine.	Thank you for highlighting this important group.
		Royal College of Physicians (RCP)		General	General	The RCP is grateful for the opportunity to respond to this consultation. Overall, we believe that there is a need for joined up guidelines and a focus on normalising testing for all. We also believe that there should be promotion of indicator illnesses (of HIV infection) and encouragement of testing on such patients.	Thank you. Section 1.1 includes people who have an illness that may be indicative of HIV infection as a group that will be focused on in the guideline.
		Terrence Higgins Trust		General	General	The language used in all documents needs to be consistent. Currently, 'Black African' is used as well as 'black African'. All should be typed as 'black African'.	Thank you for noting this inconsistency.

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		Terrence Higgins Trust		2	1.1	In groups that will be covered the document needs to make it explicit that the guidance is for people who have not been diagnosed with HIV and whose lifestyle or historic sexual behaviour puts them at risk. This is especially important for people who have never been tested for HIV but who may have in the past have practiced higher risk sexual behaviours. The guidance needs to address historic as well as current behaviours in order to address late, undiagnosed HIV in groups who may not 'typically' be identified as at risk of HIV.	Thank you, we hope we have addressed this in the final scope. The title has been changed to HIV testing: increasing uptake among people who may have undiagnosed HIV.
		Terrence Higgins Trust		2	1.1	In groups that will not be covered it is not clear why these groups are excluded from this list. Terrence Higgins Trust believes that people who inject drugs need to be included within the scope of this guideline. People do not live their lives in behavioural silos and with an increase in men who sex with men reporting drug use these two higher risk behaviours are not always going to be mutually exclusive. Public Health England has recently launched PHE action plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men, this document identifies the cross over between sexual health and HIV, alcohol, drugs and tobacco, and mental health and wellbeing. To provide guidance that does not reflect these overlapping issues would be a missed opportunity.	As a result of stakeholder feedback, we are no longer excluding people who inject drugs.
		Terrence		3	1.3.2	In the key areas that will be covered interventions that	Thank you. Such interventions are

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		Higgins Trust				increase the opportunity for, and uptake of, HIV testing should also include repeat testing services in appointment systems so that people in high risk groups can book repeat appointments.	included within the scope.
		Terrence Higgins Trust		4	1.3	Areas that will not be covered – in this section is states that the validity or comparable diagnostic effectiveness of different types of HIV tests will not be covered. It seems remiss not to include what tests should be carried out in which settings and if there are particular tests that should not be used if they are now outdated by more effective. Additionally, how the data can be recorded should also be included. Currently community tests do not get counted in the database and consideration of how this data might be included through a simple recording system should be within the scope. This might inform in a future quality standard indicator.	Thank you. The guideline may recommend specific tests in some circumstances (as the current guideline does) however we will not assess the validity or comparable diagnostic effectiveness of different types of HIV tests.
		The Brunswick Centre		General	General	Asylum process as a barrier particular for those deemed to be failed Asylum Seekers –this may disproportionally affect Black Africans	Thank you. We will be exploring the barriers to HIV testing for different groups.
		The Brunswick Centre		General	General	The link between injecting drug use amongst the at-risk groups and how if at all this will be addressed with the pathway needle and syringe programmes	Following stakeholder consultation we will be including interventions aimed at people who inject drugs in this guideline
		The Brunswick		General	General	The need for local delivery strategy on the recommendations / Role of PHE	Thank you. This guideline will focus

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		Centre					on the uptake of HIV testing.
		The Brunswick Centre		General	General	How it may be relevant to people who want to use HIV testing or sampling kits at home and what the recommendations can do to support this/make it happen	Thank you. Self-testing and self-sampling are included in the scope.
		The Brunswick Centre		General	General	How the Promoting and delivering HIV testing in more rural/remote areas – barriers such as services are limited and sketchy, often more 'hostile' in terms of primary care not seeing it as an issues, Local Authority not seeing HIV testing as a priority etc	Thank you. We hope to be able to address these kinds of issues within the guideline.
		The Brunswick Centre		General	General	Quality Assurance / role of the service user	Thank you. Unfortunately your comment was not clear as to how this related to the draft scope. One of the core principles of guideline production at NICE is to seek the views of service users generally done via stakeholder consultation or topic committee members. We will be giving due consideration to the perspective of service users throughout the development of the guideline.
		The Brunswick Centre		General	General	Development of care pathways for community based HIV testing	Thank you. This was addressed in the previous NICE guidelines on HIV testing (black Africans and MSM),

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							and will be considered by the committee for this guideline.
		The Brunswick Centre		3	General	Consistent approach on campaigns, reach of campaigns, links to HIV Prevention England	Thank you.
		The Lesbian & Gay Foundation		General		The Lesbian & Gay Foundation supports the decision to combine the two separate guidelines for MSM and black Africans into one guideline with generic recommendations and specific recommendations for high risk population groups where appropriate. This would better reflect the way that HIV testing services are commissioned. Increasingly, commissioners of these services are not sexual health specialists, and one generic guideline would reduce the risk of two separate guidelines being read in isolation, leading to the needs of some groups being ignored. Given that HIV transmission through heterosexual sex is increasing (NAT data shows that in 2012 more people living with HIV were infected through heterosexual sex than any other exposure route), this should be recognised as part of the picture of HIV transmission in England. A single generic guideline would enable this. Gay, bisexual and other men who have sex with men (MSM) remain disproportionately	Thank you. The committee will take into account all interventions that report on differential effects or the targeting of subgroups when formulating recommendations.

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						affected by HIV and the guidelines should reflect this. It is important to note that a generic approach this needs to be intelligent and respond to the particular needs of communities/sub-groups (for example older people) that may benefit from a specific approach.	
		The Lesbian & Gay Foundation		General		We note that in the current guidance, some topic headings appear in one guideline but not in the other, despite these topics being relevant across both risk groups. For example, the guideline for testing among MSM has a section headed 'Barriers to testing' which is not replicated in the guideline for testing among black Africans. It is surely essential to understand the barriers to testing among black Africans. Similarly, the guideline for testing among black Africans discusses the role of community development but this is not covered in the guideline for testing among MSM. Community responses among MSM may be well developed in some areas, but is not comprehensive or consistent across England. The guideline should specifically acknowledge the importance of community development and the role of the voluntary and community sector in increasing testing among MSM by recognising and addressing the additional barriers faced by MSM.	Thank you. Part of the rationale for bringing the guidelines together was to address this as far as possible where suitable evidence is available.
		The Lesbian & Gay		General		In line with the changes in the policy and practice landscape and the large-scale changes to the ways that HIV testing is	Thank you. NICE will examine the evidence for POCT as it did in the

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		Foundation				commissioned, the guidance should include specific reference to point of care testing delivered by non-clinical staff in community settings. This has been shown to normalise testing; encourage at risk groups who would not normally attend a clinic; and provide cost-savings in delivery. For the same reasons, the recent emergence of new ways of testing – for example postal HIV home sampling kits – need to be included within testing guidelines.	first two guidelines. Self-testing and self-sampling is also specifically referred to in the scope see section 1.3.
		The Lesbian & Gay Foundation		General		When local HIV testing provision is being developed, it is good practice to have multi agency groups including the voluntary and community sector to be included and at all stages of the process (e.g. planning, delivering and reviewing testing services). National guidelines can significantly support with the development of local testing strategies.	Thank you for this information.
		The Lesbian & Gay Foundation		General		We understand that recommendations in the guideline will mention the wider determinants of health, but these could be more explicit to show that housing, mental health services and community services that tackle isolation will increase uptake of HIV testing as stigma is reduced and support/advice is more accessible. Uptake will increase if agencies work together to inform people at every opportunity (for example, using 'making every contact count') about the benefits of testing and make the testing easier and safer to access.	Thank you. NICE recommendations are based on the best available evidence of effectiveness and cost effectiveness, interpreted by the committee which includes people with topic expertise. It would be inappropriate to speculate on what might be in the recommendations at this point in the development

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						Since the last update of this guidance, the Public Health Outcomes Framework LGB&T Companion Document was published by The Lesbian & Gay Foundation (with the support of PHE and the DH) which presents evidence of the range of health inequalities experienced by MSM and sets out recommendations to tackle these, including increasing HIV testing: www.lgf.org.uk/phof. Commissioners need to consider a preventative approach using places (both physical and virtual) and services that MSM and black Africans may use for other reasons. The guidance implementation section should refer to a wider range of services, including care services.	process.
		The Lesbian & Gay Foundation		General		The experience of our member organisations indicates that it is the choice of testing methods on offer to MSM and their ease of access which significantly improves take-up. Community clinics alongside point of care testing and home sampling kits all work together to increase testing among this high-risk population. This could be reflected in the guidance.	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time.
		The Lesbian & Gay Foundation		General		Our experience indicates that clinical governance is required in community based testing services delivered by the voluntary and community sector. Nurse-led services can create limitations on availability of service, but with clinical governance the voluntary and community sector would be	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit

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						able to deliver testing services at times which better meet the needs of MSM and cover the diverse range of venues and settings that MSM access (e.g. community venues, bars, clubs and saunas).	any evidence you have that relates to this at that time.
		The Lesbian & Gay Foundation		General		We suggest that the guideline note the current trials of Pre-Exposure Prophylaxis (in the UK, USA and France, among others) as a method of HIV prevention.	Thank you. This guideline is about increasing HIV testing. It will not consider the evidence for pre-exposure prophylaxis.
		The Lesbian & Gay Foundation		General		It would be very useful for the guidelines to highlight the importance of interventions which can take place while an individual is accessing an HIV test. For many MSM, an HIV test can be the primary reason to initially access a service. The pre- and post- test discussion provides opportunities to engage the individual regarding risk reduction strategies, including provision of condoms and lube, how to negotiate safer sex, awareness of other STIs and their transmission and knowledge of Post-Exposure Prophylaxis.	Thank you. While we recognise the importance of this, it is beyond the scope of the current work which will focus on increasing uptake of testing.
		The Lesbian & Gay Foundation		9		Many voluntary and community sector organisations have significant expertise and track record of delivering sampling services in the community. For example, The Lesbian & Gay Foundation, in partnership with R U Clear and the Manchester Centre for Sexual Health achieved a 73% return rate which increased to 80% after a system of sending reminder text messages to service users was implemented. Service users are triaged when requesting a home testing kit	Thank you. We aim to maximise engagement with all sectors, including the voluntary and community sectors both through stakeholder consultations and through having community representation on our committees.

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						online, meaning that any issues around testing, sexual health and behaviour will be noted at an early stage and interventions offered. Service users are also informed of available services for MSM and given free condom and lube packs and sexual health information when picking up home testing kits in person.	
		The National LGB&T Partnership		General		The National LGB&T Partnership supports the decision to combine the two separate guidelines for MSM and black Africans into one guideline with generic recommendations and specific recommendations for high risk population groups where appropriate. This would better reflect the way that HIV testing services are commissioned. Increasingly, commissioners of these services are not sexual health specialists, and one generic guideline would reduce the risk of two separate guidelines being read in isolation, leading to the needs of some groups being ignored. Given that HIV transmission through heterosexual sex is increasing (NAT data shows that in 2012 more people living with HIV were infected through heterosexual sex than any other exposure route), this should be recognised as part of the picture of HIV transmission in England. A single generic guideline would enable this. Gay, bisexual and other men	Thank you. The committee will take into account all interventions that report on differential effects or the targeting of subgroups when formulating recommendations.

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						who have sex with men (MSM) remain disproportionately affected by HIV and the guidelines should reflect this. It is important to note that a generic approach this needs to be intelligent and respond to the particular needs of communities/sub-groups (for example older people) that may benefit from a specific approach.	
		The National LGB&T Partnership		General		We note that in the current guidance, some topic headings appear in one guideline but not in the other, despite these topics being relevant across both risk groups. For example, the guideline for testing among MSM has a section headed 'Barriers to testing' which is not replicated in the guideline for testing among black Africans. It is surely essential to understand the barriers to testing among black Africans. Similarly, the guideline for testing among black Africans discusses the role of community development but this is not covered in the guideline for testing among MSM. Community responses among MSM may be well developed in some areas, but is not comprehensive or consistent across England. The guideline should specifically acknowledge the importance of community development and the role of the voluntary and community sector in increasing testing among MSM by recognising and addressing the additional barriers faced by MSM.	Thank you. Part of the rationale for bringing the guidelines together was to address this as far as possible where suitable evidence is available.
		The National		General		In line with the changes in the policy and practice landscape	Thank you. NICE will examine the

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		LGB&T Partnership				and the large-scale changes to the ways that HIV testing is commissioned, the guidance should include specific reference to point of care testing delivered by non-clinical staff in community settings. This has been shown to normalise testing; encourage at risk groups who would not normally attend a clinic; and provide cost-savings in delivery. For the same reasons, the recent emergence of new ways of testing – for example postal HIV home sampling kits – need to be included within testing guidelines.	evidence for POCT as it did in the first two guidelines. Self-testing and self-sampling are also specifically referred to in the scope see section 1.3.
		The National LGB&T Partnership		General		When local HIV testing provision is being developed, it is good practice to have multi agency groups including the voluntary and community sector to be included and at all stages of the process (e.g. planning, delivering and reviewing testing services). National guidelines can significantly support with the development of local testing strategies.	Thank you for this information.
		The National LGB&T Partnership		General		We understand that recommendations in the guideline will mention the wider determinants of health, but these could be more explicit to show that housing, mental health services and community services that tackle isolation will increase uptake of HIV testing as stigma is reduced and support/advice is more accessible. Uptake will increase if agencies work together to inform people at every opportunity (for example, using 'making every contact count') about the benefits of testing and make the testing easier and safer to	Thank you. NICE recommendations are based on the best available evidence of effectiveness and cost effectiveness, interpreted by the committee which includes people with topic expertise. It would be inappropriate to speculate on what might be in the recommendations at

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						access. Since the last update of this guidance, the Public Health Outcomes Framework LGB&T Companion Document was published by the National LGB&T Partnership (with the support of PHE and the DH) which presents evidence of the range of health inequalities experienced by MSM and sets out recommendations to tackle these, including increasing HIV testing: www.lgf.org.uk/phof. Commissioners need to consider a preventative approach using places (both physical and virtual) and services that MSM and black Africans may use for other reasons. The guidance implementation section should refer to a wider range of services, including care services.	this point in the development process.
		The National LGB&T Partnership		General		The experience of our member organisations indicates that it is the choice of testing methods on offer to MSM and their ease of access which significantly improves take-up. Community clinics alongside point of care testing and home sampling kits all work together to increase testing among this high-risk population. This could be reflected in the guidance.	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time.
		The National LGB&T Partnership		General		The experience of our member organisations indicates that clinical governance is required in community based testing services delivered by the voluntary and community sector. Nurse-led services can create limitations on availability of	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we

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						service, but with clinical governance the voluntary and community sector would be able to deliver testing services at times which better meet the needs of MSM and cover the diverse range of venues and settings that MSM access (e.g. community venues, bars, clubs and saunas).	would be grateful if you could submit any evidence you have that relates to this at that time
		The National LGB&T Partnership		General		We suggest that the guideline note the current trials of Pre-Exposure Prophylaxis (in the UK, USA and France, among others) as a method of HIV prevention.	Thank you. This guideline is about increasing HIV testing. It will not consider the evidence for pre-exposure prophylaxis.
		The National LGB&T Partnership		General		It would be very useful for the guidelines to highlight the importance of interventions which can take place while an individual is accessing an HIV test. For many MSM, an HIV test can be the primary reason to initially access a service. The pre- and post- test discussion provides opportunities to engage the individual regarding risk reduction strategies, including provision of condoms and lube, how to negotiate safer sex, awareness of other STIs and their transmission and knowledge of Post-Exposure Prophylaxis.	Thank you. Unfortunately this is beyond the remit of this guideline.
		The National LGB&T Partnership				We would also stress the role of voluntary and community sector organisations in providing testing in non-clinical settings, and also helping to promote availability and access to testing online, for examples through interventions such as The Lesbian & Gay Foundation's outreach on app platforms. London Friend is considering the possibility of making testing more routinely available as part of our key-working process	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time

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						for higher risk drug using clients.	
		The National LGB&T Partnership				Improved screening in GUM clinics for additional risk such as drug use, chemsex, multiple partners, etc. would be useful in identifying those to target a testing offer to. This might help to persuade patients who initially decline an offer to test during a visit to a GUM clinic.	Thank you. The guideline will consider all interventions that seek to increase HIV testing.
		The National LGB&T Partnership				Current commissioning of testing services is often done by solo local authorities in larger urban areas which creates limitations for accessing communities of interest and transient populations (such as MSM). Collaborative and joint commissioning on a larger geographic footprint which targets transient or city-wide populations would increase accessibility to testing. This also goes for coordinating larger or national campaigns	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time.
		The National LGB&T Partnership				Although the guideline doesn't cover people at risk because they inject drugs, it is worth noting that increasing numbers of MSM are injecting club drugs at sex parties ('chem-sex') where unprotected anal intercourse is common, and so the lines of potential HIV transmission are blurred. The latest figures from Public Health England show that 16% of gay and bisexual men in drug treatment on NDTMS injected non-opiate drugs as opposed to just 3% of heterosexual men. Any HIV diagnoses amongst this group would most likely be recorded as MSM transmission, not IV, although there is increased risk due to injecting.	Thank you. As a result of this consultation we have changed the scope so that people at risk because they inject drugs will no longer be excluded

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		The National LGB&T Partnership		9		Member organisations of the National LGB&T Partnership have significant expertise and track record of delivering sampling services in the community. For example, The Lesbian & Gay Foundation, in partnership with R U Clear and the Manchester Centre for Sexual Health achieved a 73% return rate which increased to 80% after a system of sending reminder text messages to service users was implemented. Service users are triaged when requesting a home testing kit online, meaning that any issues around testing, sexual health and behaviour will be noted at an early stage and interventions offered. Service users are also informed of available services for MSM and given free condom and lube packs and sexual health information when picking up home testing kits in person.	Thank you. We aim to maximise engagement with all sectors, including the voluntary and community sectors both through stakeholder consultations and through having community representation on our committees.
		The Queen's Nursing Institute		General	Gener al	That nursing and medical staff who come into contact with the clients have a responsibility to raise the issue more.	Thank you.
		The Queen's Nursing Institute		General	Gener al	Blood tests to be taken to include HIV, as routine, for intravenous drug users, certainly for those starting on methadone prescribing. There doesn't seem to be any barrier or reticence in having the test done. Intravenous drug users have a good awareness of the risks of HIV, as they do with HepC and B. So, non intravenous drug users perhaps do not have the	Thank you. We will be considering interventions like these that seek to normalise HIV testing.

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						issue raised as much as it could be. The sexual health of clients need to be explored more by health professionals.	
		The Queen's Nursing Institute		General	Gener al	Response to Q1 Performing HIV and other BBV screening routinely. Perform universal screening as opt out rather than opt in screening. Services that have done this have reported no refusals to test. Make no assumptions on perceived risk. Introducing screening and testing service for new registrations at GP surgeries. All new registrations are referred and screened and referred on if appropriate. This is a direct link and an opportunity to engage with healthcare services. All admissions are routinely screened for HIV, TB and all BBVs. Opportunistic screening with the homeless population has taken place with a mobile unit to identify active cases in the local community. Areas targeted were local soup kitchens, hostels and local alcohol and drug centres. Opportunistic screening seems to be the most cost effective way. We have found organised clinics yield a very low number of attendees. Reducing stigma and pushing towards normalisation of testing is the way forward.	Thank you. The guideline will consider the evidence for opt-out testing and will consider evidence relating to the best settings for testing, including non-clinical settings.
		The Queen's Nursing Institute		General	Gener al	Response to Q2 Stigma – further education of health care professionals is necessary.	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we

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Increasing the uptake of HIV testing among people at higher risk of exposure

Consultation on draft scope guideline
Stakeholder comments table

13 January 2015 to 10 February 2015

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						Lack of engagement – getting out and being seen on the streets, making people aware the service is there. Many people don't know where to go or don't have the resources to attend hospitals and clinics. Engaging with communities. Using community leaders, religious establishments, community workers to help communicate with certain groups. Use of incentives to encourage attendance at screening venues. Not restricting screening to clinic times – evening and night time screening.	would be grateful if you could submit any evidence you have that relates to this at that time.
		The Queen's Nursing Institute		General	Gener al	Response to Q1 Initiate and develop testing initiatives in non-clinical settings away from acute nhs trusts. Use well-established models, ie deliver HIV awareness sessions following which those who perceive themselves at risk can have a test. Give patients a basic leaflet about transmission and having a test which is translated into other languages as a framework to non English speakers. Testing activity to align with current NICE guidelines, testing in asylum seeker support agencies, MSM African churches	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time

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						and domiciliary testing. NICE guidelines should be translated into practice.	
		The Queen's Nursing Institute		General	Gener al	Response to Q1 Outreach on-the-spot rapid testing to services supporting homeless people and people not engaging with drug treatment services using a Find &Treat model	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time.
		The Queen's Nursing Institute		General	Gener al	Response to Q2 Integrate HIV testing into a range of one-stop-shop testing opportunities tailored to the range of co-morbidities in the populations served - co-linear epidemics	Thank you. During the development process, NICE will issue a call for evidence to stakeholders and we would be grateful if you could submit any evidence you have that relates to this at that time
		The Queen's Nursing Institute		General	Gener al	Response to Q2 Commissioners need to look further than primary care to fund the teams with the skills to undertake HIV testing and to mobilise, teach, upskill and support others. In terms of home sampling, it has great potential for increasing HIV testing though false positives may be elevated in areas of lower prevalence. We need to take the responsibility of presenting for testing	Thank you. The recommendations this guideline will contain will help to inform commissioners decisions about where they should be funding HIV testing. The committee will also examine the evidence for self-testing and self-sampling.

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						away from people, particularly when we are dealing with a socially stigmatised infection and offer more routinely. It is important to take the "gravestone" image away from peoples' minds as that is what they remember. It is important that hope informs the public about treatment and the importance of knowing their HIV status.	
		The Royal College of Pathologists		2	15	The scope needs to reiterate the focus on high risk groups that have higher proportion of undiagnosed HIV such as black Africans. Therefore an additional line to mention "risk groups which have higher proportion of undiagnosed HIV"	Thank you. The review decision for this guideline includes broadening the remit to cover other people at risk as well as the traditional at-risk groups and groups where there is a high proportion of undiagnosed infection.
		The Royal College of Pathologists		3	24	By "serological testing"; is the implication "venous blood sampling"?	Yes.
		The Royal College of Pathologists		4	4	The scope should address the measures for maintaining public health surveillance reporting of HIV diagnoses and linking into HIV care pathways for non-traditional test settings such as non-clinical community settings, outreach services, home testing, home sampling.	Thank you. This is beyond the scope of this guideline, which is focussed on increasing the uptake of testing.
		The Royal College of Pathologists		5	5	If possible, an estimate of 'likely number of transmissions per new infection' in the diagnosed versus undiagnosed' could be an outcome to consider	Thank you. If this outcome occurs in the literature it will be reported. This

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							is a list of examples.
		The Royal College of Pathologists		5	17	The scope should look for evidence of impact and change in the relevance of community interest groups in promoting HIV awareness, testing and engagement with HIV services amongst high risk groups	Thank you. If this outcome occurs in the literature it will be reported. This is a list of examples.
		University of Southampton		1	Last line? There's no pg numbers in the draft scope doc	Perhaps be more specific – e.g. anyone considering HIV testing using services…. Etc.	Thank you. We have added this.
		University of Southampton		2	14?	People – who's lifestyle….. change from 'puts them' to 'may expose them to risk – NOWHERE in the document does it explain what 'at-risk' means – this needs to be spelt out…. E.g. multiple partners unprotected or partially unprotected, sex abroad or with someone from abroad, injecting drug use/sharing needles, etc. etc.	Thank you. At risk means that they may have been exposed to HIV.
		University of Southampto		2	19?	Why not incude IDU's? – on pg 8 it says 130 new HIV infections from IDU – therefore this must be an 'at-risk' group	As a result of stakeholder feedback, we are no longer excluding people

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		n					who inject drugs.
		University of Southampton		3	General	Increase awareness of what 'at-risk' means Opportunistic info and testing in ANY setting where risk may be assessed and testing offered – primary care, outpatients, etc.	Thank you. This is detailed in section 1.1 of the scope.
		University of Southampton		3	23?	Types of tests – does this include blood sample, blood spot and saliva? Would be good to specify	As specified in the scope section 1.3, the guideline will consider all types of test.
		University of Southampton		4	1	More examples of specialities where comorbidities might present – diabetes, hepatology, respiratory… add link to full list maybe? It's quite extensive	Thank you. We try to avoid long lists of examples in documents as people tend to interpret them as exhaustive lists.
		University of Southampton		4	8	Areas not covered 2. The effectiveness of HIV testing as a way to prevent 'unaware onward transmission' of HIV	Thank you. The purpose of this guideline is to increase HIV testing to prevent onward transmission of the virus.
		University of Southampton		5	1.6 - 3	Uptake of HIV testing - by type of test and setting	Thank you.
		University of Southampton		7	General	Context – Key facts and figures Need to be clearer if figures are relating to All living with HIV or New infections in 2013 – and what are missing figures	Thank you. The context section provides a brief context for the guideline, it is not intended as an in

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						relating to? 95% infections through sex – what were the other 5% through? 45% new diagnoses hetero – where? How many UK and how many abroad? (I believe UK hetero rates are increasing)	depth analysis.
		University of Southampton		8	General	130 new HIV from IDU in 2013 – so this is 'at-risk' group – why not covered by this guidance?	Thank you. As a result of stakeholder consultation, people who inject drugs have been included in the scope.
		University of Southampton		8	General	It's confusing which authority covers what	Thank you. This is beyond the remit of this guideline.
		University of Southampton		8	3.2 Current practice	Misleading – there isn't any HIV popn screening in primary care	The sentence does not refer to HIV population screening but to population screening as part of comprehensive sexual health services. "Local authorities are responsible for commissioning comprehensive sexual health services, including HIV testing, population screening in primary care"
		University of Southampton		8	13?	Increase testing among 'most affected'? – Change to - All 'at-risk'? Anyone having unprotected sex with multiple partners, or	Thank you. The context section aims to provide brief context for the guideline.

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						people/partners in risk groups – homosexual, bisexual, IDU, from or had sex with anyone from higher risk countries abroad	
		University of Southampton		9	3.3 Policy and Commissioning	I'd say a key objective in reducing onward transmission is to find out more about the characteristics of the undiagnosed HIV population (which is very limited by the unlinked anonymous testing surveillance scheme) From clinical experience, most new infections came from people who don't yet know they are positive – information needs to be collected on this with new diagnoses reporting	Thank you. The context section aims to provide brief context for the guideline.

Registered stakeholders [Insert link]

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