

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 48: Information, sun protection resources and environmental changes to prevent skin cancer

Increasing the uptake of HIV testing among Africans and men who have sex with men (MSM)

Minutes of the meeting held on Friday 18th June 2010

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| Attendees | <p><u>Members</u> Catherine Law, Sarah Byford, Jane Putsey, Joanne Cooke, KK Cheng, Mike Bury, Tracey Sach, Dagmar Zeuner, Muriel James, Toby Prevost, Stephen Walters, David Sloan, Bren McInerney, Kamran Siddiqi, Alasdair Hogarth, Lesley de Meza, Ruth Hall, Joyce Rothschild, Stephanie Taylor, Adam Oliver, Richard Fordham, John Barker, Matt Kearney, Stephen Morris, John MacLeod, Sue Atkinson</p> <p><u>NICE staff</u> Mike Kelly, Lorraine Taylor, Clare Wohlgemuth, Simon Ellis, Dylan Jones, Kay Nolan, Lesley Owen, Catherine Swann, Antony Morgan, Chris Carmona, Alastair Fisher, Gesina Hodgson (minutes)</p> <p><u>Contractors (Skin Cancer)</u></p> <ul style="list-style-type: none">• Evelina Bertranou (Matrix)• Kevin Marsh (Matrix) <p><u>Contractors (HIV Africans/ HIV MSM)</u></p> <ul style="list-style-type: none">• Ibi Fakoye (UCL)• Kevin Marsh (Matrix)• Graham Hart (UCL)• Leeza Osipenko (Matrix)• Fiona Burns (UCL) <p><u>Co-opted members (Skin Cancer)</u></p> <ul style="list-style-type: none">• Ed Jong – (Head of Health Evidence and Information, Cancer Research UK) <p><u>Co-opted members (HIV Africans/ HIV MSM)</u></p> <ul style="list-style-type: none">• Jane Anderson (Homerton University Hospital NHS Foundation Trust) <p><u>Experts (HIV Africans/ HIV MSM)</u></p> <ul style="list-style-type: none">• Kay Orton (Department of Health)• Ruth Lowbury (Medical Foundation for AIDS and sexual health)• Catherine Peckham (National Screening Committee)• Anthony Nardone (Health Protection Agency) <p><u>Observers</u></p> <ul style="list-style-type: none">• David Hunter (NICE non-exec director)• Helen Roberts (NICE non-exec director)• Alice Law (NICE Communications)• Dr. Theo Lorenc (Matrix) |
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| Authors | Gesina Hodgson, Antony Morgan, Simon Ellis, Catherine Swann |
| Audience | Members of PHIAC; The public |

| Agenda Item | Minutes | Action |
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| <p>Part 1</p> <p>1. Welcome and introductions. (Chair)</p> <p>2. Apologies (Chair)</p> | <p>The Chair welcomed members to the 48th PHIAC meeting. The meeting was declared quorate.</p> <p>Ann Hoskins, Amanda Hoey, Phil Cutler, Susan Michie, Lynne Eagle, Clare Wohlgemuth, James Jagroo, Julia Verne, David McDaid, Dale Robinson, Mike Rayner</p> | |
| <p>3. Declarations of Interest (All)</p> | <p>Members, contractors and experts were requested to declare their interests in relation to “Information, resources and environmental changes to prevent skin cancer”.</p> <p>A number of declarations of interest had been received in writing prior to the meeting.</p> <p>Catherine Law and Mike Kelly had reviewed these and agreed that they did not prevent anyone from participating in the meeting.</p> <p>Meeting attendees were asked to declare these interests again and any additional declarations were requested.</p> <p>The following declarations were made for the morning session:</p> <p><u>Personal family interest</u></p> <p>None.</p> <p><u>Non - personal pecuniary interest</u></p> <p>Stephen Walters - The department that he works for at (SchARR, University of Sheffield) has contracts and/or research grants with the NIHR, HTA and NICE.</p> <p>KK Cheng – potential future research funding</p> <p>Toby Prevost – actual research funding</p> <p><u>Personal non – pecuniary interest</u></p> <p>Ed Jong – Ed Jong is an employee at Cancer Research UK and contributes to the SunSmart campaign. The organisation has a direct interest in the matter of vitamin D and has expressed public statements on this topic on their website. The committee agreed that these declarations of interest did not prevent participants from taking part in the meeting.</p> <p>Matt</p> | |

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| <p>4. Information, sun protection resources and environmental changes to prevent skin cancer: Considering the evidence</p> | <p>a) General Epidemiological Overview of at risk groups (Dylan Jones)</p> <p>Dylan Jones presented the Epidemiology paper and gave an overview of at risk groups.</p> <p>b) Expert papers on at risk groups</p> <p>Two papers had been prepared on ‘outdoor workers’ and ‘young people’ by Lynne Eagle. There was discussion around these papers.</p> <p>c) Expert paper on Vitamin D (Ed Jong, Cancer Research UK)</p> <p>Ed Jong presented an expert paper on Vitamin D.</p> <p>d) Expert papers in relation to physical activity and the school environment,</p> <p>A paper had been prepared on ‘physical activity and the school environment’. There was a discussion around this paper.</p> <p>e) Presentation of economic model (Evelina, Bertranou, Matrix)</p> <p>Evelina Bertranou from Matrix gave a presentation on the economic model.</p> <p>f) Comment PHIAC Health Economic discussant (Sarah Byford)</p> <p>Sarah Byford, the PHIAC Health Economic discussant, commented on the economic model.</p> <p>g) Questions – points of clarification</p> <p>The committee raised questions and made comments in relation to the papers and presentations noted above. The committee also noted the discussions and agreement it had reached on this topic in May (recorded in the minutes of that meeting).</p> | |
| <p>5. Information, sun protection resources and environmental changes to prevent skin cancer: Drafting recommendations</p> | <p>a) Outline areas for recommendations (Lorraine Taylor)</p> <p>Lorraine Taylor presented an outline of potential recommendations to be taken forward as draft guidance.</p> | |

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| | <p>b) Comment by lead PHIAC discussants (Matt Kearney, Joyce Rothschild, Muriel James) The discussants commented on the recommendations in relation to information, sun protection resources and environmental changes to prevent skin cancer.</p> <p>c) Discussion (All) The committee discussed potential recommendations and draft guidance and agreed that the guidance should be based on those tabled and:</p> <ul style="list-style-type: none"> • Recognise the need for different approaches for different groups and settings • Focus on behavioural norms • Support a message related to not burning in the sun • Use low cost, marginal opportunities to support self-efficacy, using a range of behavioural change techniques • Acknowledge the benefits of being in sun/outside • Note possible unintended consequences <p>The NICE team were asked to draft a set of research recommendations based on the gaps identified in the evidence reviews and expert papers.</p> <p>d) Next steps (Catherine Law) The next step timelines for this project are:</p> <ul style="list-style-type: none"> • Circulation with PHIAC on draft guidance: 20th July to 2nd August • Teleconference with PHIAC Chair – 5th August • Guidance signed off for consultation – 13th August • Consultation on draft guidance – 19th August to 16th September | |
| <p>Part 2 - Closed</p> <p>6. Increasing the uptake of HIV testing among Africans and men who have sex with men (MSM)</p> | <p>a. Declarations of interest (HIV testing)</p> <p>Members, contractors and experts were requested to declare their interests in relation to increasing the uptake of HIV testing among Africans and men who have sex with men (MSM).</p> | |

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| | <p>A number of declarations of interest had been received in writing prior to the meeting.</p> <p><u>Personal pecuniary interest</u></p> <p>Fiona Burns – PI on project grant received from Gilead Science Ltd. Fiona is part of a team contracted to conduct systematic reviews about interventions to increase the uptake of HIV testing interventions for NICE.</p> <p><u>Personal family interest</u></p> <p>None.</p> <p><u>Non-personal pecuniary interest</u></p> <p>Ibidun Fakoye - Contracted to conduct a systematic review about interventions to increase the uptake of HIV testing interventions for NICE</p> <p>Fiona Burns – PI on project grant received from Gilead Science Ltd. Fiona is part of a team contracted to conduct systematic reviews about interventions to increase the uptake of HIV testing interventions for NICE.</p> <p>Ruth Lowbury – The Medical Foundation for AIDS and sexual health has received financial support from pharmaceutical companies towards its charitable work, including for projects aiming to promote an increase in HIV testing. In the current year, they have received such commitments from Gilead Sciences Ltd and Bristol Myers Squibb Pharmaceuticals Ltd.</p> <p>Medical Foundation for AIDS and sexual health (in partnership) has submitted a tender to NICE to undertake fieldwork on public health intervention guidance on ‘Increasing the uptake of HIV testing among black Africans in England’.</p> <p>John Macleod – potential future research funding</p> <p>Matt Kearney - potential future service payment</p> <p>KK Cheng - potential future research funding</p> <p>Stephanie Taylor- potential future research funding</p> <p>Stephen Morris – Contracted to conduct systematic review about interventions to increase the uptake of HIV testing interventions for NICE.</p> | |
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| | <p>Ibidun Fakoye - Contracted to conduct systematic review about interventions to increase the uptake of HIV testing interventions for NICE</p> <p>Jane Anderson - Research lead for HIV at Homerton Hospital Centre for the study of sexual health and HIV, which is receiving research funding for studies sponsored by Gilead Sciences, Bristol Myers Squibb. Other studies funded by Medical Research Council, City and Hackney PCT, Department of health; MAC AIDS foundation funding for social care support within the clinical service; Gilead sciences financial support for HIV testing programmes; Executive board member British HIV Association; the British HIV Association receives sponsorship from Abbott, Bristol Myers Squibb, Tibotec, Gilead Sciences, ViiV; British HIV Association receives funding from the Department of Health for national audit programme;</p> <p><u>Personal non-pecuniary interest</u></p> <p>Ruth Lowbury – The medical foundation for AIDS and sexual health has undertaken a number of projects and spoken at public events on the importance of increasing the rate of HIV testing in order to reduce the morbidity, mortality and damage to public health arising from undiagnosed HIV infection.</p> <p>Jane Anderson - Undertaken and published research into HIV testing in a range of clinical settings, plus current studies into HIV testing initiatives in primary care in Hackney; undertaken and published research into the experience of HIV in African people in the UK, use of complementary therapies by African people with HIV both in South Africa and UK; undertaken research into the sexual health service provision for ethnic minority men who have sex with men; member national screening committee for HIV testing in pregnancy. Co Chair African HIV Research forum, member steering committee for UK CHIC study, and UK HIV resistance database; member, Executive Board, N. East London Clinical Network for Sexual Health and HIV; member working party on briefing papers on prosecution for reckless transmission of HIV; Coauthor with National AIDS Trust briefing papers on the clinical aspects of dispersal of HIV positive asylum seekers and HIV clinical issues in immigration removal centers; patron Terrence Higgins Trust; Secretary Sophia Network, Medical adviser Positively women; Liveryman, Worshipful</p> | |
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| | <p>Society of Apothecaries, Fellow of the Royal Society of Arts, Member Royal College of Physicians of London, British HIV Association, British Association for Sexual Health and HIV, British Infection Society, International AIDS Society, European AIDS Clinical Society, Royal Society of Medicine, British Medical Association. British HIV Association has published national guidelines on HIV testing, standards of HIV care and treatment guidelines for managing HIV in the UK.</p> <p>Lesley de Meza – Lesley is a trustee of JAT- Jewish Action and Training in Sexual Health.</p> <p>b. Overview of the scopes and the logic model (Chris Carmona and Kay Nolan, NICE) Chris Carmona and Kay Nolan presented an overview of the two scopes and set out a general logic model for increasing the uptake of HIV testing. The experts that followed then expanded on key areas of the mailed paper and logic model.</p> <p>c. Epidemiology of HIV (Anthony Nardone, Health Protection Agency) Anthony Nardone, head of the HIV and sexual health behavioural unit at the HPA, provided an overview of the epidemiology of HIV infection in the UK.</p> <p>d. HIV testing policy and guidance (Ruth Lowbury, Medical Foundation for AIDS and Sexual Health) Ruth Lowbury, Chief Executive of the Medical Foundation for AIDS and Sexual Health, gave an overview of testing strategy and policy in England. Ruth also updated the committee about a project on HIV testing by MedFASH and HPA for the European Centre for Prevention and Control (ECPC).</p> <p>e. British HIV Association guidelines on testing (Jane Anderson, British HIV Association and Genito Urinary Medicine - GUM - consultant) Jane Anderson, executive member of British HIV Association (BHIVA) and a GUM physician, outlined the BHIVA guidelines on testing.</p> | |
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| | <p>f. Antenatal HIV screening programme (Catherine Peckham, UCL) Catherine Peckham described the role of the Infectious diseases in pregnancy programme and the related surveillance data.</p> <p>g. HIV testing pilots (Kay Orton, Department of Health) Kay Orton outlined the purpose and progress of the HIV testing pilots in GP and A&E and other sites with high prevalence.</p> <p>h. Questions and discussion (All) The committee raised questions and discussed issues in relation to the presentations from the experts.</p> | |
| <p>7. Increasing the uptake of HIV testing among Africans and men who have sex with men (MSM) (continued)</p> | <p>a) Introduction to the economic model (Leeza Osipenko, Matrix) Leeza Osipenko from Matrix described the approach to the modelling for both topics. She outlined the different components of the models (behaviour, disease progression, transmission) and the key assumptions. Leeza did not present the results as work is still ongoing. The findings will be presented at the July PHIAC meeting.</p> <p>b) Questions and discussion (All) Catherine Law gave the committee the opportunity for questions and discussion. The focus was on the mechanics of the model and the key assumptions.</p> <p>Mike Kelly underlined that the cost effectiveness of HIV treatment falls outside of the referrals on this topic from the Department of Health, and hence outside the scopes for each piece of guidance. The referrals and scopes focus on how to increase the rates of HIV testing among these two population groups.</p> <p>c) Next steps Catherine Law set out the next steps:</p> <ul style="list-style-type: none"> • 21st June – 29th June: model will be finalised and NICE will be talking to discussants. • 2nd July: Papers for PHIAC are to be mailed out | |

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| | <ul style="list-style-type: none"> 16th July: PHIAC 1 for guidance on black Africans and men who have sex with men – to consider the evidence and to draft recommendations | |
| 8. Topic selection – possible topics for the future | No topics were suggested. | |
| 9. Minutes of the meeting of PHIAC 47 | The minutes of the May meeting were amended and agreed. | |
| 9. AOB | <ul style="list-style-type: none"> The committee discussed whether NICE processes allowed the committee to advise that guidance should not be produced on a referred topic. It was agreed that this might occur but would reflect a failure of the referral and topic selection processes, so would be likely to be unusual. Some members thought that the length of the guidance has increased, particularly where the evidence base was weak. The committee agreed that in general shorter documents were preferable. Some committee members requested clarification of the rules on declaration of interests (DOIs) and resulting processes if an interest was judged to exist. CL pointed to the tabled summary guidance on DOIs. She suggested that NICE re-circulate the DOI rules. | NICE |
| 12. Close | The meeting closed at 16:24. | |