NICE National Institute for Health and Care Excellence

NICE quality standard

# HIV testing: encouraging uptake

Quality standard

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This standard is based on NG60 and NG221.

This standard should be read in conjunction with QS156, QS23, QS178 and QS129.

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# Quality statement 1: Hospitals in areas of high and extremely high HIV prevalence

## Quality statement

Young people and adults are offered an HIV test when admitted to hospital or attending an emergency department in areas of extremely high HIV prevalence, or when having a blood test when admitted to hospital or attending an emergency department in areas of high HIV prevalence.

## Rationale

Increasing the uptake of HIV testing among people living in areas of high or extremely high HIV prevalence is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission. Offering HIV testing more routinely in hospitals in areas of high or extremely high HIV prevalence will help to ensure that an HIV test is regarded as routine practice. This will help to reduce the stigma that can be associated with HIV testing.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

a) Evidence of local processes to offer an HIV test to all young people and adults who are admitted to hospital or attend an emergency department in areas of extremely high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

b) Evidence of local processes to offer an HIV test to all young people and adults having a blood test when admitted to hospital or attending an emergency department in areas of high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

a) Proportion of young people and adults admitted to hospital or attending an emergency department, in an area of extremely high HIV prevalence, who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of young people and adults admitted to hospital or attending an emergency department in an area of extremely high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records.

b) Proportion of young people and adults having a blood test when admitted to hospital or attending an emergency department in an area of high HIV prevalence who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of young people and adults having a blood test when admitted to hospital or attending an emergency department in an area of high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records.

## Outcome

a) Number of new HIV diagnoses in areas of high and extremely high prevalence.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system.

b) Number of new HIV diagnoses made at a late stage of infection in areas of high and extremely high prevalence.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system. Late stage of infection is defined as a CD4 count less than 350 cells per $mm^3$.

# What the quality statement means for different audiences

**Service providers** (hospital services such as emergency departments and medical admissions units) in areas of extremely high HIV prevalence offer and recommend an HIV test to all young people and adults admitted to hospital or attending an emergency department. In areas of high HIV prevalence providers offer and recommend an HIV test to young people and adults having a blood test when admitted to hospital or attending an emergency department. Providers could offer an HIV test by an opt-out testing system.

**Healthcare professionals** (such as doctors and nurses) in hospitals in areas of extremely high HIV prevalence offer and recommend an HIV test to all young people and adults admitted to hospital or attending an emergency department. In hospitals in areas of high HIV prevalence healthcare professionals offer and recommend an HIV test to all young people and adults having a blood test when admitted to hospital or attending an emergency department. Healthcare professionals should emphasise that having an HIV test is a routine procedure but if the test is declined, they should provide information on how to access other local HIV testing services.

**Commissioners** (such as integrated care systems, local authorities and clinical commissioning groups) include HIV testing in the service specification for hospitals, including emergency departments, in areas of extremely high or high HIV prevalence. Commissioners should work collaboratively to ensure that hospitals offer and recommend an HIV test to all young people and adults admitted to hospital or attending an emergency department in areas of extremely high HIV prevalence and to those having a blood test when admitted to hospital or attending an emergency department in areas of high prevalence.

**Young people and adults admitted to hospital or seen in the emergency department (A&E)** are offered an HIV test if the hospital is in an area that has a very high level of HIV. They are also offered an HIV test if they are already having a blood test and the hospital is in an area that has a high level of HIV. This will help to ensure that people with HIV are diagnosed and treated as early as possible.

# Source guidance

HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline NG60 (2016, updated 2025), recommendations 1.1.6 and 1.1.7

# Definitions of terms used in this quality statement

## Young people and adults

Young people are aged 16 and 17 years. Adults are aged 18 years and over. [Expert opinion]

## High or extremely high HIV prevalence

Local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years have a high HIV prevalence. Those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years have an extremely high HIV prevalence (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see the Office for Health Improvement and Disparities' Sexual and reproductive health profiles for interactive maps, charts and tables). [NICE's guideline on HIV testing]

# Quality statement 2: General practice in areas of high and extremely high HIV prevalence

## Quality statement

Young people and adults in areas of high or extremely high HIV prevalence are offered an HIV test by their GP practice when registering or when having a blood test if they have not had an HIV test in the past 12 months.

## Rationale

Increasing the uptake of HIV testing among people living in areas of high or extremely high HIV prevalence is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission to other people. Offering HIV testing routinely in GP practices in areas of high or extremely high prevalence will help to ensure that having an HIV test is regarded as routine practice. This will help to reduce the stigma that can be associated with HIV testing. As the decision to offer an HIV test will be based on clinical judgement the expected level of achievement against the process measures may vary.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

a) Evidence of local processes to offer an HIV test to young people and adults registering with a GP in areas of high or extremely high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare

professionals and provider organisations, for example, from service protocols.

b) Evidence of local processes to offer an HIV test to young people and adults having a blood test at their GP practice in areas of high or extremely high HIV prevalence if they have not had an HIV test in the past 12 months.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

a) Proportion of young people and adults newly registered with a GP in an area of high or extremely high HIV prevalence who receive an HIV test within 3 months of registration.

Numerator – the number in the denominator who receive an HIV test within 3 months of registration.

Denominator – the number of young people and adults newly registered with a GP in an area of high or extremely high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records. Following consultation, a 3-month timescale was suggested for measurement purposes.

b) Proportion of young people and adults who have not had an HIV test in the past 12 months having a blood test at their GP practice in an area of high or extremely high HIV prevalence who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of young people and adults who have not had an HIV test in the past 12 months having a blood test at their GP practice in an area of high or extremely high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records. Given that the decision to offer an HIV test will be based on clinical judgement,

GP practices may wish to determine the expected level of achievement on the basis of the local patient profile.

### Outcome

a) HIV testing rate per 1,000 registered patients in GP practices in areas of high and extremely high HIV prevalence.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from GP practice records.

b) Number of new HIV diagnoses in areas of high and extremely high HIV prevalence.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system.

c) Number of new HIV diagnoses made at a late stage of infection in areas of high and extremely high HIV prevalence.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system. Late stage of infection is defined as a CD4 count less than 350 cells per $mm^3$.

## What the quality statement means for different audiences

**Service providers** (general practices) in areas of high or extremely high HIV prevalence ensure that staff offer and recommend an HIV test to young people and adults when they register or when they are having a blood test if they have not had an HIV test in the past 12 months. Providers could offer an HIV test by an opt-out testing system.

**Healthcare professionals** (such as GPs, practice nurses and healthcare assistants) in areas of high or extremely high HIV prevalence offer and recommend an HIV test to young people and adults when they register with the practice or when they are having a blood test if they have not had an HIV test in the past 12 months. Healthcare professionals emphasise that having an HIV test is a routine procedure, but if the test is declined, they should provide information on how to access other local HIV testing services.

**Commissioners** (such as integrated care systems, local authorities, clinical commissioning groups and NHS England) work collaboratively to commission general practice services in areas of high or extremely high HIV prevalence that offer and recommend an HIV test to young people and adults at registration or when they are having a blood test if they have not had an HIV test in the past 12 months. Commissioners ensure that general practices are aware of local HIV prevalence and that training and resources are available to support general practices to implement increased HIV testing.

**Young people and adults in areas with a high risk of HIV** are offered an HIV test when they register with a GP or when they are having a blood test at their GP practice if they have not had an HIV test in the past 12 months. This will help to ensure that people with HIV are diagnosed and treated as early as possible.

# Source guidance

HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline NG60 (2016, updated 2025), recommendation 1.1.9

# Definitions of terms used in this quality statement

## Young people and adults

Young people are aged 16 and 17 years. Adults are aged 18 years and over. [Expert opinion]

## High or extremely high HIV prevalence

Local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years have a high HIV prevalence. Those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years have an extremely high HIV prevalence (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see the Office for Health Improvement and Disparities' Sexual and reproductive health profiles for interactive maps, charts and tables). [NICE's guideline on HIV testing]

# Quality statement 3: HIV indicator conditions

## Quality statement

Young people and adults newly diagnosed with an HIV indicator condition are offered an HIV test.

## Rationale

Increasing the uptake of HIV testing among people who may have been infected is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission to other people. Offering HIV testing in primary and secondary care to people newly diagnosed with conditions that may indicate HIV infection could mean that potentially serious consequences of HIV infection are avoided. It may also improve response to treatment for the indicator condition.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

a) Evidence of local systems that alert healthcare professionals to the need to offer an HIV test when an indicator condition is diagnosed.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from system specification.

b) Evidence of local processes to offer an HIV test to young people and adults newly diagnosed with an indicator condition.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

### Process

Proportion of young people and adults newly diagnosed with an indicator condition who receive an HIV test.

Numerator – the number in the denominator who receive an HIV test.

Denominator – the number of young people and adults newly diagnosed with an indicator condition.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records.

### Outcome

a) Number of new HIV diagnoses.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system.

b) Number of new HIV diagnoses made at a late stage of infection.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system. Late stage of infection is defined as a CD4 count less than 350 cells per $mm^3$.

## What the quality statement means for different audiences

**Service providers** (such as hospitals including outpatient departments, general practices and sexual health services) ensure that staff are trained to offer and recommend an HIV test to young people and adults who are newly diagnosed with an indicator condition. Providers ensure that systems are in place to alert healthcare professionals to the need to offer and recommend an HIV test when a relevant diagnosis is made. Providers could offer

an HIV test by an opt-out testing system.

**Healthcare professionals** (such as clinicians, GPs and nurses) offer and recommend an HIV test to young people and adults with HIV who are newly diagnosed with an indicator condition. If the test is declined, healthcare professionals should provide information on how to access other local HIV testing services.

**Commissioners** (such as integrated care systems, local authorities, clinical commissioning groups and NHS England) include HIV testing in the service specification for hospitals and GP practices. Commissioners ensure that providers have processes in place to offer and recommend an HIV test to all young people and adults who are newly diagnosed with an indicator condition.

**Young people and adults with a health condition that may suggest they have HIV** are offered an HIV test. This is so that they can be diagnosed and treated as early as possible if they are infected.

# Source guidance

HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline NG60 (2016, updated 2025), recommendations 1.1.5 and 1.1.8

# Definitions of terms used in this quality statement

## Young people and adults

Young people are aged 16 and 17 years. Adults are aged 18 years and over. [Expert opinion]

## HIV indicator conditions

HIV testing is recommended as identified in HIV in Europe's guidance on HIV indicator conditions. Service providers may wish to focus on the following priorities:

### Potentially AIDS-defining conditions

Neoplasms:

- Cervical cancer
- Non-Hodgkin's lymphoma
- Kaposi's sarcoma.

Bacterial infections:

- Mycobacterium tuberculosis, pulmonary or extrapulmonary
- Mycobacterium avium complex or Mycobacterium kansasii, disseminated or extrapulmonary
- Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
- Pneumonia, recurrent (2 or more episodes in 12 months)
- Salmonella septicaemia, recurrent.

Viral infections:

- Cytomegalovirus retinitis
- Cytomegalovirus, other (except liver, spleen, glands)
- Herpes simplex, ulcer(s) for more than 1 month/bronchitis/pneumonitis
- Progressive multifocal leucoencephalopathy.

Parasitic infections:

- Cerebral toxoplasmosis
- Cryptosporidiosis diarrhoea for more than 1 month
- Isosporiasis for more than 1 month
- Atypical disseminated leishmaniasis
- Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis).

Fungal infections:

- Pneumocystis carinii pneumonia
- Candidiasis, oesophageal
- Candidiasis, bronchial/tracheal/lungs
- Cryptococcosis, extrapulmonary
- Histoplasmosis, disseminated/extrapulmonary
- Coccidioidomycosis, disseminated/extrapulmonary
- Penicilliosis, disseminated.

### Conditions in which the prevalence of undiagnosed HIV is more than 0.1%

- Sexually transmitted infections
- Malignant lymphoma
- Anal cancer/dysplasia
- Cervical dysplasia
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia/thrombocytopenia lasting more than 4 weeks
- Seborrheic dermatitis/exanthema
- Invasive pneumococcal disease
- Unexplained fever
- Candidaemia
- Visceral leishmaniasis.

### Conditions likely to have an undiagnosed prevalence of HIV of more than 0.1%

- Primary lung cancer
- Lymphocytic meningitis
- Oral hairy leukoplakia
- Severe or atypical psoriasis
- Guillain–Barré syndrome
- Mononeuritis
- Subcortical dementia
- Multiple sclerosis-like disease
- Peripheral neuropathy
- Unexplained weight loss
- Unexplained lymphadenopathy
- Unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained chronic renal impairment
- Hepatitis A
- Community-acquired pneumonia
- Candidiasis.

### Conditions likely to have an estimated prevalence of HIV lower than 0.1% but where not identifying HIV infection may have significant adverse implications for the person's care

- Conditions requiring aggressive immunosuppressive therapy:
  - Cancer

  - Transplantation
  - Auto-immune disease treated with immunosuppressive therapy
- Primary space-occupying lesion of the brain
- Idiopathic/thrombotic thrombocytopenic purpura.

[HIV in Europe's guidance on HIV indicator conditions]

# Quality statement 4: Regular HIV testing

## Quality statement

Young people and adults in at-risk groups who test negative for HIV are advised that the test should be repeated at least annually.

## Rationale

Regular HIV testing for people in groups or communities at risk of HIV exposure is important to reduce late diagnosis. People who test negative for HIV may continue to be at risk and regular testing will ensure early diagnosis. Early diagnosis will improve treatment outcomes and reduce the risk of transmission to other people. People who have unprotected sex with new or casual partners are at high risk of exposure and should be advised to have an HIV test more often than once a year.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

a) Evidence of local processes to identify if young people and adults who test negative for HIV are in at-risk groups.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

b) Evidence of local processes to advise young people and adults in at-risk groups who test negative for HIV that the test should be repeated at least annually.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

## Process

Proportion of young people and adults in at-risk groups who test negative for HIV who are advised that the test should be repeated at least annually.

Numerator – the number in the denominator who are advised that the test should be repeated at least annually.

Denominator – the number of young people and adults in at-risk groups who test negative for HIV.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records or report from recall system.

## Outcome

a) Proportion of young people and adults in at-risk groups who had an HIV test in the past 12 months.

Numerator – the number in the denominator who had an HIV test in the past 12 months.

Denominator – the number of young people and adults in at-risk groups.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from GP practices records.

b) Number of new HIV diagnoses in at-risk groups.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system.

c) Number of new HIV diagnoses made at a late stage of infection in at-risk groups.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system. Late stage of infection is defined as a CD4 count less than 350 cells per $mm^3$.

# What the quality statement means for different audiences

**Service providers** (such as sexual health clinics, hospitals, general practices and community HIV testing services) ensure that processes are in place to identify young people and adults in at-risk groups who test negative for HIV and to advise them that the test should be repeated at least annually and more often if they are at high risk of exposure.

**Healthcare professionals** (such as sexual health advisers, doctors and nurses and lay testers) identify young people and adults in at-risk groups who test negative for HIV and advise them that the test should be repeated at least annually and more often if they are at high risk of exposure. If people are reluctant to have an HIV test at least annually, healthcare professionals should provide information on how to access other local HIV testing services, including those that offer less invasive forms of specimen collection and self-sampling.

**Commissioners** (such as integrated care systems, local authorities, clinical commissioning groups and NHS England) commission services that identify young people and adults in at-risk groups who test negative for HIV and advise them that the test should be repeated at least annually.

**Young people and adults who have a negative HIV test but who may still be at risk of exposure** are advised that the HIV test should be repeated at least annually. This is so that they can be diagnosed and treated as early as possible if they become infected.

# Source guidance

HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline NG60 (2016, updated 2025), recommendation 1.2.6

# Definitions of terms used in this quality statement

## Young people and adults

Young people are aged 16 and 17 years. Adults are aged 18 years and over. [Expert

opinion]

## At-risk groups

HIV testing should be recommended to people in the following groups:

- people from a country or group with a high rate of HIV infection
- men who have sex with men
- trans women who have sex with men
- people who have had sexual contact with someone from a country with a high rate of HIV or someone with a high risk of HIV (for example, female sexual contacts of men who have sex with men)
- people who participate in high-risk sexual practices such as 'chemsex'
- people who are diagnosed with or tested for a sexually transmitted infection
- drug users who inject.

[Adapted from NICE's guideline on HIV testing, recommendations 1.1.5 and 1.1.8 and expert opinion]

# Quality statement 5: People who may have been exposed to HIV

## Quality statement

People who may have been exposed to HIV by a person newly diagnosed with HIV are offered an HIV test.

## Rationale

People who may have been exposed to HIV by a person newly diagnosed with HIV are at high risk of being infected. Identifying and contacting these people will enable them to be offered an HIV test as soon as possible. Early diagnosis of HIV improves treatment outcomes and reduces the risk of transmission to other people.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

Evidence of local arrangements to ensure that notification procedures are in place to identify people who may have been exposed to HIV by a person newly diagnosed with HIV. These arrangements may include referral pathways to specialist sexual health services.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols and referral pathways.

### Process

Proportion of contactable people who may have been exposed to HIV by a person newly

diagnosed with HIV who are tested within 3 months.

Numerator – the number in the denominator who are tested for HIV within 3 months.

Denominator – the number of contactable people who may have been exposed to HIV by a person newly diagnosed with HIV.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records.

### Outcome

a) Number of people tested per total number of index cases.

**Data source:** Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from an audit of patient health records.

b) Number of new HIV diagnoses.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system.

c) Number of new HIV diagnoses made at a late stage of infection.

**Data source:** Local data collection for Public Health England's HIV and AIDS reporting system. Late stage of infection is defined as a CD4 count less than 350 cells per $mm^3$.

## What the quality statement means for different audiences

**Service providers** (such as sexual health clinics) have processes in place to ensure that people who may have been exposed to HIV by a person newly diagnosed with HIV are identified and offered an HIV test.

**Healthcare professionals** (such as sexual health advisers) help people who test positive

for HIV to identify people who they may have exposed to HIV using standard notification procedures. Once people who may have been exposed to HIV are identified, healthcare professionals make contact with them to offer an HIV test.

**Commissioners** (such as integrated care systems and local authorities) commission services that ensure that people who may have been exposed to HIV by a person newly diagnosed with HIV are identified and offered an HIV test.

**People who may have been exposed to HIV by a person newly diagnosed with HIV** are contacted and offered an HIV test. This will ensure that, if they also have HIV, they are diagnosed and treated as early as possible.

# Source guidance

- HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline NG60 (2016, updated 2025), recommendation 1.2.9
- Reducing sexually transmitted infections. NICE guideline NG221 (2022), recommendations 1.3.1 to 1.3.5

# Definitions of terms used in this quality statement

## People who may have been exposed to HIV by a person newly diagnosed with HIV

Potential routes of HIV exposure include sexual, injecting drug use and other (including blood/blood product transfusion, organ and skin transplantation, semen donation, and needlestick and other injury). It does not include vertical transmission of HIV from mother to baby that is identified by universal antenatal screening. [Adapted from the British HIV Association's HIV partner notification for adults: definitions, outcomes and standards]

# Update information

**Minor changes since publication**

**June 2022:** Source guidance references for statement 5 have been updated to align with the updated NICE guideline on reducing sexually transmitted infections. Links, and data sources have also been updated throughout.

**January 2022:** The link and definition for HIV indicator conditions based on HIV in Europe's guidance on HIV indicator conditions was updated in statement 3.

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

# Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource

impact work for the source guidance. Organisations are encouraged to use the resource impact summary report for the NICE guideline on reducing sexually transmitted infections to help estimate local costs.

## Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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# Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

# Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of Nursing (RCN)
- Royal College of Physicians (RCP)
- British HIV Association
- Public Health England
- Royal College of General Practitioners (RCGP)
- British Infection Association

- British Association for Sexual Health and HIV
- Terrence Higgins Trust