NICE National Institute for Health and Care Excellence

Consultation on NICE indicators – deadline for comments 5pm on Thursday 16 May 2019 email: indicators@nice.org.uk

	Comments Proforma – Consultation on NICE indicators We would like to hear your views on the proposed amendments and additions to the NICE indicators for: • asthma, COPD, heart failure – these indicators have been amended as a result of reviewing existing QOF indicators; • multi-morbidity, frailty, familial hypercholesterolaemia and alcohol - these indicators are currently being piloted in general practice and may be suitable for a national measurement framework; • HIV testing – these indicators are intended for use in general practice in specified areas of high or extremely high prevalence only Do you have any general comments on these indicators? When commenting on these indicators you may also wish to consider whether: • the proposed indicators will lead to improvements in care and outcomes for patients? • there are any barriers to implementing the care described? • there are potential unintended consequences to implementing / using the indicators? • there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group. The consultation document should be read before making comments on the topic areas listed in this document. Please be clear which indicator you are commenting on where your comment is specific to an individual indicator. Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**British HIV Association (BHIVA)**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	[**None**]
Name of commentator person completing form:	[**Dr Adrian Palfreeman**]
Type	[office use only]

Comment number	**Indicator ID**	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	HIV	*Stakeholders are asked to consider the following questions when commenting on the proposed indicator changes:*
2	HIV	**1. Do you think there are any barriers to implementing the care described by these indicators?**

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		The most obvious issue facing GPs is the unsustainable increase in demand for their time and resources, coupled with a decline in their numbers. Unless this initiative is delivered in such a way that it has little or no impact on the quantity of extra work they are being asked to deliver, it will fail. One possible solution is to approach this in the same way as antenatal HIV testing, where most testing is done routinely on an opt-out basis by nurses and midwives in GP surgeries. HIV testing could then be done as a routine part of care, with the patient informed when blood is drawn by whoever is doing it. The lab costs of the routine opt-out tests must also not penalise GPs who participate. If these match the antenatal HIV screening costs, rather than are charged as stand-alone HIV testing costs, this will help.
3	HIV	2. **Do you think there are potential unintended consequences to implementing/ using any of these indicators**? Making HIV testing part of routine practice for patients who are having a blood test will help destigmatise HIV testing and reduce undiagnosed HIV. One effect of this initiative over time could be the reduction in new positive diagnoses, which may lead some to question the value of testing for what will then be becoming an increasingly rare problem.
4	HIV	**3. Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.** Not if the testing is communicated as being part of routine practice and takes place in areas defined by evidence of high prevalence.
5	HIV	**4. If you think any of these indicators may have an adverse impact in different groups in the community, can you suggest how the indicator might be delivered differently to different groups to reduce health inequalities?** See above.

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		Withholding testing from stigmatised groups in society doesn't help anyone.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF).**
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **the indicator ID** for the indicator you are commenting on
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation**.
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms **do not include attachments** such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**
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You can see any guidance that we have produced on topics related to these indicators by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees. Further information regarding our privacy information can be found at our privacy notice on our website.

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NICE Indicators April 2019

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