

## Guidance Consultation Template

Once completed, please return to: [NSS.SHPN-PMT-Submissions@nhs.net](mailto:NSS.SHPN-PMT-Submissions@nhs.net)

<b>Guidance title:</b>	<b>Scottish Health Protection Network (SHPN) HIV Prevention in MSM Guidance</b>
<b>Organisation:</b>	<b>British HIV Association (BHIVA)</b>
<b>Date:</b>	<b>1 June 2018</b>
<b>Reviewer name:</b>	<b>Dr Nadi Gupta</b>

<b>Do you consider the evidence on which the recommendations are based to be the best available, the most up-to-date and the most appropriate?</b>		
Yes/No/NA	Section / Page No.	Comments / Suggested Amendments

<b>Are key recommendations easily identifiable, specific and unambiguous?</b>		
Yes/No/NA	Section / Page No.	Comments / Suggested Amendments

<b>To your knowledge, is there any further relevant information that has not been included in this document?</b>		
Yes/No/NA	Section / Page No.	Comments / Suggested Amendments

<b>Any further comments/amendments?</b>		
1. The aims of the document are clear. (I presume the page numbers will be added in due course)		
2. Section A2, under behavioural interventions point 6. " <i>such interventions should include brief motivation-based interventions</i> " needs clarification: Do they mean that every intervention should include motivational interviewing? For example, a condom distribution scheme in a bar would not include motivational interviewing.		
3. Section B - The guidance recommendations first paragraph - " <i>Some interventions have no high quality evidence illustrating</i>		

*their effectiveness but are nonetheless logical, plausible and necessary.*" I would suggest that statements such as these in the document would be best backed up by some examples.

4. Section B1. Recommendation on Structural intervention.

Expert summary 1, last paragraph mentions "*consistent training for staff*". It would be helpful to be more specific to ensure consistency. Is there a recommended/preferred training package?

5. General comment. As the guideline is aimed at commissioners, I think that it may be beneficial re commissioners understanding of this document by adding some real anonymised case studies to highlight how crucial this work is, e.g., cases of biomedical interventions, specific examples of structural interventions/educational programmes, examples of how working with 3rd sector optimised patient care, etc.