Tuberculosis



Stakeholder engagement – deadline for comments 5pm on 22/03/16 email: QStopicengagement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.		
	 We would like to hear your views on these questions: What are the key areas for quality improvement that you would want to see covered by this quality standard? Please prioritise up to 5 areas which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. 		
	 You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance 		
	[Insert any specific questions you would like considered during consultation, or delete if not needed]		
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 person completing form:	[Jacqueline English]		

Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information. Type		[Yes/No] [for office use only]		
Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement? Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires	Supporting information If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this	
		improvement?	table.	

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Separately list each key area for quality improvement that you would want to see covered by this quality standard. EXAMPLE: Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)	exidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD. Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK. Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit
General comments			BHIVA is grateful for the opportunity to comment on this topic.
General comments			The Association suggests that the point to be made relates to ensuring that HIV testing is routinely offered to all people with active TB. BHIVA suggests that it would also be useful to know the result of such HIV tests and for these to be recorded.

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General comments on HIV testing	The current evidence from the attached info in the quality standards (taken from the "Public Health England (2014) Tuberculosis in the UK: annual report"): "HIV testing In 2013, information on HIV testing was known for 81% of cases whose HIV status was not previously known (6,205/7,616). Of these, 88.5% of cases (5,490) were offered and received HIV testing, 6.8% of cases (424) were not offered testing, and 4.7% (291) were offered HIV testing but did not receive it, of which 1.7% (106) declined. A high proportion of children aged 0 to 14 years old were not offered HIV testing (35%, 78/221. Data on HIV status is not collected in the surveillance system. Information on the proportion of TB cases aged 15 years and older with HIV is obtained by record linkage between the national TB and HIV datasets. For 2012 data, this information will be available later in the year after record linkage has been
	completed." However, HIV testing does not appear to be mentioned in the "Public Health England (2015) Reports of cases of tuberculosis to enhanced tuberculosis surveillance systems: UK, 2000 to 2014".
General comments on HIV testing	BHIVA would welcome discussion on how to test for TB in HIV infected individuals.
Reference for BHIVA guidelines	http://www.bhiva.org/documents/Guidelines/TB/hiv_954_online_final.pdf
	Please note that an update of these guidelines is currently being prepared by BHIVA

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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- 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.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- 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
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey
 literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake
 reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence
 material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the
 highlighter function in Word.

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