

Introduction

Organisation name (if you are responding as an individual, please leave blank)			
Name of commentator			Ben Cromarty
Role of commentator			
3	Fore word	4	“Recognition of the impact of effective virological suppression on transmission...”...why not spell it out more and say U=U...that’s what people recognise
4	Fore word	4	“A user guide is being developed to accompany these Standards. “....Excellent!
5	Intr o	8	After the 1st para in this section: Standards of Care for People Living with HIV in 2018, why not say more about what has changed since 2013, to give context to the revisions in these guidelines? So something about the benefit of starting treatment asap; U=U; TasP; PrEP; and the ageing cohort and what that means - co-morbidities

Organisation name (if you are responding as an individual, please leave blank)			
Name of commentator			Hilary Curtis
Role of commentator			BHIVA Clinical Audit Co-ordinator

2	Intr o/G	10?	Suggest include a section on “Structure of the standards” – perhaps before “Development of the standards”. This should explain that each comprises a standards statement, a rationale, quality statement(s) and measurable and auditable outcome(s). It should go on to say that inclusion of outcomes does not imply that all of these should or will be audited. Some are suitable for national audit, either routinely via surveillance data or occasionally via eg BHIVA audits, but others are offered as optional suggestions for local or regional audit.
---	-------------	-----	--

Organisation name (if you are responding as an individual, please leave blank)			
Name of commentator			Roy Trelivion
Role of commentator			UK-CAB BHIVA Rep, i-Base staff
2	4	4	Quote “The Standards provide a reference point against which to benchmark the quality of HIV care. This continues to be important since the introduction of the new NHS commissioning landscape in April 2013.” Comment: This is important because changes to the commissioning landscape continue to be implemented without wide consultation. For example, the introduction of STPs/ACOs and other local healthcare systems that can lead to a commissioning/services split between HIV care and other services such as Sexual/Reproductive services, social care or other services provided by local councils.

Organisation name (if you are responding as an individual, please leave blank)		Sophia Forum
Name of commentator		Sophie Strachan

Role of commentator			Co Chair
5		9	<p>Scope of standards, notes speaking to people who are unaware of HIV diagnosis, sexual health services need to significantly improve services for lesbian, bi sexual and transgender people, currently basic proforma's do not even acknowledge they exist</p> <p>Are you going to reference somewhere that London is now a fast track city?</p>
5		9	<p>Aims of standards, we acknowledge your definition of minimum standard of care, but this speaks to only a few key populations, is very heteronormative in language and if your aim is to reach those who are yet to learn of diagnosis then you continue to exclude minority groups such as white Caucasian and Asian women, bi sexual and lesbian . You have used UNAIDS language from 2015, which could be seen as outdated considering considerable change in language around cis men/women, non-binary, gender neutral , it is important to recognise that some trans women don't want the label of trans women and others who prefer to be identified that way.</p>

Organisation name (if you are responding as an individual, please leave blank)			CHIVA
Name of commentator			Dr Bala Subramaniam
Role of commentator			Executive member, CHIVA
1	G	12	Equality of access should include regardless of disability (physical ability as well as learning disability)

Organisation name (if you are responding as an individual, please leave blank)			British Psychological Society (BPS)
Name of commentator			Sarah Rutter & Tomás Campbell
Role of commentator			Chair & Treasurer of the BPS Faculty of HIV & Sexual Health

1	Introduction	7	<p>The Society believes that it would be useful to include a statement on the care of people who identify as transgender, intersex, gender queer or gender non-binary, given the growing awareness of issues affecting these populations that can affect access to health care (Xavier et al, 2013). Person-centred care will also include insight into the special needs of people from these groups, including a sensitivity with regard to pronoun use, special arrangements for physical exams and training for staff on the needs of these populations.</p> <p>This would sit well at the start of the introduction which recognises that HIV affects already marginalised and vulnerable populations. We would recommend an additional paragraph acknowledging the complex intersections of issues relating to differing populations on the basis of gender, sexuality, race, socioeconomic status, power etc. We also believe that there should be equity of access to all aspects of care for all people living with HIV, and that this should be made clear in the document.</p>
---	--------------	---	---

Organisation name (if you are responding as an individual, please leave blank)			Positive East
Name of commentator			Mark Santos & Steve Worrall
Role of commentator			Director & Deputy Director
2		9	The ambition of the document suggests a holistic approach. We would suggest that this is reflected in the aims and the bullet point one is expanded to reference social care, support and wellbeing.

Organisation name (if you are responding as an individual, please leave blank)			
Name of commentator			Laura Waters
Role of commentator			Consultant Physician
5	FW D	2-4	<p>I think a short paragraph contextualising the standards relative to BHIVA guidelines, national commissioning & broader NHS guidelines would be helpful. You set out the role of these standards relative to other standards on page 10 and I think a similar discussion related to other guidelines is warranted.</p> <p>I think it's a challenge for the standards, in the absence of GRADE/NICE endorsement (presumably?), to wield the power they deserve and I wonder if some discussion acknowledging this wrt methodology would be wise? The standards are referenced but I can't see a discussion regarding how these were chosen. My fear is you will be open to criticism that you have cherry picked the references to support your points – more signposting of guidelines with clear methodology may, at least in part, address this.</p>
6		10	Why are the standards applicable only to adults? Should there be at least a short statement on children/adolescents living with HIV?

Organisation name (if you are responding as an individual, please leave blank)			Catholics for AIDS Prevention and Support Positive Catholics
Name of commentator			Jim McManus
Role of commentator			
			Overarching principles: 2. There should be equality of access to, and equity in provision of, health and social care for all people regardless of age,....etc... People suggest 'religion' be included here

Organisation name (if you are responding as an individual, please leave blank)			ADPH
Name of commentator			Policy Manager - ADPH
Role of commentator			Rachel Cullum
			The section giving a brief description of the standards has nothing on end of life care although it is a section in the main text
			The descriptions of service provision (e.g. P10) are not relevant to a document on standards of care
			The section on late diagnosis and women could be a bit more developed
			We would like to see mention of spiritual needs earlier in the document before inclusion in the palliative care section

Organisation name (if you are responding as an individual, please leave blank)			NAT
Name of commentator			Yusef Azad
Role of commentator			Director of Strategy
			Foreword There is reference to the new commissioning landscape from April 2013 – which of course only applies to England. We understand that the Standards are for the whole of the UK. This needs to be clarified, and if they are meant to apply to the whole of the UK, there should be relevant textual revisions to avoid ‘England assumptions’ throughout.
			Introduction and background In first line ‘its’ not ‘it’s’.
			In the para beginning ‘It is estimated ..’, 2016 statistics can now be used, rather than 2015 ones.

			Again it is worth noting that the NHS Outcomes Framework is only relevant to England (we welcome the Appendix highlighting how the Standards help meet the various outcomes).
			There is reference to the importance of networks at p.11 (language not then really taken up in the rest of the text). Could a reference be provided as to what exactly is being discussed here – are there models to refer to or is this more broadly simply a call for greater and more systematic integration?