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:

1. **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.

2. 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.

3. [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, Secretariat Manager]

**Supporting the quality standard** - Would your organisation like to express an interest in formally supporting this quality standard? [More information.]

[Yes/No]
<table>
<thead>
<tr>
<th>Type</th>
<th></th>
<th>Supporting information</th>
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</thead>
<tbody>
<tr>
<td>Key area for quality improvement</td>
<td>Why is this important?</td>
<td></td>
</tr>
<tr>
<td>Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?</td>
<td>If available, any national data sources that collect data relating to your suggested key areas for quality improvement?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Why is this a key area for quality improvement?</td>
<td></td>
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<td></td>
<td>Do not paste other tables into this table, as your comments could get lost – type directly into this table.</td>
<td></td>
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</tbody>
</table>
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)

There is good evidence 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](http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit)

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<table>
<thead>
<tr>
<th>Key area for quality improvement 1</th>
<th>There really are very few HIV+ patients with these cancers and BHIVA has the following comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with head and neck cancer requiring chemotherapy or radiotherapy should be tested for HIV as per HIV malignancy guidelines (and treated if HIV+)</td>
<td></td>
</tr>
</tbody>
</table>

| Key area for quality improvement 2 | Head and neck cancer patients with HIV should not be excluded from clinical trials because of their HIV status alone |

Additional developmental areas of emergent practice

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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.

Please return to: [QStopicengagement@nice.org.uk](mailto:QStopicengagement@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

*Comments received during our stakeholder engagements 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.*
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