

## **National Institute for Health and Clinical Excellence**

### **Centre for Public Health Excellence**

*Review Decision: September 2014*

#### **Consideration of an update of the public health guidelines on Increasing the uptake of HIV testing among black Africans in England (PH33) and Increasing the uptake of HIV testing among men who have sex with men (PH34)**

## **1 Background information**

In 2011, NICE published two pieces of guidance on HIV testing focusing on two distinct populations; black Africans living in England and men who have sex with men. These two pieces of guidance had separate referrals and were developed independently through the Public Health Interventions Advisory Committee (PHIAC) following usual NICE Public Health guidance development process. The recommendations in PH33 and PH34 have considerable overlap and during development consideration was given to producing them as one piece of guidance. Given the overlap in recommendations and stakeholders it was decided to review them jointly.

Guideline issue date: March 2011

3 year review: May 2014

## **2 Process for updating guidance**

Public health guidelines are reviewed 3 years after publication to determine whether all or part of them should be updated.

The process for updating NICE public health guidelines is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guideline, the review team that produced the original evidence reviews, and representatives of relevant government departments.
- NICE consults with stakeholders on its proposal for updating the guidelines (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guideline update fits within its work programme, alongside other priorities.

## **3 Consideration of the evidence and practice**

The expert group discussed published and ongoing research of relevance to the current recommendations in both published guidelines. The expert group also discussed changes to policy, legislation and organisations that might affect the recommendations.

### **Evidence context**

The expert group discussed the evidence context for both published guidelines. Overall, they agreed that there was no new evidence that would contradict any of the current recommendations or make them redundant. The

group highlighted that more evidence is available in the area of HIV testing that may add weight to, and nuance, recommendations, and in some cases may strengthen the wording of the recommendations.

The group discussed the possibility that there may be changing epidemiological evidence about the groups who are most at risk of contracting the HIV virus and that the risk may be growing in some other groups. Overall, however, the group agreed that men who have sex with men (MSM) and black Africans were still the two key risk groups and these groups are disproportionately burdened with HIV infection in England.

In particular, it was noted by the group that the evidence base for clinical indicators has changed since the guidance was published and that if reviewed may lead to expansion of the list of clinical indicator conditions. For example Hsu *et al.*, (2012) found high levels of undiagnosed HIV infection in patients presenting with glandular fever-like illness in primary care.

### **Research recommendations**

The expert group considered that the research recommendations are still relevant. They noted that several studies were underway that would answer several of the research recommendations, but none of these had reported yet.

### **Policy context**

The expert group noted that since the publication of the guidelines, a new [national framework for sexual health improvement](#) had been published. This was accompanied by an indicator in the Public Health Outcomes Framework (PHOF) to measure the number of people presenting with HIV at a late stage of infection.

The group discussed a recent change in the law that allows the use of home testing kits in the UK. Home testing and home sampling were thought to be important steps forward in increasing the number of people who test for HIV. The group felt that, although several research studies were underway, there

currently was not enough evidence for NICE to be able to evaluate the effectiveness of home testing or sampling interventions.

The group considered the changes that resulted from the Health and Social Care Act in 2012, particularly the resulting range of commissioners and providers with a role in sexual health and HIV testing. To this end the group felt that the recommendations needed updating to reflect the new responsibilities and that the existing language, particularly in the “who should take action” elements of the recommendations were too vague, and in the groups opinion this may impact on guidance uptake.

### **Framing of the guidance**

The expert group discussed the way that the guidance was framed and presented.

Some members of the expert group felt that, even though MSM and black Africans bear a disproportionate burden of disease, many of the recommendations in the guidance are generic rather than specific to those populations. Additionally there is great overlap in the recommendations in the two pieces of guidance (of at least 50% of the recommendations). Therefore some felt that the guideline should be reframed as a generic guideline on promoting HIV testing and the recommendations should be rationalised accordingly.

Other members of the group felt that the burden of disease was so high in black African and MSM communities that the guideline should continue to highlight them as the main risk groups for HIV. They felt that keeping the guidelines separate may particularly make them more attractive to organisations working with black African communities than a combined product.

While the group acknowledged that MSM and black Africans are different populations it was noted that the Department of Health had successfully

created HIV Prevention England which merged the work of CHAPS (national Gay men's HIV prevention programme) and that of the National African HIV Prevention Programme (NAHIP).

## **4 Implementation and post-publication feedback**

There has been no implementation or post-publication feedback that is relevant to updating this guidance.

## **5 Related NICE guidelines**

The following NICE guidelines are related to PH33 & 34:

[Behaviour change: individual approaches](#) (PH49)

[Community engagement](#) (PH9).

[Prevention of sexually transmitted infections and under 18 conceptions](#) (PH3).

## **6 Stakeholder consultation**

In July 2014, a proposal was made to stakeholders to partially update and merge PH33 and PH34, to take into account new evidence about indicator conditions, changes in the law relating to home testing and self-sampling, and to reflect changes in commissioning responsibilities relating to HIV testing. The consultation also specifically asked for stakeholders opinions as to whether the two guidelines should be merged.

18 stakeholder organisations responded to the consultation including: British HIV Association, National LGB&T partnership, National AIDS Trust, Expert Advisory group on AIDS, Public Health England and the Royal College of Physicians. Over 80% (13/15) of those who responded and expressed an opinion were supportive of merging the two existing guidelines.

There was also a strong view from stakeholders that the guideline should consider more than just black Africans and MSM and extend to other high risk populations, the rationale being that generalised recommendations may de-

stigmatise and result in earlier diagnosis. New epidemiological evidence is indicative of relatively high rates of HIV among some white migrant groups for example.

Stakeholders also expressed support and an imperative for the evidence base on home sampling and testing to be fully considered as newer and potentially more acceptable methods of getting an HIV test. Stakeholders expressed that this is particularly important since a change in the law in April 2014 has made these tests legal in the UK where previously they were illegal.

Stakeholders agreed that the changes in the public health and commissioning landscape meant that the current recommendations required reframing to increase implementation of them.

## **7 Equality and diversity considerations**

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

## **8 Review Decision**

The two pieces of guidance (PH33 & PH34) will be refreshed and combined into one piece of guidance through a partial update. The partial update will combine the recommendations in PH33 & PH34 into generic recommendations and, where appropriate, specific recommendations for high risk population groups. Additionally it will consider potential changes to indicator conditions and home testing and sampling.

Mike Kelly

Kay Nolan

Chris Carmona

*Centre for Public Health, September 2014*