



Stakeholder engagement – deadline for comments 17:00 on 03/06/2016 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, Secretariat Manager]		
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	[Yes/No]		

Туре		[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 improvement?	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 table.

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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.

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

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.

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- 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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