Testing for HIV: concise guidance (2009)

Guideline development process

The guidelines were developed in accordance with the principles laid down by the Appraisal of Guidelines for Research and Evaluation (AGREE) Collaboration.

Scope and purpose	
Overall objective of the guidelines	These guidelines are intended to facilitate an increase in HIV testing in all healthcare settings, as recommended by the UK's chief medical and chief nursing officers, in order to reduce the proportion of individuals with undiagnosed HIV infection, with the aim of benefiting both individual and public.
The patient group covered	Individuals at risk of HIV for whatever reason or in whom the diagnosis is suspected.
Target audience	All healthcare professionals in the UK.
Clinical questions covered	Who, when and how to test for HIV; obtaining consent for testing and feedback of results.
Stakeholder involvement	
Guideline development group	The guideline development group (GDG) was formed by inviting relevant specialist societies, colleges and agencies to nominate members. We also sought nominations from both the HIV community though the UK HIV treatment advocates network and from the lay community through the Royal College of Physicians. The draft guidelines were reviewed by the Department of Health expert advisory committee on AIDS and then subjected to an online external public consultation via all three of the commissioning societies' websites (British Association for Sexual Health and HIV (BASHH), the British HIV Association (BHIVA) and the British Infection Society (BIS) for one month, and invited views and comment. The list of organisations which responded is listed in the full version. The GDG assessed the responses received and, based on their merits and evidence provided, modified the guideline as appropriate.
Funding	This guideline was commissioned jointly by BASHH, BHIVA and BIS. No external funding organisations took part in the process of developing the guidelines; all costs incurred in their production were paid by the three societies.
Conflicts of interest	No external funding was sought or obtained. All authors and group members declared, and provided details, of any actual or potential conflicts of interest.
Rigour of development	
Evidence gathering	We searched for systemic reviews published from January 2006. Systemic review filters were not used; instead we searched for key words: systemic review, meta-analysis or meta analysis in title and abstract when the results were not manageable. Sources searched were NICE, SIGN, Embase, CRD (DARE, HTA, NHS EDD), Cochrane Database of Systemic Reviews, PubMed, CINAHL, King's Fund, TRIP Database and Global Health.
Review process	The GDG met on four occasions to evaluate and systematically review the literature, including recent conference abstract;

	assessed the quality of the literature; and qualitatively synthesised the included evidence as it related to both clinical and cost effectiveness. Where no evidence was available, the GDG relied on its expert advisors and guidance from the General Medical Council on both 'good medical practice' and 'patients and doctors making decisions together'. Areas of disagreement were resolved by discussion until a unanimous consensus was reached.
Links between evidence and recommendations	Evidence was graded using the SIGN system: www.bmj.com/cgi/content/full/336/7657/1367
Piloting and peer review	The Department of Health (DH) is funding several pilot projects in both high and low prevalence areas in the UK to assess the implementation of these guidelines.
Implementation	
Tools for application	The medical foundation for Sexual Health and HIV MedFASH has funding from the DH to produce an implementation toolkit for these guidelines The guidelines contain agreed standards by which to assess the success of these guidelines in reducing undiagnosed infection and late presentation may be assessed.
Plans for update	Review is planned in three years.