SCHEDULE 2 – THE SERVICES

A. Service Specifications

1. Service name	Adult specialised services for people living with HIV
2. Service specification number	B06/S/a - 240202
3. Date published	February 2024
4. Accountable Commissioner	Blood and Infection Programme of Care, NHS England https://www.england.nhs.uk/commissioning/spec-services/npc-crg/blood-and-infection-group-f/

5.	**Population and/or geography to be served**
5.1	**Population Covered** The service outlined in this specification is for adults aged 18 years and over who have been diagnosed with HIV (HIV-1 and/or HIV-2), and who are either ordinarily resident in England, or are the commissioning responsibility of the NHS in England (as defined in 'Who Pays?: Establishing the Responsible Commissioner' and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges). Whilst adult services are generally defined as for those aged 18 years and over, adult services may treat some individuals aged 16 and 17 years as long as a paediatric HIV service is involved in their care and supports that decision. People aged between 18 and 25 may require input from paediatric or adolescent specialist services (which may be located in paediatric or adult HIV service providers) depending on the specific needs of that individual. Children aged 15 years would usually be seen in paediatric HIV services, and those under 15 should be referred to paediatric HIV services. Individuals newly diagnosed with HIV who are aged 18 years or older should be referred to adult HIV services. This specification excludes: • The promotion of opportunistic HIV testing in line with NICE guidance • The treatment of conditions secondary to HIV infection, for example, neurological rehabilitation services • Testing for sexually transmitted infections, including HIV • HIV prevention services, including the delivery of PEP and PrEP drugs

<table>
<tr><td></td><td>

- Sexual health promotion
- Services for the treatment of sexually transmitted infections
- Sexual health and GUM services, which provide sexual health advice.

</td></tr>
<tr><td>5.2</td><td>Minimum population size
There are approximately 94,000 people living with HIV in England who receive care in adult HIV services. (UKHSA, 2023 report)</td></tr>
<tr><td>6.</td><td>Service aims and outcomes</td></tr>
<tr><td>6.1</td><td>Service aims
Specialised Adult inpatient and outpatient HIV Services aim to provide specialist assessment and ongoing management of HIV and associated conditions to support individuals to stay well, remain engaged in care and to reduce onward transmission. The services will ensure that outcomes, wellbeing, and quality of life are maximised, that they are culturally competent, in recognition of the disproportionate number of people from diverse backgrounds who access HIV care, and that people are central to decisions about the management of their health and social care.
All individuals should be provided with equitable and non-discriminatory care across all healthcare settings including those outside specialist HIV and sexual & reproductive health (SRH) services. The Equality Act 2010 applies in England and serves as protection against discrimination across all health and social care settings. Providers must comply with mandatory organisational requirements for equality, diversity and inclusion training.</td></tr>
<tr><td>6.2</td><td>Outcomes
<u>6.2.1 NHS Outcomes Framework Domains & Indicators</u>
<table>
<tr><td>Domain 1</td><td>Preventing people from dying prematurely</td><td>X</td></tr>
<tr><td>Domain 2</td><td>Enhancing quality of life for people with long-term conditions</td><td>X</td></tr>
<tr><td>Domain 3</td><td>Helping people to recover from episodes of ill-health or following injury</td><td>X</td></tr>
<tr><td>Domain 4</td><td>Ensuring people have a positive experience of care</td><td>X</td></tr>
<tr><td>Domain 5</td><td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td><td>X</td></tr>
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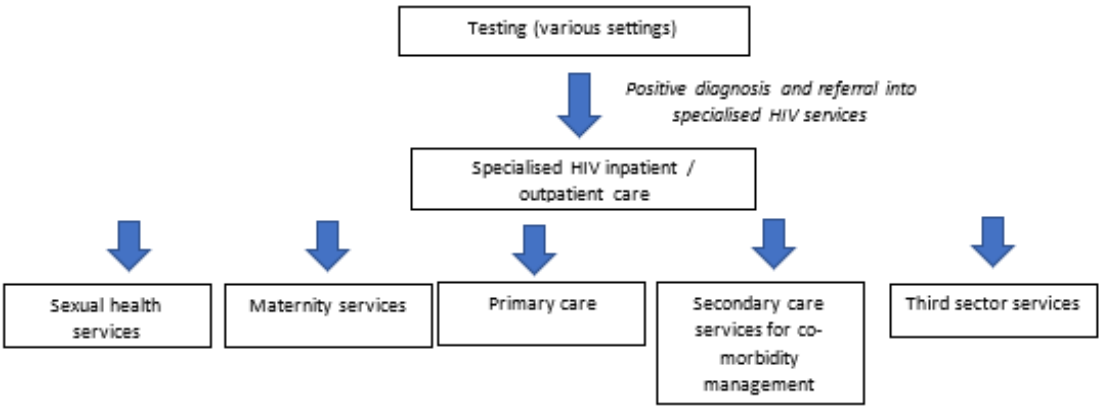
<u>6.2.2 Service defined outcomes</u>
HIV Specialised services will work to reduce morbidity and mortality, improve the experience of people living with HIV and work collaboratively</td></tr>
</table>

	across the whole pathway of care to reduce HIV transmissions. Defined patient outcomes for these services are: 1. Proportion of adults who had an undetectable viral load within 6 - 12 months after starting therapy. 2. Proportion of adults who had an undetectable viral load at least one year after starting therapy. Delivery of these outcomes will be measured through: • Specialised Services Quality Dashboard (SSQD) Indicators. These will facilitate local service monitoring. Indicators are reviewed by the HIV Clinical Reference Group (CRG). • Any other NHSE data collection sources • The HIV and AIDS Reporting System (HARS) • Public Health Outcomes Framework HIV service providers are required to submit complete and timely data to existing commissioned HIV databases and surveillance systems. Outcome measures must be reported at a frequency agreed with commissioners as per contracting requirements and will be reviewed annually to ensure they align with current clinical practice or commissioning requirements. Outcomes will align with British HIV Association (BHIVA) and other relevant guidelines/standards. Providers will participate in, and implement, recommendations of national and local audits, including Mortality and Morbidity Reviews and very late diagnosis case reviews.
7.	**Service description**
7.1	**Service model** HIV care is delivered by specialists in HIV inpatient and outpatient services; these services must be NHS England designated specialised HIV providers. HIV services are open access and any adults with a diagnosis of HIV can self-refer to a provider of their choice, regardless of their UK address. Any service diagnosing HIV in adults can refer to any specialised HIV service provider. Residential custodial settings and secure mental health care providers may have specific referral pathways in place. Inpatient HIV care for people with proven or suspected complications of HIV, or its treatment, should be provided by appropriately trained staff. On discharge, robust pathways to HIV outpatient services must be in place to ensure retention in care. Services should have protocols in place for those who are lost to follow up. Outpatient HIV care is provided in a range of settings (see 7.2.6); services are also provided in prisons, custody and immigration retention centres on an in-reach, community outpatient or inpatient basis as per the relevant specification for offender health (see NHS Health and Justice webpage https://www.england.nhs.uk/commissioning/health-just/). All HIV services,

	including remote and virtual, must meet the requirements outlined in this service specification. HIV providers should deliver services in accordance with BHIVA standards and guidance. BHIVA is the professional body for HIV-related care and was accredited as a guideline writing organisation by NICE in 2012.
7.2	**Pathways** **7.2.1 Overall care pathway** Specialised HIV services are part of a holistic care pathway (flowchart 1) including services that are outside of the scope of this specification. Specialised HIV services will maintain efficient working relationships with the following services. Flowchart 1: Overall HIV care pathway  HIV testing should follow current national guidelines and standards (NICE/BHIVA/BASHH/BIA Adult HIV Testing Guidelines https://www.bashh.org/guidelines) HIV testing is undertaken in several settings including: • Sexual and reproductive health services • Primary care, prisons and other community testing sites • Secondary/tertiary care, for example, in antenatal, emergency and inpatient services • At home via testing kits obtained in community settings or online A reactive test should be confirmed promptly (services providing testing should have documented pathways for managing reactive results, including confirmatory testing, as per national testing guidelines); referral pathways into specialised HIV services, alongside psychological and peer support, should be in place. Specialised adult HIV services are one element of the care pathway and require well-coordinated pathways of care with interdependent services

	listed in section 7.6. It is important to note that whilst HIV-2 has a much lower prevalence than HIV-1, treatment and care may differ to that for HIV-1. All services should ensure they follow the BHIVA HIV-2 guidelines, have access to appropriate laboratory assays, and have access to specialist advice from centres with HIV-2 expertise. People living with HIV may be at higher risk of other health conditions. Specific aspects of medical management and personal experience of stigma should be considered in the design and delivery of these and other key services. **7.2.2 Specialised patient pathway** This specification does not define a single model of care because the variation across England makes it unlikely that there will be a "one size fits all" model of delivery. **7.2.3 General requirements** HIV outpatient care must be overseen by a consultant-led specialist HIV team and may be delivered in a range of settings including specialist HIV centres, community services and virtual clinics, as agreed with commissioners. The provider is responsible for: • Collaborating with health, social care and third sector organisations to meet patient needs and promote the management of HIV as a long-term condition. People living with HIV should be encouraged to self-manage and to share their status with their GP to allow holistic care. Particular efforts should be made to simplify care pathways for vulnerable people e.g. detainees, migrants, people with learning disabilities, people who have difficulty attending clinic etc. • Providing key clinical information, including a comprehensive antiretroviral history and resistance test results, within 2 weeks of receipt of request for patients choosing to transfer care or as part of shared care arrangements. • Ensuring that they have protocols in place for those who are not in care; these protocols should include strategies and arrangements with UKHSA and other services to help identify people who are not accessing HIV care. • Producing documentation which defines arrangements for access to specialist advice 24/7, 365 days a year. These must be published in acute medical and emergency departments within the network and ICS. This is likely to include advice on HIV Post Exposure Prophylaxis, although it is not commissioned through this service specification. • Ensuring access to appropriate laboratory services for all relevant tests as per current BHIVA monitoring guidelines. • Promoting the normalisation of HIV and addressing stigma to ensure

effective co-morbidity care in an ageing population. Providers should use positive, inclusive language through the consistent use of appropriate terminology.

7.2.4 Patient involvement and self-management requirements

Providers will provide person-centred care and meet the following requirements:

- Use a number of methods to seek the views of service users in order to ensure continuous service improvement, provision of a high quality service, and a service responsive to the populations needs.
- Provide clear and up-to-date information in a range of accessible formats about services offered, including translation services where required.
- Follow a case management approach with a focus on self-management and adherence.
- Ensure access to emotional and psychological support (e.g. peer support, health advisers, psychology, talking therapies), and treatment support, education and resources. These may be provided by community or third sector providers.
- Ensure access to health promotion support for improved health and wellbeing.

7.2.5 Outpatient care

Outpatient HIV care should follow current national guidelines to maximise antiretroviral therapy (ART) benefits, allow early detection of complications related to HIV and its treatment and promote a good quality of life. Services should facilitate living well by collaborating with other health and social care providers, including community and third sector organisations.

On receipt of referrals, a named HIV consultant will be assigned. Following assessment, case management may involve the multi-disciplinary team (MDT) coordinating patient care.

As a minimum, an outpatient HIV service will provide these core requirements:

- Flexible, accessible care through face-to-face or virtual clinics using appropriate technology.
- A specialist HIV consultant-led MDT (see section 7.4 ‘Essential Staff Groups’).
- Assessment of people newly diagnosed with HIV on the same day of referral if symptomatic and within 2 weeks of referral if asymptomatic.
- Management of persons starting, switching or continuing ART in line with NICE Technology Appraisals, NHS England (NHSE) clinical commissioning policies, the NHSE national prescribing algorithm, and BHIVA guidelines.
- Screening, diagnosis and management of complications of HIV and / or anti-retroviral therapy (ART).

- Pathways with primary care for the management of non-HIV care needs and for onward referral to other specialties for non-urgent, non-HIV-related conditions.
- Pathways to direct specialist referrals for conditions that are urgent or HIV-related.
- Clear pathways to specialist services for conditions and specialties of particular relevance to HIV, including but not limited to: care for older people, cardiology, renal, metabolic, gynaecology, menopause, neurology, hepatology, anal intraepithelial neoplasia (AIN) screening/management, and oncology.
- Access to Sexual and Reproductive Health (SRH) services for partner notification, sexually transmitted infections (STI) screening and treatment in line with national guidelines, contraception, vaccination and pre-conception care.
- Assessment and promotion of risk reduction including behavioural interventions.
- Assessment of HIV-associated lipodystrophy and referral for designated non-surgical, corrective and restorative management for moderate to severe facial symptoms.
- Provision of specialist pharmacy services and appropriate ART adherence support.
- Have in place clear routes of communication, ideally a named clinician, for providing advice to primary care and clinical advice on urgent referrals and patients not in care.

Services should have in place agreed care pathways and network arrangements for:

- Inpatient care and access to 24-hour, 365-day advice (section 7.2.3).
- Access to a specialist MDT for review of individuals with complex treatment needs, detectable viral load and/or HIV multi-drug resistance.
- Access to specialist management of women living with HIV who are pregnant/birthing parents, including the provision of formula feed to avoid post-natal HIV transmission.
- Services (including joint clinics) or written pathways for referral to services providing care for: tuberculosis (TB), HIV-related cancer, viral hepatitis, HIV-associated malignancy, HIV-associated neurocognitive impairment, sexual health, reproductive health, transgender services and other relevant conditions.
- Access to psychology and mental health specialists.
- Pathways to social care including via community and third sector organisations.

7.2.6 HIV inpatient care

Individuals with proven or suspected complications of HIV, or its treatment, who require inpatient care should be transferred to a specialist HIV inpatient provider. If this is not feasible e.g. an individual is too unstable for transfer,

	the relevant medical team should be supported by immediate and continued specialist HIV advice. HIV inpatient services must provide or have access to all elements of outpatient care (section 7.2.4) and in line with BHIVA standards, plus all the below: • Assessment, monitoring and management of patients supported by local or networked arrangements for 24-hour on-call/referral advice. These must be publicised to local acute medical and emergency departments within the network and ICS. • Management of initial HIV diagnosis when made during inpatient admission. • Assessment, diagnosis and management of HIV-related malignancies, immune reconstitution inflammatory syndrome (IRIS), opportunistic infections and other severe HIV-related complications. • Network protocols/formalised pathways for integrated care for conditions requiring specialist input, such as lymphoma, multi-centric Castleman's disease, end-organ liver and renal disease. • Liaison with other specialties for appropriate management of co-morbidities. • Escalation to high-dependency or intensive care where appropriate. • Provision of specialist HIV advice for inpatients with non-HIV related admissions to other specialities where appropriate. • Effective discharge planning including timely sharing of care plans and referral to specialised HIV outpatient care, ensuring patients are engaged in care. • Inpatient, intra-hospital and inter-hospital referrals must be accepted within 24 hours or an alternative referral route determined. **7.2.7 Antiretroviral therapy (ART)** ART should be prescribed, and prescriptions screened and verified, by appropriately qualified and experienced practitioners in line with policies and guidelines listed in section 7.2.6. Prescribing outside of these arrangements will not be funded. It is important to note the distinction in treatment and management for HIV-1 and HIV-2; in the absence of specific NICE or NHSE policies for HIV-2, BHIVA guidelines should be followed. Pharmacy systems must distinguish use of ART for prevention, hepatitis and HIV separately. Prescribing of antivirals for hepatitis is commissioned as part of Infectious Diseases and Hepato-Pancreas & Biliary (HPB) services. Prior-approval forms must be completed where required by NHSE. NHSE pays for all ART (including post-exposure prophylaxis (PEP) and PrEP) but does not commission prevention services; these are commissioned and funded by Local Authorities. Provision of PEP for non-sexual exposure is the commissioning responsibility of ICBs.

	Information about individuals' previous ART regimens should be documented in their clinical records. HIV services should provide pharmacist- and nurse-led interventions, which could include community outreach, to provide flexible prescribing for individuals who have difficulty attending clinic appointments. All providers will deliver services in accordance with principles of clinical and cost-effective prescribing as outlined in national prescribing algorithms, framework and guidelines. Where available and appropriate, outpatient providers will provide ART via home delivery suppliers outlined in procurement frameworks agreed with commissioners. Homecare service standards are provided by the Royal Pharmaceutical Society https://www.rpharms.com/recognition/setting-professional-standards/homecare-services-professional-standards. HIV services have a duty to participate in regular monitoring of efficacy, safety and efficiency of ART prescribing locally, regionally, and nationally. **ART Exclusions**: **ART prescribing which is not in line with policies agreed with commissioners**: Prescribing outside of NHSE Clinical Commissioning Policies, NICE, national procurement prescribing algorithm recommendations and BHIVA will not be funded. **HIV treatment and care provided through Early Access to Medicines Schemes (EAMS) or compassionate use schemes:** Commissioners are not obliged to continue to fund treatments at the conclusion of an EAMS or compassionate use scheme; providers should follow NHSE national policy recommendations for local systems on Free of charge (FOC) medicines schemes https://www.england.nhs.uk/long-read/free-of-charge-foc-medicines-schemes-national-policy-recommendations-for-local-systems/ **HIV treatment and care provided through clinical trials:** Commissioners are not obliged to continue to fund treatments at the end of clinical trials. Entry and exit arrangements for all trials and research programmes should be agreed with commissioners in advance. Guidance on excess treatment costs can be found here: https://www.england.nhs.uk/aac/what-we-do/embedding-research-in-the-nhs/excess-treatment-costs/ **7.2.8 Transition from paediatric to adult care** All healthcare services are required to deliver developmentally appropriate healthcare to patients and families. Children and young people with ongoing healthcare needs may present direct to adult services or may be required to transition into adult services from children's services. Transition is defined as a 'purposeful and planned process of supporting young people to move from children's to adults' services. Poor planning of transition and transfer can result in a loss in continuity of treatment, patients being lost to follow up, patient disengagement, poor self-management and inequitable health outcomes for young people. It is therefore crucial that adult and children's NHS services, in line with their respective

	responsibilities, plan, organise and implement transition support and care (for example, holding joint annual review meetings with the child/young person, their family/carers, the children's and adult service). This should ensure that young people are equal partners in planning and decision making and that their preferences and wishes are central throughout transition and transfer. NICE guidelines recommend that planning for transition into adult services should start by age 13-14 years at the latest, or as developmentally appropriate and continue until the young person is embedded in adult services (https://www.nice.org.uk/guidance/ng43). Children of 15 years and under should be managed in paediatric HIV services. Children 16 years and over should not be solely managed in adult care, although liaison and joint working with Young People and adult services may be appropriate for some young people e.g. for provision of sexual health services. For adolescents accessing paediatric or transition care, refer to the paediatric HIV service specification and CHIVA Standards: • Prior to transfer into adult services each adolescent requires a comprehensive medical and psychosocial summary and a named lead for transition in both paediatric and adult care. • An individualised transition plan in line with national guidance should be developed, including meeting their adult healthcare providers prior to transfer. **7.2.9 Long term condition management** Most individuals on suppressive ART live a near normal life expectancy and may develop additional needs related to an increased risk of other long-term conditions. HIV can interact with other aspects of physical and mental health. Providers must ensure that they: • Undertake prevention, screening and assessment for long term conditions in line with evidence-based guidelines (e.g. BHIVA Routine Monitoring Guidelines) • Signpost and refer to non-HIV services where appropriate (see also section 7.2.1) • Oversee care for people living with HIV who have complex long-term conditions **7.2.10 Discharge and exit criteria** For adults with HIV accessing outpatient care, discharge will only occur where: • Individuals transfer their care to another specialised HIV service or where shared care arrangements are in place. Provider must ensure that they have protocols in place to ensure smooth transfer of care.

	• Individuals disengage from care. Services must have a policy describing how they aim to ensure retention in care and re-engage those lost to care. • Individuals leave the UK. **7.2.11 Data reporting and monitoring requirements** The provider should maintain complete, accurate records to ensure effective management for those transferring to/from other services and to enable service planning, commissioning, monitoring and payment. These must be kept in accordance with NHS Code of Practice on Confidentiality and clinical safety, Information Governance and record keeping guidance. Service providers are responsible for providing timely, accurate and complete surveillance and clinical data to the national HIV and AIDS Reporting System (HARS) which is hosted by the UK Health Security Agency (UKHSA), the Integrated Screening Outcomes Surveillance Service (ISOSS) and other relevant national and local surveillance schemes. This is mandatory for all commissioned specialised HIV service providers.
7.3	**Clinical Networks** All specialised HIV Providers should participate in a networked model of care to ensure equity of access, whole system integrated pathways of care, improved quality, reduced health inequalities and supported retention to care. All HIV services should operate within network arrangements, supported by agreed governance protocols, so that individuals can access the level of expertise required for all aspects of their care. A network will include two or more providers across one or more integrated care systems (ICSs), with at least one Specialised HIV inpatient service. The network governance arrangements must be documented to make clear to providers how care pathways are accessed. A collaborative network approach will support education and training to provide sustainability and resilience in the face of evolving demands of service delivery.
7.4	**Essential Staff Groups** All staff should be able to work across organisational boundaries and support colleagues involved in delivering care as part of network arrangements. All staff should develop and maintain a good understanding of local services, support offered and how to refer appropriately to interdependent services when this is required. The specialised HIV service shall be provided (directly or via formalised network arrangements) by a HIV specialist consultant-led multidisciplinary

	team; the exact composition of the MDT will depend on service location but is likely to include: • A substantive body of consultant physician expertise covering all clinical aspects of HIV, providing direct care, advice and support to other services. • One or more dedicated HIV specialist pharmacists. • Specialist nurses (including Community Nurse Specialists). The MDT shall have access to allied health professionals including microbiology and/or virology, occupational therapy, physiotherapy, clinical psychology, dietetics and social care co-ordinators. Requirements for specialist qualification, training, standards and CPD are set out by: • Joint Royal Colleges Postgraduate Training Board (JRCPTB) Genitourinary Medicine (GUM) and Infectious Disease (ID) curricula • BHIVA • National HIV Nurses Association (NHIVNA) • HIV Pharmacy Association (HIVPA) • Dietitians in HIV/AIDS (DHIVA)
7.5	**Essential equipment and/or facilities** Providers, including remote and online services, should be designed to ensure individuals' privacy and confidentiality. National policy and guidance should be followed where this is, or becomes, available. Inpatient services should have 24-hour access to negative pressure facilities.
7.6	**Interdependent Service Components – Links with other NHS services** **Co-location requirements** For outpatient HIV care, there are no essential service co-location requirements; referral pathways should exist to other specialist HIV services. For HIV inpatient care, co-location requirements as recommended in the BHIVA Standards of Care include the following: • 24-hour access to acute care and pharmacy services, including specialist HIV pharmacist advice. • Critical care services with appropriate escalation of care when indicated. • Full range of imaging services. **Interdependent services requirements** Interdependent services are commissioned by a range of organisations, such as (but not limited to) integrated care boards (ICBs), Local Authorities, Social Care, Health and Justice.

For HIV outpatient care, the interdependent service requirements are:

- Antenatal and maternity services
- Clinical psychology
- Diagnostic imaging and pathology services
- Dietetics
- Drug and Alcohol services
- End of life care
- HIV virology
- Mental Health
- Occupational therapy
- Paediatric specialist HIV services
- Physiotherapy
- Primary care, including General Practitioners (GPs)
- Psychology
- Rehabilitation community services
- Sexual assault referral centres (SARC)
- Sexual health and reproductive health services.
- Social care, personal care or housing
- Third sector services for adherence support, peer support and self-management, e.g. services for sex workers, LGB&T+ organisations, homeless services, drug & alcohol, money advice.

HIV inpatient services are required to have direct access to all relevant medical, surgical, mental health, obstetric & gynaecology, pathology, radiology and third sector services.

This list is not definitive, and meant to signal an inclusive and collaborative approach, bringing together a broad stakeholder partnership, which will be influenced by local arrangements and future service and system transformation.

Interdependent Service	**Relevant Service Specification/Standards**	**Proximity to service** (not applicable/co-located/same town/city)
Critical Care for HIV Inpatients	https://www.england.nhs.uk/publication/adult-critical-care-services/	Co-located with HIV inpatient services

	Infectious Diseases service	https://www.england.nhs.uk/commissioning/spec-services/npc-crg/blood-and-infection-group-f/infectious-diseases/	Co-located with HIV inpatient services
	Sexual health and reproductive services	https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published	In same network
	Specialised HIV services for children	https://www.england.nhs.uk/commissioning/spec-services/npc-crg/blood-and-infection-group-f/hiv/	In same network

7.7	**Additional requirements** Not applicable.
7.8	**Commissioned providers** Not applicable
7.9	**Links to other key documents** Please refer to the *Prescribed Specialised Services Manual* for information on how the services covered by this specification are commissioned and contracted for. The Identification Rules tool for information on how the activity associated with the service is identified and paid for. NHS England Directly commissioned services service codes can be found here Refer to the relevant Clinical Reference Group webpages for NHS England Commissioning Policies which define eligibility and access to specific interventions: https://www.england.nhs.uk/commissioning/spec-services/npc-crg/blood-and-infection-group-f/ NHS Code of Practice on Confidentiality https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf Key BHIVA guidelines relevant to this specification (including testing, PrEP, PEP and ART guidelines) can be found at https://www.bhiva.org/guidelines HIV Action Plan 2022 – 2025: https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025 NICE TA 757 Cabotegravir with rilpivirine for treating HIV-1 https://www.nice.org.uk/guidance/ta757

	British Association for Sexual Health and HIV: https://www.bashh.org/ CHIVA guidelines: https://www.chiva.org.uk/infoprofessionals/guidelines/ European AIDS Clinical Society (EACS) Treatment Guidelines: https://www.eacsociety.org/guidelines/eacs-guidelines/ National Standards for Peer Support in HIV: http://hivpeersupport.com/ People First Charter: promoting person first language in the field of HIV https://peoplefirstcharter.org/ Cultural Competence e-learning package https://www.e-lfh.org.uk/programmes/cultural-competence/ Standards for psychological support for adults living with HIV https://www.nat.org.uk/sites/default/files/publications/standards_for_psychological_support_for_adults_living_with_hiv_1.pdf
8.0	**Glossary** **ART –** Antiretroviral therapy **BASHH –** British Association for Sexual Health and HIV **BHIVA –** British HIV Association **CPD –** Continuing Professional Development **CRG** – Clinical Reference Group **HARS –** HIV and AIDS Reporting System **HIV –** Human Immunodeficiency Virus **HIVPA –** HIV Pharmacy Association **HPV –** Human Papilloma Virus Infection **ICB –** Integrated Care Board **ICS –** Integrated care System **ISOSS -** Integrated Screening Outcomes Surveillance Service **MDT –** Multi-disciplinary team **NHIVNA -** National HIV Nurses Association **PEP –** Post Exposure Prophylaxis **PEPSE –** Post Exposure Prophylaxis Sexual Exposure **PrEP –** Pre Exposure Prophylaxis **SRH –** Sexual and reproductive health **STI –** Sexually Transmitted Infection **TB -** Tuberculosis **UKHSA –** UK Health Security Agency

Change form for published Specifications and Products developed by Clinical Reference Group (CRGs)

Product name: Adult specialised services for people living with HIV

Publication number: B06/S/a

CRG Lead: National Speciality Advisor for HIV CRG

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Format change: the content of the current service specification has been transferred into the updated NHS England Specialised Service Specification Template. As a result, some sections have been removed in line with guidance to make service specifications shorter, more precise and therefore more accessible.	Throughout the document	Throughout.	The format of the service specification has changed due to the content of the previous specification being transferred into the current NHS England Specialised Service Specification Template	Specification Working Group	March 2023
Language around HIV has been adapted as per the People First Charter, launched in July 2021.	Language changed throughout the document.	Throughout.	Language has been changed to promote person-first language in the field of HIV and reduce stigma.	Specification working group.	March 2023
Section 1.1: In the 'Population Needs' section, the following sections were removed: – Definition of HIV – Incidence and prevalence – National policy initiatives – Health Protection – Health improvement	None	Section 1.1 of 2013 service specification	Definition of HIV section not required in new service specification template. Incidence and prevalence information is available on UKHSA website and updated annually.	Specification working group.	March 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
			National policy initiatives, health protection and health improvement sections not required in new template.		
Adults (aged 19 and over) with diagnosed HIV infection requiring ongoing specialised HIV services. Whilst adult services are generally defined as for those aged 19 and over, it is likely that adult services may treat some patients aged 15 – 18 because of the specific needs of the individual patient. Some adult services will deliver transition services for children and young people with HIV. This will be done in collaboration with paediatric services and in line with service specification B6b.	The service outlined in this specification is for adults aged 18 and over who have been diagnosed with HIV (HIV-1 and/or HIV-2), and who are either ordinarily resident in England, or are the commissioning responsibility of the NHS in England (as defined in 'Who Pays?: Establishing the Responsible Commissioner' and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges). Whilst adult services are generally defined as for those aged 18 years and over, adult	Section 2.3 in current specification, section 5.1 in updated specification	To include reference to HIV-2 strain. To ensure that transition from paediatric to adult care is better defined. The new wording clarifies that 15 year olds should be seen in paediatric services but this does not place an exemption on adult HIV services. Therefore, there is no material change as to the population covered by adult HIV services. Addition of clear exclusions to the specification.	Specification working group	September 2023

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	services may treat some individuals aged 16 and 17 years as long as a paediatric HIV service is involved in their care and supports that decision. People aged between 18 and 25 may require input from paediatric or adolescent specialist services (which may be located in paediatric or adult HIV service providers) depending on the specific needs of that individual. Children aged 15 years would usually be seen in paediatric HIV services, and those under 15 should be referred to paediatric HIV services. Individuals newly diagnosed with HIV who are aged 18 years or older should be referred to adult HIV services. This specification excludes:				

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	• The promotion of opportunistic HIV testing in line with NICE guidance • The treatment of conditions secondary to HIV infection, for example, neurological rehabilitation services • Testing for sexually transmitted infections, including HIV • HIV prevention services, including the delivery of PEP and PrEP drugs • Sexual health promotion • Services for the treatment of sexually transmitted infections • Sexual health and GUM services, which provide sexual health advice				
The 'Testing' section was expanded to include more information on the testing element as an entry point to the HIV care pathway.	HIV testing should follow current national guidelines and standards	Section 1.1 of 2013 service specification, 7.2.1 in new template.	Update to reflect current guidelines and practice. Note that HIV screening/testing does	Specification working group.	March 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
The following wording was updated: ***Testing*** *HIV is diagnosed via a blood test. Individuals at risk of HIV can access through sexual health and reproductive health services, GP practices, antenatal clinics and also through local HIV voluntary organisations or substance misuse services. HIV testing may also be recommended by other clinicians where patients have symptoms of HIV. Testing guidelines for the UK were produced in 2008.* *http://www.bhiva.org/HIVTesting2008.aspx*	(BHIVA/BASHH/BIA Adult HIV Testing Guidelines https://www.bashh.org/guidelines) HIV testing is undertaken in several settings including: • Primary care, prisons and other community testing sites • Secondary/tertiary care, for example in emergency and inpatient services • At home via testing kits obtained in community settings or online		not fall in the remit of specialised commissioning. This section was included to provide additional information regarding entry to the care pathway.		

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	A reactive test should be confirmed promptly (services providing testing should have documented pathways for managing reactive results, including confirmatory testing, as per national testing guidelines), psychological and peer support, and agreed referral pathways into a specialised HIV service.				
Section 1.1	This specification excludes: The promotion of opportunistic HIV testing in line with NICE guidance The treatment of conditions secondary to HIV infection, for	Section 1.1 of 2013 service specification.	For additional clarity on the remit of the service specification.	Specification working group.	August 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
	example, neurological rehabilitation services Testing for sexually transmitted infections, including HIV HIV prevention services, including the delivery of PEP and PrEP drugs Sexual health promotion Services for the treatment of sexually transmitted infections Sexual health and GUM services, which provide sexual health advice				
Section 1.1 'Key Documents' (references) have been moved to the appendix of the new service specification.	N/A	Section 1.1 of 2013 service specification.	Reference to invalid documents removed. References to outdated documents updated or future-proofed. All references are included in the appendix of the new service specification.	Specification working group.	March 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Section 2.1 'Objectives' removed	None	Section 2.1 of 2013 service specification.	There was repetition in the objectives and service elements/ description sections. Objectives section no longer needed in new service specification template.	Specification working group.	March 2023
Section 2.2 'Service description/care pathway'	New wording and flowchart in section 7.2 of the new service specification that describes the patient care pathway. No significant changes in the patient care pathway.	Section 2.2 of 2013 service specification.	To meet the service specification template requirements.	Specification working group.	March 2023
The provider is responsible for providing timely, accurate and complete surveillance and clinical data to Public Health England (formerly HPA), NSHPC and other relevant national and local surveillance schemes. This data reporting is mandatory for all providers seeking to be commissioned and funded for specialised HIV services. In the absence of patient identifiable data, commissioners depend on surveillance data for commissioning purposes. Other surveillance / cohort reporting is also expected to support	Section 7.2.12 in new service specification. *Service providers are responsible for providing timely, accurate and complete surveillance and clinical data to the national HIV and AIDS Reporting System (HARS) which is hosted by the UK Health Security Agency (UKHSA), the*	Section 2.2, page 7, paragraph 3	Updated to reflect current surveillance schemes and relevant organisations.	Specification working group.	March 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
ongoing development of HIV outcome measures and to monitor quality.	*Integrated Screening Outcomes Surveillance Service (ISOSS) and other relevant national and local surveillance schemes. This is mandatory for all commissioned specialised HIV service providers.*				
UK treatment guidelines recommend initiation of treatment at CD4 of 350. Where clinically indicated, initiation at CD4 of 500 or over may be appropriate. It is anticipated that during 2013/14, the HIV CRG will provide advice to NHS England in its consideration of a commissioning policy for Treatment as Prevention (treatment of HIV positive adults irrespective of CD4 count) which will result in earlier initiation of treatment for the primary purpose of reducing HIV transmission risk.	None	Section 2.3 of 2013 service specification.	The new service specification makes reference to the BHIVA guidelines for clinical details.	Specification working group.	March 2023
Service elements – outpatient service requirements. The MDT to consist of at least one consultant virologist, two HIV consultants and a specialist HIV pharmacist.	Section 7.2.5 Outpatient Care – core requirements • A specialist HIV consultant-led MDT (see section 7.4 'Essential Staff Groups').	Page 9, section 2.2	This removes duplication and references the core staffing elements of the service which are described in section 7.4, and which remain unchanged from the	Specification working group.	March 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
			current service specification.		
Whilst it is not commissioned in this specification, the provider is likely to be required to provide advice on Post Exposure Prophylaxis following Sexual Exposure or other exposure (PEPSE / PeP).	Section 7.2.8 *NHSE pays for all ART (including post-exposure prophylaxis (PEP) and PrEP), but does not commission prevention services; these are commissioned and funded by Local Authorities.*	Page 7, paragraph 4	NHS England does not commission prevention services. HIV service providers are required to have agreed pathways to sexual health services.	Specification working group.	March 2023
Age cut-off changed from 19 to 18	Age cut-off changed from 19 to 18	Page 12, Section 2.3 'Specific patient group covered'. Page 14, Section 2.4 'Exclusions', first bullet point	Changed to be in line with NHS Digital Service Manual	Specification working group.	March 2023
Children: Service specification B6b sets out requirements for specialised paediatric HIV care. It is likely that adult services may treat some patients aged 15 – 18 either because transition is occurring before 19 years of age and transition services are offered in conjunction with the paediatric service or because of the specific needs of the individual patient.	Section 7.2.9	Page 14, Section 2.4 'Exclusions', first bullet point	More comprehensive wording around transition from paediatric to adult care developed by the Women & Children Programme of Care	Specification working group.	March 2023

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This is acceptable ensuring that appropriate links are made with paediatric services. Patients under the age of 15 shall be referred to paediatric services for care.					
References / related documents	All links to specific documents / guidelines removed and replaced with links to relevant organisation landing pages for futureproofing purposes.	Throughout the document	For futureproofing purposes	Specification working group.	March 2023
Exclusions to the service specification	Removed or moved to section 7.2.8 where these relate to prescribing of antiretroviral therapy. To note that PrEP drugs are now funder by NHS England; this is reflected in section 7.2.8 of the new service specification.	Section 2.4 of current service specification.	Removed for the benefit of a succinct specification.	Specification working group.	March 2023
Section 2.6 ‘Currencies and coding’	None	Section 2.6 ‘Currencies and coding’	Not required in new service specification.	Specification working group.	March 2023
Whilst NHS England will commission all ARVs (including their use as Post Exposure Prophylaxis to prevent HIV infection), it does not commission	*NHSE pays for all ART (including post-exposure prophylaxis (PEP) and PrEP, but*	Section 2.4 ‘Exclusions’, bullet point 3: Page 14	Change in commissioning arrangements in regard to provision of PrEP and PEP medicines.	Specification working group.	March 2023

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
prevention services. Also excluded is prescribing of ARVs for Pre exposure Prophylaxis. Providers must ensure pharmacy systems can record use of ARVs for prevention, hepatitis and HIV separately. HIV prevention is commissioned and funded by Local Authorities and / or Clinical Commissioning Groups and must be invoiced to the appropriate commissioner accordingly. Note: As PrEP is not a licensed treatment in the UK, has not been evaluated by UK regulatory authorities or NICE and has not been agreed be commissioners, it shall not be provided outside clinical trials.	*does not commission prevention services; these are commissioned and funded by Local Authorities.*				