

Summary of BHIVA guidelines

How BHIVA guidelines are developed

BHIVA (the British HIV Association) is an organisation that represents healthcare professionals working in HIV in the UK. Since it was formed in 1995, BHIVA has been producing guidelines on treatment and care. These set out the medical and other care people living with HIV can expect to receive in the UK. There are now guidelines covering most aspects of this treatment and care.

Scope and purpose of guidelines

BHIVA's guidelines set out best clinical practice for treating and managing HIV in adults. They are aimed at healthcare workers directly involved with, and responsible for, the care of people with HIV. These are principally doctors and nursing staff, but also include pharmacists, dietitians, social workers and other specialists. Guidelines are also used by community advocates responsible for promoting the best interests and care of people living with HIV.

By producing guidelines, BHIVA aims to ensure that people with HIV receive the best possible care wherever they are in the UK.

There are guidelines covering key aspects of HIV treatment and care. Currently, these are:

- [Treatment of HIV-1 positive adults with antiretroviral therapy \(2012\)](#)
- [Management of HIV infection in pregnant women \(2012\)](#)
- [Routine investigation and monitoring of adult HIV-1 infected individuals \(2011\)](#)
- [Treatment of TB/HIV coinfection \(2011\)](#)
- [Treatment of opportunistic infection in HIV-seropositive individuals \(2011\)](#)
- [Antiretroviral Treatment of HIV-2 Positive Individuals \(2010\)](#)
- [Management of co-infection with HIV-1 and hepatitis B or C virus \(2010\)](#)
- [Determining HIV-1 tropism in routine clinical practice \(2009\)](#)
- [Immunization of HIV-infected adults \(2008\)](#)
- [UK Guidelines for the management of sexual and reproductive health of people living with HIV infection \(2008\)](#)
- [HIV-associated malignancies \(2008\)](#)
- [Kidney transplantation for patients with HIV disease \(2005\)](#)
- [Consensus Meeting on Liver Transplantation in HIV-positive Patients \(2004\)](#)

BHIVA has also developed broad [standards of care](#) for people with HIV. These address the organisational aspects of delivering care – for example, commissioning services, training, information sharing, patient 'pathways' and expected levels of care. The UK's National Health Service is in a period of great change. In recognition of this, BHIVA produced [Standards of care for people living with HIV in 2013](#) and is producing [standards on the role of primary care and community health services](#).

Where appropriate, BHIVA works with other professional organisations to produce its guidelines.

BHIVA's guidelines are concerned with the treatment and care of adults. The Children's HIV Association (CHIVA) has developed the [CHIVA Standards of Care for Infants, Children and Young People with HIV](#); these link to BHIVA guidelines where relevant.

Using best-available evidence

In July 2012, the process used by BHIVA to produce its UK national guidelines was accredited by the [National Institute for Health and Clinical Excellence \(NICE\)](#).

While the guidelines have always been based on the best possible scientific and clinical evidence, BHIVA has now adopted [GRADE](#) (Grading of Recommendations Assessment, Development and Evaluation), a rigorous, internationally recognised process for evaluating and grading evidence.

For the 2012 adult treatment guidelines, BHIVA also commissioned a health researcher to examine every piece of evidence pertaining to the most crucial outcomes and evaluate the overall strength of evidence across the range of available studies.

Guideline writing groups continue to meet to consider new evidence after guidelines are published. If necessary, amendments and addendums to current recommendations are published, so the guidelines continue to set out best clinical practice.

Good practice points

In addition to graded recommendations, BHIVA guidelines now also include 'good practice points' (GPPs). These are recommendations based on the clinical judgement and experience of the working group. GPPs highlight an area of important clinical practice, for which there isn't any significant research evidence (often, such as in recommendations on what advice and information to give patients, it's unlikely there ever will be). These aspects of treatment and care are seen as such sound clinical practice that it wouldn't be acceptable to recommend the alternative or to fail to do them. However, GPPs can't replace evidence-based recommendations.

Involving people living with HIV

BHIVA sees the involvement of patient and community representatives in the guideline development process as essential. Guideline writing groups are always structured to include at least one patient representative. These people are selected through the UK HIV Community Advisory Board ([UK CAB](#)). Where possible, two representatives share this responsibility, often pairing an experienced advocate with someone wanting to develop their expertise.

UK CAB is also involved in publicising draft guidelines and encouraging people to take part in the consultation phase for new guidelines.

Consultation

Draft guidelines are made available for full public review on BHIVA's website. This consultation process is open to anyone – including the general public – but comments are especially sought from BHIVA members, people living with HIV and other stakeholders.

In some cases, meetings with people living with HIV and other community representatives are held to discuss and receive feedback on the proposed recommendations.

Dissemination and implementation of new guidelines

BHIVA aims to ensure healthcare workers, advocates – and anyone else with an interest in the treatment and care of people with HIV – know about new guidelines as they come out.

In some cases, BHIVA produces accompanying training materials, such as e-learning modules; healthcare workers can get continuing medical education (CME) accreditation by completing these.

Monitoring the use and impact of guidelines

BHIVA guidelines include a set of clear, measurable outcomes that clinical staff are expected to work towards. This helps BHIVA assess whether standards are being met. The data gathered also provide important information on the needs and experiences of patients, to help in the review of guidelines and the development of new ones.

Individual HIV services can use the results of audits to look at their own performance.

Find out more

[Find out more about the process involved in producing BHIVA guidelines on the BHIVA website.](#)

If you are interested in being a community representative, you can find out more about what it involves in [this article on the NAM website](#), and how to get involved [on the UK CAB website](#).

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This patient-friendly version is based on information contained in the BHIVA guidelines *Treatment of HIV-1 positive adults with antiretroviral therapy (2012)*, 13 (Suppl. 2), 1–85, which were produced using the NICE-accredited process.

The full version of the guidelines is available to download from the BHIVA website at: www.bhiva.org/TreatmentofHIV1_2012.aspx

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©NAM Publications 2013

Publication date: June 2013
Review date: September 2014

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