

**Engagement Report for Specialised Commissioning Policies**

<b>Unique Reference Number and NICE ID</b>	1702 ID010
<b>Policy Title</b>	Emtricitabine-tenofovir alafenamide with bicitegravir for treating HIV
<b>Accountable Commissioner</b>	Rob Coster
<b>Clinical Lead</b>	Marta Boffito
<b>Clinical Reference Group</b>	HIV
<b>Which stakeholders were contacted to be involved in policy development?</b>	A policy working group was established in line with NHS England's standard methods. The draft policy proposition was sent to the following groups for comment: <ul style="list-style-type: none"> <li>• HIV Clinical Reference Group (CRG); and</li> <li>• Registered stakeholders for the HIV CRG.</li> </ul>
<b>Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved</b>	All of the relevant Royal Colleges and professional societies have membership on the chemotherapy CRG.
<b>Which stakeholders have actually been involved?</b>	HIV CRG and registered stakeholders. 7 responses were received from stakeholders.
<b>Explain reason if there is any difference from previous question</b>	Not applicable

<p><b>Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?</b></p>	<p>None, the main patient and carer representative organisations were involved throughout the development of the draft policy proposition</p>
<p><b>How have stakeholders been involved? What engagement methods have been used?</b></p>	<p>Policy working group meeting and subsequent contact for policy development The draft policy proposition was distributed to stakeholders via email for a period of two weeks of stakeholder testing, in preparation for public consultation. Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing clinical commissioning policies.</p>
<p><b>What has happened or changed as a result of their input?</b></p>	<p>Comments were submitted by 7 stakeholders and these have been reviewed by the policy working group. Amendments were made to the documents where appropriate following consideration by the Policy Working Group. The amendments included: In the draft policy proposition:</p> <ul style="list-style-type: none"> <li>• Clarification in section 3 the function of integrase inhibitors as a class</li> <li>• Signposting from section 7 to the specific criteria in section 8</li> <li>• Clarifying the relevance of a secondary outcome from Molina et al. and the reporting of a subgroup analysis on page 13</li> <li>• Adding p value reporting information for drug-related adverse events for Daar et al. on page 14.</li> <li>• Removing footnote from criteria on page 15</li> <li>• References have been updated</li> </ul> <p>In the clinical evidence review:</p> <ul style="list-style-type: none"> <li>• Clarification on page 13 that MDT requirements of updated dolutegravir policy (updated Oct 2018)</li> <li>• Clarifying the reporting of a subgroup analysis on page 21</li> <li>• References have been updated</li> </ul>
<p><b>How are stakeholders being kept informed of progress with policy development as a result of their input?</b></p>	<p>All stakeholders (including CRG members and registered stakeholders) will be notified when the draft policy proposition goes out to public consultation and will be kept informed of the policy's progress through NHS England's consultation portal website</p>

<b>What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?</b>	Not all stakeholders made a recommendation. 5 stakeholders recommended the following:  1 - changes that could reasonably be expected to be broadly supported by stakeholders - up to 6 week consultation
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