

**Engagement Report for Clinical Commissioning Policies**

<b>Unique Reference Number</b>	F03X08
<b>Policy Title</b>	Tenofovir Alafenamide for treatment of HIV 1 in adults and adolescents
<b>Accountable Commissioner</b>	Tracy Palmer
<b>Clinical Reference Group</b>	HIV CRG
Which stakeholders were contacted to be involved in policy development?	HIV CRG membership and all registered stakeholders
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Representatives of relevant Royal College or Professional Societies were contacted for Stakeholder Testing as part of the CRG
Which stakeholders have actually been involved?	All of the key stakeholders listed above were invited to comment
Explain reason if there is any difference from previous question	N/A
Identify any particular stakeholder organisations that may be key to the policy	Third Sector / Voluntary Organisations whom provide advice and support for people living with HIV (no direct organisation names provided).

## Draft for Consultation

<p>development that you have approached that have yet to be engaged. Indicate why?</p>	
<p>How have stakeholders been involved? What engagement methods have been used?</p>	<p>The draft policy was circulated to the full membership of the CRG (acting as PWG) and registered stakeholders for one week for their views, both to establish whether any amendments to the policy are required, and to understand from their perspective any issues for explorations during consultation.</p> <p>Eight responses received (three of which were from drug manufacturers , one individual patient, one voluntary sector organisation, one clinician, two others).</p> <p>The responses raised the following issues:</p> <ul style="list-style-type: none"> <li>• Cost effectiveness of switch to TAF in the context of generic TDF, which may require patients switching more than once.</li> <li>• It was raised that there is no data to support the use in HBV co infected patients, and this point has been clarified.</li> <li>• Consistency across all HIV treatment policies. Whilst detailed revisions have not been made prior to consultation, this will be done taken into account all the feedback received following consultation.</li> <li>• Minor editorial issues that have been changed.</li> </ul>
<p>What has happened or changed as a result of their input?</p>	<p>Stakeholders were invited to comment. Minor editorial changes (typos, consistency with wording will be changed before publication). Whilst minor changes have been made to the content at stakeholder testing stage, PWG are keen to see further comments from consultation to ensure consistency with other HIV policies.</p>
<p>How are stakeholders being kept informed of progress with policy development as a result of their input?</p>	<p>This engagement report, along with the updated policy proposition will be circulated as part of the public consultation. Stakeholders will be notified and invited to comment further.</p>
<p>What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?</p>	<p>30 day consultation recommended</p>