7th March 2012

Department of Health consultation on Management of HIV-infected healthcare workers

1. I write with regard to the Department of Health consultation on Management of HIV-infected healthcare workers.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient-centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation. We have taken advice from experts within the College, and as a result we are strongly supportive of the approach taken, which we feel is an appropriate response to the best available evidence.
Consultation question 1: Do you agree with the tripartite working group’s assessment of the risk of HIV transmission from an infected healthcare worker to a patient during exposure prone procedures? 

Please provide explanatory comments for your answer.

Yes – the safeguards behind the recommendations are the best we can scientifically hope for today. Provided that the assessment and supervision are exactly as described in the paper, we can see no reason not to support the recommendations.

Consultation question 2: Do you have any comments on the Department of Health’s assessment of overall risk of HIV transmission to a patient having an exposure prone procedure of the most invasive type from any healthcare worker? Do you consider it more likely that healthcare workers who think that they are at risk of infection may come forward for HIV testing, if the tripartite working group’s recommendations were implemented, and do you have any evidence for this? 

Please provide explanatory comments for your answer.

The overall risk of HIV transmission to a patient having an exposure prone procedure is negligible, provided all the safeguards in the document are adhered to. These recommendations should encourage healthcare workers not only to come forward but also to adhere strictly to treatment regimes. Indeed, it may be hoped that it will help to reduce the stigma of HIV and testing both within the healthcare environment and more widely.

Consultation question 3: Are the tripartite working group’s main recommendations supported by the available evidence about risk? 

Please provide explanatory comments for your answer.

Yes, the recommendations put forward are the best one could wish for, with the current evidence base, in order to secure patient safety. There is no way to devise a perfect cut-off point in the plasma viral load, but the recommendations reflect a very reasonable and realistic level.

Consultation question 4: Does the suggested implementation framework strike an appropriate balance between protecting patient safety and acknowledging the rights and responsibilities of HIV-infected healthcare workers, and is it feasible? 

Please provide explanatory comments for your answer.
Yes – patients have the right to expect safety from infection, but healthcare workers also have the right to practise without discrimination when the risk is assessed as low. By having a national police, both these rights are openly addressed.

**Consultation question 5:** What adjustments will occupational health services need to make to support HIV-infected healthcare workers affected by these recommendations?

*Please provide explanatory comments for your answer.*

The Consultant in Occupational Medicine will need to liaise very closely with the treating physician, and both with the healthcare worker. There would need to be a mechanism, not only for submitting to the regular check-ups but also for submitting after any unexpected incidents (missed doses, injuries etc). It must also be made very clear which procedures are permitted and which are not.

**Consultation question 6:** Is referral of all cases of HIV-infected healthcare workers infected with HIV who wish to perform exposure prone procedures whilst on combination antiretroviral drug therapy (cART) to UKAP necessary to ensure consistency in the application of the policy and to help promote best practice? If so, for how long should this continue?

*Please provide explanatory comments for your answer.*

This is probably not necessary to ensure consistency – but would be important to promote public confidence that the policy is being consistently followed and would give confidence to local organisations responsible for its implementation. The 1-2 year timescale seems appropriate, but would need to be flexible depending on the numbers of healthcare workers involved. We would also suggest, given that UKAP may meet only two or three times a year, that applications might be delegated to a subcommittee which could respond more promptly.

**Consultation question 7:** Do you agree that, if the tripartite working group’s recommendations are implemented, patient notification exercises should only routinely take place in connection with untreated HIV-infected healthcare workers, as advised in current national guidance, unless patients may have been at risk of infection e.g. because of an increase in a healthcare worker’s viral load?

*Please provide explanatory comments for your answer.*

Yes, this is appropriate and consistent with the rest of the approach.
Consultation question 8: Is national monitoring of policy implementation at the NHS frontline necessary? If so, how should it be done most effectively and proportionately, and what might be the cost implications? Is it appropriate or feasible for local occupational health services to submit local information about HIV-infected healthcare workers to the Health Protection Agency to allow national surveillance of policy? 
Please provide explanatory comments for your answer.

Yes, we agree that national monitoring is necessary, even if only to ensure patient/public reassurance. The Health Protection Agency should have responsibility for collating and processing information, particularly with regard to healthcare workers moving between hospital trusts and areas.

Consultation question 9: Does the estimate of the number of healthcare workers who may be affected by the policy seem reasonable? Is there further information that consultees can provide and/or are there further sources of information that the Department should consult? 
Please provide explanatory comments for your answer.

The estimate seems reasonable, but we don’t have access to any alternative data.

Consultation question 10: Does the consultation impact assessment accurately reflect the possible costs and benefits of the policy, were it to be implemented? Is there further information that consultees can provide and/or are there further sources of information that the Department should consult? 
Please provide explanatory comments for your answer.

It is accurate so far as we are aware, and we know of no further sources of information.

Consultation question 11: Does the draft equality analysis adequately assess equality issues in this context? Is there further information that consultees can provide and/or are there further sources of information that the Department should consult which may be relevant to the draft equality analysis? 
Please provide explanatory comments for your answer.

The equality analysis appears quite satisfactory.
4. We gratefully acknowledge the contributions of the College’s HIV experts in formulating this response

Yours sincerely

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Honorary Secretary of Council