



Jo Churchill MP  
Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care  
Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

12 April 2021

Dear Minister,

In December 2020, the Department of Health and Social Care endorsed the HIV Commission blueprint to end new HIV transmissions by 2030. The Health Secretary announced that the HIV Commission's report would be the basis for the HIV Action Plan to be published in 2021, and committed to an 80% reduction in new HIV transmissions by 2025, also promising to work with the health service to increase HIV testing.

Undiagnosed HIV is the major driver of onward transmission so better implementation of routine testing is critical if we are to achieve the HIV Commission's goals. National guidelines from NICE<sup>1</sup> and specialist societies recommend routine HIV testing for anyone presenting with an HIV indicator condition, including cervical dysplasia.

Women living with HIV are at a higher risk of HPV infection, cervical dysplasia and cervical cancer. Additionally, as HPV is a sexually transmitted infection (STI), full STI screening (including HIV testing) is warranted in women presenting with HPV-related disease.

Despite this clear national guidance, the National Cervical Screening programme has not yet updated guidance to include routine HIV testing in women presenting to colposcopy services with cervical dysplasia.

Indeed, following a recent parliamentary question from Alex Davies Jones MP, asking the Department what plans it has to review the Public Health England cervical screening programme guidance, the department responded that it had no plans to review guidance or make any changes.

We urge the Department and UK National Screening Committee to reconsider their decision **not** to offer routine HIV testing in colposcopy services. The Government and HIV Commission's targets cannot be met if we miss opportunities to test and, as a minimum, ensure existing national clinical guidance is implemented.

We can provide support and are committed to working together to help overcome the barriers of funding, concerns over consent issues, and pathways for results management, but we must first break the barrier of conflicting and outdated guidance. A lack of collaboration between national bodies and harmonisation of their guidance is a missed opportunity indeed, not only for high-risk women in low-risk areas, but also for women at risk

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<sup>1</sup> <https://www.nice.org.uk/guidance/ng60/chapter/Recommendations#increasing-opportunities-for-hiv-testing>

of HIV infection in areas where overall prevalence is low, who may not be offered testing elsewhere.

We ask that your Department shows clear leadership in this area and in principle supports an update of this programme guidance as quickly as possible.

We look forward to hearing from you about this matter, and your plans to take action to rectify the outdated guidance, or to create a process for an urgent review.

Yours sincerely,

**Dr Laura Waters**

Consultant Physician, HIV lead CNWL  
Chair British HIV Association

**Dr John McSorley**

Consultant Physician, HIV Medicine London North West University Healthcare NHS Trust  
President of the British Association of Sexual Health and HIV (BASHH)

**Elliot Colburn MP**

Member of Parliament for Carshalton and Wallington  
Vice-Chair of the APPG on HIV and AIDS

**Kat Smithson**

Director of Policy and Communications, National AIDS Trust

CC: UK National Screening Committee

CC: Alex Davies Jones MP