13<sup>th</sup> Annual Conference of the National HIV Nurses Association (NHIVNA)



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**National AIDS Trust** 

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SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

NHIVNA: 17 June 2011



### **HIV & Immigration:**

## **Current policy issues around charging for HIV treatment**

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### **HIV & Immigration**



#### NAT's policy work on asylum and immigration:

- Dispersal
- Detention
- 🔑 Removal
- Poverty
- Charging for HIV treatment

### Overview



- 1. Charging in secondary care
  - Current practice
- 2. Refusing entry or stay to migrants with outstanding NHS debts
- 3. Charging in primary care?

future plans

#### **Treatment charges**



- Entitlement to free NHS treatment usually based on residency status
- BUT some types of care always free:
  - A&E
  - services at GUM/sexual health clinic
  - treatment for infectious diseases, e.g. TB
- HIV is the only infectious disease or STI not exempt from NHS charges

## Immediately necessary treatment

Immediately necessary treatment is that which a patient needs:

- •to save their life, or
- •to prevent a condition from becoming immediately life-threatening, or
- •promptly to prevent permanent serious damage from occurring.

## Immediately necessary treatment TRANSFORMING THE UK'S RESPONSE TO HIV

- Immediately necessary treatment should always be provided without delay
- BHIVA is clear that HIV treatment is immediately necessary
- As such, HIV treatment will always be provided, even if the patient is chargeable and even if s/he cannot pay.

## Charging in secondary care



#### Framework:

- NHS (Charges to Overseas Visitors)
   Regulations 1989 + amendments
- Guidance: Implementing the Overseas Visitors Hospital Charging Regulations
- New Regulations & Guidance consulted on 2010.
- Ongoing work to remove HIV exemption

## Charging in secondary care



#### Main groups affected by HIV treatment charges:

- Refused asylum seekers (except s4 & s95)
- Visa over-stayers
- undocumented migrants
- Short-term visa holders

## Charging in secondary care





#### Key issues in implementing charging regulations:

- Identifying chargeable migrants
- Role of clinicians
- Inability to pay and writing off debts



### Refusing entry/ stay to NHS debtors





### Plans to consider unpaid NHS debt in immigration decisions:

- NHS to share information on debts with UKBA
- Restrictions on entry, stay and citizenship applications based on unpaid debt
- Impact on access to HIV treatment?

## Charging in primary care?



- At present no limits to primary care based on residency status
- Evidence of unlawful exclusions taking place in some PCTs
- DH plans to commence another review on the possibility of charging in primary care

### **Next steps**



- Introduction of new Regulations/Guidance
- Development of DH/UKBA information sharing plans
- Review of charging in primary care
- Amendment to remove HIV exclusion from the Regulations

### Thank you



### **Questions?**

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