HIV care in immigration detention and removal

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NAT
HIV CARE IN IMMIGRATION DETENTION AND REMOVAL

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BHIVA Annual Conference April 2019
NAT (National AIDS Trust) has received grants from Gilead, Janssen, Mundipharma and ViiV over the last 12 months
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HARD COPIES AVAILABLE HERE!
UPDATES SINCE 2009

- Commissioning now with NHS Health and Justice
- ‘Adults at risk’ guidance
- U=U
- Opt-out testing in detention
- BHIVA treatment guidelines and Standards of Care for People Living with HIV
SUMMARY

• Immigration detention and HIV

• Key issues addressed in the NAT/BHIVA guidance:
  • Access to healthcare
  • Stigma and discrimination
  • Detention of ‘vulnerable people’
  • Public health

• Detention pathway roles and responsibilities
IMMIGRATION DETENTION AND HIV
IMMIGRATION DETENTION

- Administrative not criminal procedure
- While applications are processed or while awaiting removal
- Home Office responsibility
- 8 Immigration Removal Centres (IRCs) in the UK
- Up to 7 days in a Short Term Holding Facility (STHF)
IMMIGRATION DETENTION
KEY STATS – 2017

Entered detention:
• 27,348 people
• 85% men; 15% women
• 46% had made a claim for asylum

Left detention:
• 28,256 people
• 47% removed from UK
• 53% released and entered community

2,226 people in immigration detention at end of June 2018
IMMIGRATION DETENTION AND HIV

- **One in five** people entering immigration detention are from Africa (higher proportion sub-Saharan Africa)
- Almost **one in five** are from Eastern Europe (rising)
- No statistics for number of people living with HIV entering immigration detention
- Higher prevalence of HIV than UK population
• Home Office attitude “shockingly cavalier” and immigration detention requires “fundamental reform”
• Called for end to indefinite detention
• ‘Adults at risk’ policy not working
• Concerns about healthcare access (particular concerns re. mental health)
EQUIVALENCE OF CARE

“All detainees must have available to them the same range and quality of services as the general public receives from the National Health Service.”

Home office guidance (2002)

Services must be: “consistent in range and quality (availability, accessibility and acceptability.”

Royal College of General Practitioners Secure Environments Group (2018)

“Everybody living with HIV in the UK should have equitable access to uniformly high-quality HIV care. These Standards are applicable to all adults living with HIV in the UK, including people in places of incarceration such as prisons and immigration removal centres.”

BHIVA Standards of Care (2017)
Concludes that immigration detention should be phased out, but as long as the practice continues:

- It should be time limited
- High quality healthcare must be available
- Where not – systems must be scrutinised and restructured
FAILURES IN:
• ART continuation
• Making or attending appointments
• Contacting clinicians
• Supporting psychological needs
• Preventing stigma and discrimination
WHAT WE KNOW NOW

Reports from people living with HIV in immigration detention and clinicians:

- Missed ART doses
- Those meeting ‘Adult at risk’ criteria being held
- Breaches of confidentiality
- Stigma and discrimination
- Restraints used during appointments
- Security/escort staff entering treatment rooms
KEY ISSUES ADDRESSED IN THE GUIDANCE
ACCESS TO HEALTHCARE

Issues:

• Detained without medication
• Missed appointments
• Poor communication

Guidance and recommendations for IRCs and Home Office:

• Medical appointments must be prioritised
• IRC staff training
• Addressing staffing issues
• Establishing relationships and protocols with local HIV services
Possible actions for HIV services:

- Contact cards
- Establish relationships and protocols with accountable individuals – meet with the local IRC to discuss NAT/BHIVA guidance?
- Recording and reporting issues to NAT – support influencing efforts!
STIGMA AND DISCRIMINATION

Issues:

• Confidentiality breaches
• Inappropriate language
• Misconceptions

Guidance and recommendations for IRCs and Home Office:

• IRC staff training
• Zero-tolerance to stigma and discrimination – policy and practice
• Establishing relationships and protocols with local HIV services
STIGMA AND DISCRIMINATION

Possible actions for HIV services:

• Establish relationships and protocols with accountable individuals – meet with the local IRC to discuss NAT/BHIVA guidance?
• Show zero tolerance when issues are witnessed
• Recording and reporting issues to NAT – support influencing efforts!
DETENTION OF ‘VULNERABLE PEOPLE’

• Based on criteria

• Three levels of vulnerability:
  1. Self declaration
  2. Professional evidence that person at risk
  3. Professional evidence that detention likely to cause harm

• Policy not working – pressure on Home Office to improve

• Do continue to report if you consider a patient to be vulnerable
PUBLIC HEALTH IMPLICATIONS

Barriers to:

- Opt-out BBV testing
- Sexual health promotion
- Access to treatment
DETENTION PATHWAY
ROLES AND RESPONSIBILITIES
PRIOR TO DETENTION

• Immigration bail, asylum applicant, or otherwise subject to immigration control?
• HIV will not affect immigration status or application
• Contact cards
• Prepared to receive and respond to calls
• Fitness to travel and preparation for transfer
If an HIV clinician believes that their patient might be at risk of immigration detention, they should:

- Discuss with the person what to do in the event of detention
- Reassure them that their HIV status will not affect the outcome of any immigration applications
- Provide them with a contact card and list of their prescribed medications
- Be prepared to respond to requests for information from healthcare staff in immigration detention facilities
- Be prepared to discuss their patient’s fitness to travel
- Be prepared to provide treatment summaries and adequate supplies of ART.
ARRIVAL

IRC / STHF (see Section 3.1.1)

- Provide a supply of ART for those who have been prescribed it prior to detention within 24 hours of disclosure of HIV status.
- For new arrivals who are living with HIV, ensure access to the local HIV service as soon as possible.
- With the person's consent, access health records from their previous HIV specialist as soon as possible after arrival.
- Maintain patient confidentiality.
- At the initial medical examination, offer opt-out testing for BBVs and provide sexual health information.
- Consider whether the detained person may be at risk of harm in detention.

HIV SERVICES (see Section 3.1.2)

- Respond immediately to urgent requests from IRC / STHF staff for ART for a detained person.
- Be prepared to provide appointments at short notice to people in immigration detention facilities.
- Respond quickly to requests from other clinics or IRCs / STHFs for treatment summaries and other information.
- Maintain patient confidentiality as normal.
**DETENTION AND TRANSFER**

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**IRC / STHF (see Section 3.2.1)**

- Support treatment adherence.
- Ensure attendance at HIV service appointments, as determined by an HIV specialist.
- Continue to evaluate whether a detained person may be at risk of harm in detention.
- Repeat sexual health promotion and offer of BBV testing.
- For people newly diagnosed with HIV, ensure quick linkage into an HIV service and other relevant care.
- Offer counselling and support, especially for the newly diagnosed.
- Continue to maintain patient confidentiality.
- If a detained person is being transferred, inform the HIV service well in advance, and arrange for adequate supplies of ART and treatment summaries to be provided.

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**HIV SERVICES (see Section 3.2.2)**

- Provide IRC healthcare staff with a copy of the patient’s treatment plan if consent has been given.
- Be prepared to advocate for patients: if necessary request removal of handcuffs and that escorts leave the exam room unless the person poses a risk to themselves or others.
- Raise concerns about a person’s risk of harm in detention with the IRC GP.
- Be prepared for transfers: ensure treatment summaries are readily available and that patients have good supplies of ART at all times.
REMOVAL OR RELEASE

IRC / STHF (see Section 3.3.1)

- Inform the HIV clinician in good time if their patient is being removed or released.
- Arrange adequate supplies of ART and treatment summaries for those who are being removed or released.
- Consult with the HIV specialist before determining fitness to travel.
- Support detained people who are departing with information about HIV treatment and support organisations available in their destination.

HIV SERVICES (see Section 3.3.2)

- Be prepared to respond urgently and comprehensively to inquiries from IRC GPs about fitness to travel.
- Be prepared for removal or release of patients: ensure that they have good supplies of ART at all times and that treatment summaries are readily available.
- Provide people who are being removed with a letter for the clinician in their destination country, and discuss the contents of the letter with them.
- Assist IRC / STHF staff to supply information about HIV treatment and support organisations available in the person’s destination.
FITNESS TO TRAVEL

Take into account:

• Awaiting test results
• Recent diagnosis or commencement of ART
• Co-infection with another STI or TB
• Experiencing mental health issues
• Pregnant or has given birth in the past 6 months
• Ongoing medical complications, incl. in-patient care
FITNESS TO TRAVEL

• Removal should be communicated with IRC GP and the HIV clinician
• May be circumstances where previous clinician consulted
• Home Office will assume fitness to travel unless informed otherwise
• Requires patient consent but refusing assessment won’t prevent removal

Medical opinions are independent from the Home Office process and do not reflect an endorsement of the decision to remove an individual.
NEXT STEPS

Promoting the guidance:

• All IRCs and local HIV clinics will receive guides and on NAT and BHIVA websites
• Follow-up/evaluation with key stakeholders
• Can we help you? E.g. we could support local meetings between HIV clinic and IRC
• Training

Influencing:

• Communicate barriers to good practice to the Home Office
• Parliamentary engagement and political pressure
• How you can help – report issues to NAT
THANKS TO...

Cheryl Gowar, Policy and Campaigns Manager, NAT
Dr David Asboe and Dr Benedict Holden, representing BHIVA

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