

# An audit of HIV care provision for **Immigration Removal Centre** patients K.Sabapathy<sup>1,2</sup>, D.Reid<sup>1</sup>, L.Rubinstein<sup>1</sup>

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**BHIVA Annual Conference 2011** 



# Introduction

- Background on Immigration Removal Centres (IRCs)
- IRCs linked to the Hillingdon Hospital
- BHIVA / NAT advice
- Audit methods, results, conclusions
- Challenges faced
- Recommendations



### **Immigration Removal Centres**

- Applicants
  - refused asylum humanitarian protection discretionary leave to remain
  - "at any point of an asylum application"
- 11 IRCs in the UK



### **Immigration Removal Centres**

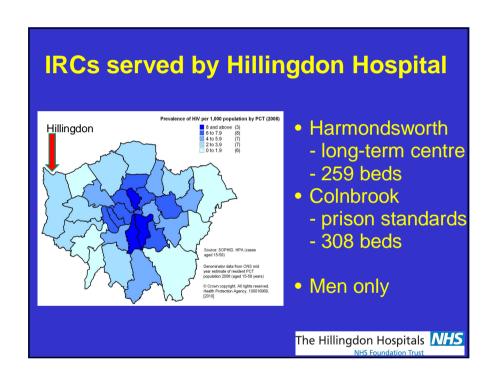
- Detention Centres Services Operating Standards Manual:
  - "must have available to them the same range and quality of services as the general public receives from the National Health Service"

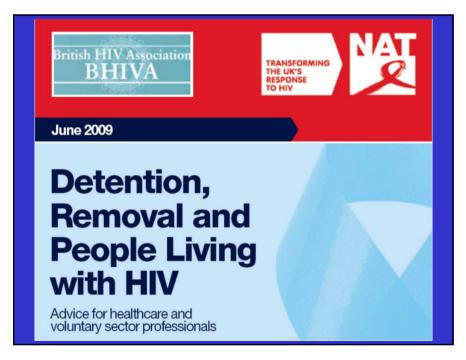


### **Medical services in IRCs**

- Medical services
  - 24h nurse
  - commissioned sessional GP service
- IRC guidelines
  - medical screening within 24h
  - management plan
  - facilitate specialist care
- Referral to HH Sexual Health Service







### **BHIVA / NAT advice**

- Unbroken access to ARVs
- Availability of past medical information
- 3 main recommendation in preparation for removal of HIV positive detainees



### **BHIVA / NAT key advice for removal**

3 key points

- Letter for future treating clinicians
- Three months contingency supply of medication
- Contact details of trusted HIV support organisations in their destination country



### **Audit**

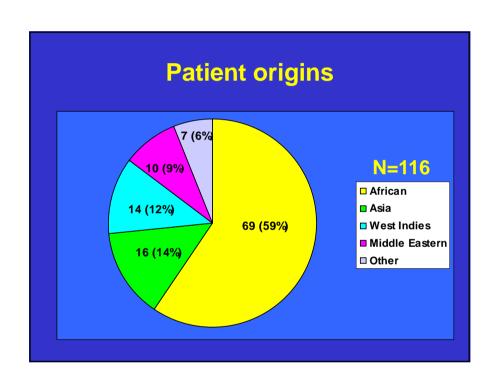
- To describe patient characteristics
- To compare practice against BHIVA/NAT advice for HIV care of detainees
- To compare practice against recommended clinical guidelines

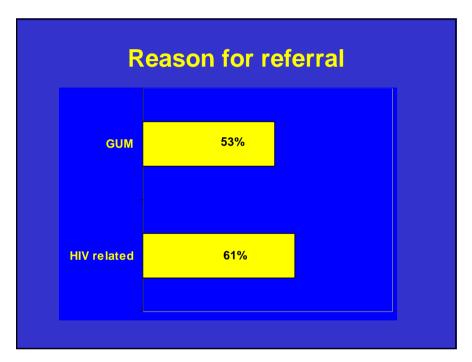


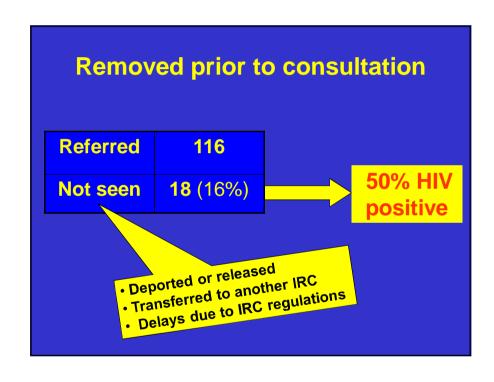
### **Method**

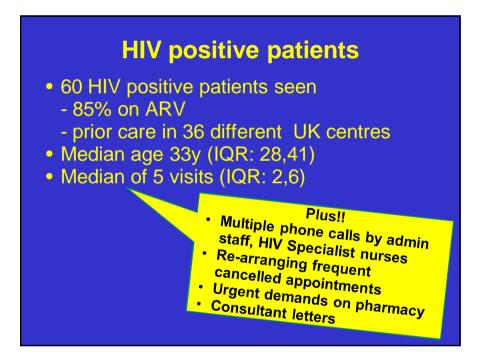
- All patients seen between January 2008 and January 2010
- Routine clinical data

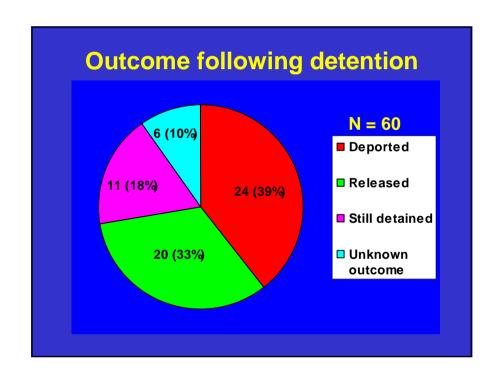


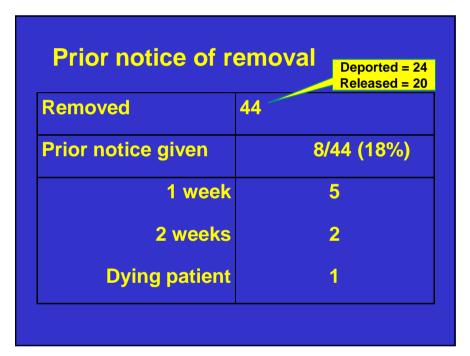












## **Preparation for removal**

- None had full 3 month contingency supply
- <u>5/8 (63%)</u> received information about HIV support facilities in onward destination
- 4/8 (50%) had a medical summary letter



# "Black Holes" Missed ARV doses at the time of arrest and detention Treatment interruption after detention Standards of medical care in detention ?

# Conclusion

- Not able to meet BHIVA/NAT standards for detainees
- 82% of patients prior notice NOT given
- When given inadequate time to meet standards



## **Challenges faced**

- Data collection
- Conflicting agendas
  - security measures
  - scheduling of appointments
  - transport
- Confidentiality and patient autonomy
  - IRC non-medical staff aware of status
  - not allowed to keep own treatment drugs



# Detained and Denied The clinical care of immigration detainees living with HIV when the doctor seaw hat we were HIV post live he has a weed back on his face, "has on no" we feel back and rejected by he seeks Thomash has come has been without his Hamanathwell has been theather. Yes when I transfered from blook house IRC of Cabusch to Hamanathwell has been theather. I had to go for nearly 4 weeks without my Medication as his healthcarp at his has house did not bother to dispense it. 7. Are you waver of any examples where people harmed themselves whilst in described yes. A man while humself in detection? Yes. A man while humself in detection? The long term detection has make my children to affect the first have that the are not have to been and had super and their those were are criminals.

### **Recommendations**

- Standardised data collection tool for all centres caring for asylum seekers
- National audit \*\*
- Greater advocacy efforts to make BHIVA/NAT advice binding
- Greater advocacy efforts to empower patients and medical staff



# **Acknowledgements**

- All staff at the Hillingdon Hospital Sexual Health Centre especially Wendy Wheeler and Liz Green
- The patients whose experience has contributed to this presentation



# Thank you!

"Freedom is what you do with what is done to you"

– Jean Paul Sartre