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Detention, Removal and People Living with HIV

Advice for healthcare and
voluntary sector professionals



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This booklet is a practical resource that provides information and advice for healthcare, voluntary sector and other professionals working with detained HIV positive asylum seekers in Immigration Removal Centres (IRCs). It may also be helpful for those working with HIV positive detainees in other detention settings such as short-term holding facilities or prisons.

Best practice checklist for IRCs

- Maintain unbroken access to antiretroviral (ARV) medication for an HIV positive detainee who arrives with his or her ARV therapy. An arrangement must be in place between the IRC and the local HIV clinic to obtain ARV medication within 24 hours for an HIV positive detainee who does not arrive with his or her ARV therapy.
- Make arrangements in advance for any transfer of an HIV positive detainee out of the IRC either to another IRC or into the community. This includes arrangements at the new IRC for receiving detainees taking ARV medication to avoid any treatment interruption or delay and the timely transfer of medical records. Consult local HIV specialists during preparations for any transfer.
- Ensure an HIV positive detainee is medically stable and fit to travel before removal. This includes consideration by the IRC General Practitioner (GP) of the detainee's medical issues with input from HIV specialists when coming to a decision on fitness to travel. For audit purposes, keep a record in the patient's medical notes.

Table of contents

About detention, removal and the UK Border Agency	5
Voluntary return	5
New Asylum Model	6
Why is HIV care so important in IRCs?	6
Managing HIV in IRCs	7
Roles and responsibilities of IRC healthcare workers and staff	7
<i>Reception</i>	8
<i>Detention (including access to medication and transfers)</i>	9
<i>Removal (including fitness to travel)</i>	12
Roles and responsibilities of HIV specialists local to IRCs	14
Roles and responsibilities of previous HIV specialists	16
Roles and responsibilities of community-based organisations local to IRCs	17
Other key issues	17

Text boxes

Best practice checklist for IRCs	2
Forewords	4
Best practice in reception	9
Detainees and HIV treatment	10
HIV testing	12
HIV prevention	15
Key resources for further information	18
Acronyms	23

Appendix

IRC and local HIV clinic contact details	20
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Forewords

In recent years, there has been increasing concern at failures to meet the HIV-related needs of asylum seekers. In particular, the process of detention and removal has resulted in real difficulties for asylum seekers living with HIV.

This resource provides practical advice for IRC healthcare staff and for NHS healthcare workers supporting the HIV treatment, care and support needs of detainees while in detention and during the removal process. It also outlines where relevant the agreed roles and responsibilities of others working with such detainees.

Those detained in IRCs are entitled to NHS care equivalent to that available in the community. The importance of clinicians and Home Office staff ensuring that the needs of HIV positive detainees are appropriately met is further reinforced by the Disability Equality Duty in the Disability Discrimination Act 2005. It is our hope that this information, developed in collaboration with the UK Border Agency, IRC healthcare managers, HIV clinicians working with local IRCs, key community support service organisations and people living with HIV, will be used widely to provide appropriate high-quality care and to support consistency, continuity of care and clinical handover during removal.

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This practical resource outlines clinical best practice for healthcare professionals supporting the HIV-related needs of asylum seekers during detention and in preparation for removal. The IRC healthcare managers, who worked with NAT and BHIVA on the development of this booklet, are committed to ensuring this resource is used widely to meet those needs. Those detained in IRCs are entitled to NHS care equivalent to that available in the community. For serious and often complex long-term conditions such as HIV, there is a particular need to ensure consistent and appropriate care. We commend this resource to all those responsible for the health and well-being of detainees.

Dr Celia Grummitt
IRC Healthcare Steering Group

About detention, removal and the UK Border Agency

Applicants who are refused asylum, and are not awarded humanitarian protection or discretionary leave to remain, are expected by the UK Border Agency (UKBA) to return to their country of origin. If a refused asylum seeker makes an appeal which is also turned down, they are expected to voluntarily leave the UK at the end of the appeal process.

Anyone who does not leave the UK voluntarily can be detained until it is possible to remove them. The UK has 11 Immigration Removal Centres (IRCs) where people may be detained during the asylum process or pending their removal from the UK; 10 are in England and one in Scotland (see *Appendix*).

Applicants may also be detained in IRCs at any point during the asylum process at the discretion of UKBA. There are several possible reasons for detention, including grounds for believing the applicant will not comply with requirements to keep in regular contact with UKBA.

Voluntary return

The UK mission of the International Organisation for Migration (IOM UK) operates in co-operation with UKBA programmes for individuals in the UK who wish to return voluntarily to their country of origin. These programmes are available to asylum seekers and to irregular migrants

who have no permanent right to remain in the UK. Immigration detainees who have had removal directions set are not eligible for these programmes. British Citizens, nationals of Switzerland and of a European Economic Area (EEA) state are also not eligible for these programmes. Full details on eligibility can be obtained from the IOM (see *Key resources for further information*).

The Voluntary Assisted Return and Reintegration Programme (VARRP) is open to individuals in the asylum process who are:

- Waiting for a decision or received a refusal (and have not withdrawn their asylum application) from UKBA
- Appealing against the asylum decision
- Refused asylum but granted discretionary leave to remain in the UK.

IOM UK also provides assistance to irregular migrants in its Assisted Voluntary Return for Irregular Migrants Programme (AVRIM). This includes migrants who are in the UK without legal documentation, visa overstayers and victims of trafficking.

Asylum seekers are eligible for assistance on departure and in the country of return. The assistance that IOM UK provides includes obtaining travel documentation and paying for flights to the country of origin as well as coordinating onward transportation from the airport to a returnee's home town if necessary.

New Asylum Model

In February 2005, the UK Government published a new five-year strategy for immigration and asylum.¹ The strategy sets out the New Asylum Model (NAM), a faster, more tightly managed asylum process with an emphasis on rapid integration or removal. UKBA is now processing all new asylum seekers within the new model, which aims to reach a decision on claims within six months.

One of NAM's features includes detained fast-track processing. Any asylum seeker, whatever their nationality or country of origin, may be detained² if it appears, after initial screening by a case owner, that their case may be decided quickly.³

Why is HIV care so important in IRCs?

With more than half of all asylum seekers coming from Africa, the region with the highest HIV prevalence, and with a significant number detained in IRCs at some point during the asylum process, there is an urgent need to consider the HIV-related health and social care needs of asylum seekers and others in detention.⁴

Asylum seekers with HIV have multiple and complex health and social care needs. A compromised immune system means that it is particularly important for asylum seekers with HIV to take good care of their general health. It is also vital that patients taking medication for HIV, known as antiretroviral (ARV) therapy (see *Detainees and HIV treatment*), adhere rigidly to their treatment regime. Any interruption or delay in taking treatment doses may quickly cause the therapy to become less effective and drug resistance to develop, which limits future treatment options. In many developing countries the range of treatment options is limited, so maintaining the efficacy of the current treatment regimen is often highly critical to long-term survival of detainees who are removed.

Having HIV is associated with high levels of anxiety and uncertainty. Additionally, some of those detained will have been traumatised through conflict, rape, torture and imprisonment which adversely affects mental health.

Any sudden changes, such as being detained at short notice, or moved from one IRC to another, or back into the community following detention,

1: Home Office (2005) *Controlling our borders: Making migration work for Britain – five-year strategy for asylum and immigration*, www.homeoffice.gov.uk.

2: Although UKBA policy is normally not to detain victims of torture.

3: A case owner is the person responsible for progressing an asylum seeker's claim, from beginning to end. Each asylum applicant is assigned a case owner within a few days of making an application.

4: Home Office (2009) *Control of Immigration: Quarterly Statistical Supplementary Tables Q1 2009*, www.homeoffice.gov.uk.

can easily lead to the interruption of ongoing clinical care, compromise drug adherence, and risk the loss of medical records and clinical support. These factors may put asylum seekers with HIV at particular risk by causing their condition to worsen. Therefore, it is vital that those working with asylum seekers in IRCs, where all detainees are entitled to NHS care, consider their HIV-related needs when developing both policy and practice.

Guidance by the Medical Foundation for AIDS and Sexual Health (MedFASH) and endorsed by the Department of Health, British HIV Association (BHIVA) and National Association of NHS Providers of AIDS Care and Treatment (PACT) states that “facilitating continuity of care in terms of treatment and monitoring should be a central plank of service provision for asylum seekers with HIV.”⁵ In addition, BHIVA Standards of Care are applicable to “all adults living with HIV in the UK” irrespective of immigration status.⁶

Managing HIV in IRCs

This leaflet explains how IRCs and others working with detainees should support those living with HIV during detention and the removal process.

The HIV-related needs of people living with HIV include the availability and accessibility of high-quality treatment, care and support. This includes:

- Access to high-quality and confidential clinical primary care services
- Access to high-quality and confidential secondary care with expertise in HIV consistent with current UK and BHIVA standards of care (see *Key resources for further information*)
- Appropriate clinical handover between all clinical services to ensure continuity of care during detention and the removal process.

Although this leaflet is focused on the management of treatment, care and support within IRCs for those detainees diagnosed with HIV, wider issues including HIV testing and prevention will also be briefly discussed.

Roles and responsibilities of IRC healthcare workers and staff

There are three key stages that map out a detainee’s experience in an IRC:

- Reception
- Detention
- Removal.

5: MedFASH (2003) *Recommended Standards for NHS HIV Services*, www.medfash.org.uk.

6: BHIVA (2005) *Standards of HIV Clinical Care*, www.bhiva.org.

1. Reception

Reception at an IRC can be a time of heightened vulnerability for detainees. Clearly, reception is not the right time to begin complex HIV-related work when there may well be other seemingly more pressing needs. However, **every detainee should be seen for a reception health screening within 24 hours of arrival in an IRC**. This is an essential point to identify detainees already diagnosed and being treated for HIV (see *Detainees and HIV treatment*).

People living with HIV may be scared and feel very vulnerable on arrival at an IRC. This may make arrival a difficult time to discuss with others a stigmatised condition such as HIV. Therefore, **every reception health screening should include clear information on:**

- ▶ **Confidentiality of healthcare information being fully respected and protected in the IRC**
- ▶ **Discrimination not being tolerated in the IRC, including discrimination on grounds of HIV status or any other health condition**
- ▶ **Full entitlement to high-quality NHS equivalent care for all health conditions.**

Those who disclose their HIV status on arrival at an IRC may have information with them from their previous HIV clinic or HIV specialist. This could include, for

example, a letter or a contacts card. If not, the detainee may still be able to tell the IRC nurse these contact details. They may also have a 'blue book' which provides an overview of their medical history including information on sexual health. The IRC nurse should ask for this and any other relevant health-related information during the reception health screening.

People with HIV in clinical care may be on ARV therapy. The IRC nurse should ascertain from any HIV positive detainee whether or not they are on ARV medication. **It is of paramount importance that the detainee is maintained on his or her ARV therapy** (see *Detainees and HIV treatment*).

Some detainees may bring their medication with them. They must be allowed to continue accessing this medication. Other detainees, though on ARV therapy, may not have brought their drugs with them. Immediate access to the appropriate drug regimen must then be arranged. In both circumstances, immediate contact with the previous HIV clinic or HIV specialist will allow for confirmation of the medications as well as discussion of the detainee's medical history and healthcare needs.

When it becomes known at the reception health screening that the detainee has arrived without his or her ARV medication, it is necessary for the local HIV clinic to provide appropriate ARV therapy within 24 hours of that

Best practice in reception

One best practice model of care for HIV positive detainees involves immediate referral to a local HIV specialist nurse who visits the detainee in the IRC and makes appointments for the detainee to see a local HIV consultant. This requires clearly established arrangements with local specialist teams and pharmacies that cover both weekdays and weekends to ensure that ARV treatment is never interrupted.

health screening. This will mean an on-call system must be in place between the IRC and the local HIV clinic. This will facilitate prompt provision of ARV medication for detainees, including outside clinic hours or at weekends.

On those occasions where a detainee states they are HIV positive and on ARV therapy but cannot provide information about his or her previous HIV clinic or HIV specialist, a discussion must take place between IRC healthcare staff and the local HIV clinic healthcare team, ideally within 24 hours of the reception health screening, to identify a prompt course of action. This is to assess HIV-related needs and meet them as clinically appropriate.

For all those who inform the IRC nurse during the reception health screening that they are HIV positive, **an appointment should be made as soon as possible after the reception health screening for the detainee to be seen by the IRC General Practitioner (GP). This appointment should take place within a week of the arrival of the detainee at the IRC. At the same time, an appointment should be scheduled for the detainee to be seen by a local HIV specialist as soon as possible.**

2. Detention

The length of time a detainee remains in an IRC depends on a number of factors including how long it takes the UKBA to reach a decision on their particular case, or how long it may take to coordinate the appropriate removal documentation with their destination country. Naturally, the aim must be to do as much as possible to meet detainees' HIV-related treatment, care and support needs in the time available. Another primary aim is to support continuity of care if the detainee is transferred to another IRC, back into the community or is removed from the UK.

Most detainees will spend a relatively **short amount of time** - an average of nearly three weeks - in an IRC.⁷ Despite this, every detainee already receiving ARV treatment should have unbroken access to their medication whilst in the IRC and be under the care of a specialist consultant in an HIV clinic local to the IRC.

7: NAT (2007) *Immigration Removal Centre Responses to HIV and AIDS: Results of a survey of healthcare managers*, www.nat.org.uk.

Those who are newly diagnosed with HIV in IRCs should be referred to an HIV specialist to access appropriate baseline investigations and any necessary treatment.

Should detainees spend **longer** in an IRC, there may be opportunities to carry out more involved interventions.

For example, ongoing counselling and psychosocial support should be offered for detainees who need help in coming to terms with a positive diagnosis and in preparing for removal.

Detainees and HIV treatment

Reception and initial health screening in IRCs should prioritise continuity of ARV therapy for HIV treatment. Any interruption or delay in taking treatment doses may quickly cause the therapy to become less effective and drug resistance to develop, which limits future treatment options. In many developing countries the range of treatment options are limited, so maintaining the efficacy of the current treatment regimen is often highly critical to the long-term survival of detainees who are removed. Current BHIVA standards of HIV clinical care should always be followed.⁸

UKBA guidance on the dispersal of asylum seekers with healthcare needs explicitly states that all asylum seekers are entitled to free care for any condition, including HIV, while detained in an IRC.⁹

Drug combination to control HIV in the body and to protect the immune system can be life saving, although the combination can be complex and the treatment regime demanding. For example, drugs must be taken at the right time according to specific instructions. Some ARV drugs must be taken with food and others must be refrigerated. At least 95 per cent adherence to treatment is required, as even one or two missed doses can seriously compromise both the efficacy of therapy and lead to drug resistance. This means missing no more than one dose a month if a detainee is taking once-daily therapy, or two doses a month if a detainee is taking twice-daily therapy. IRC healthcare staff should ensure that every detainee in need gets their medication each day.

To ensure continuity of treatment and care, every IRC should have in place a **clinical protocol** for the management of newly-received HIV positive detainees taking ARV drugs, agreed with the local HIV clinic and compliant with the timelines set out in this booklet. In particular, a system must be in place to ensure immediate access to supplies of ARV drugs.

Access to medication

Practice currently varies across IRCs as to whether detainees are permitted to keep prescribed medication with them in their rooms. Detainees living with HIV should be allowed, wherever possible, to keep their HIV medications with them and be provided with accommodation and arrangements to support confidentiality and treatment adherence. In those circumstances where personal possession of HIV drugs is not possible, and the detainee must instead visit an IRC clinic for his or her medication, it is the responsibility of IRC healthcare staff to ensure the detainee has the opportunity to take the medication as required. If the detainee, for example, does not attend the clinic to take the medication at the expected time, IRC healthcare staff should proactively seek out the detainee to ensure he or she has the opportunity to take and adhere to their life-saving treatment.

Transfers

Detainees may be transferred from one IRC to another, and for some, on a number of occasions. They may also be returned to the community. The HIV-related needs of a detainee should be integrated into planning for a transfer.

Normally the IRC GP should always be informed in advance of the intention to move a detainee out of the IRC either to another IRC or into the community.

Key factors to consider in relation to the transfer of HIV positive detainees include:

- Having appropriate arrangements in place at the new IRC for receiving detainees taking ARV medication to avoid any treatment interruption or delay
- Timely transfer of medical records
- Clinical recommendations on a potential 'medical hold' to delay transfer due to ill-health.

It will be important for the IRC GP to work in close coordination with the local HIV specialist involved in advance of, and during, any transfer of an HIV positive detainee. It is also important to reassure detainees that, as far as possible, steps have been taken to minimise any disruption to their HIV-related care during the transfer process. This includes providing the detainee with adequate medication in advance of any transfer to ensure unbroken access to treatment during the transfer process.

8: BHIVA (2005) *Standards of HIV Clinical Care*, www.bhiva.org.

9: UK Border Agency (2005) *Asylum Support Policy Bulletin 85 Dispersing Asylum Seekers with Health Care Needs*, www.ukba.homeoffice.gov.uk.

3. Removal

Where individuals have been notified of pending removal, IRC healthcare staff should ensure the local HIV specialist provides the detainee with a letter for their future clinicians in their country of repatriation. This should be done in collaboration with the previous treating clinician and at the earliest opportunity to ensure adequate time for preparing the letter, which should include reference to their HIV status, treatment regime and contact telephone numbers of their previous clinicians. The letter should be discussed with the detainee so they are fully aware of its content and of the need to keep it safe until they have established a relationship with a new treating clinician

in their destination country. The letter should be sealed and marked as ‘private and confidential.’

ARV drugs may not be as accessible in a detainee’s destination country and it may take some time to establish relationships with a new treating clinician and community support services. Upon notification that an HIV positive detainee is to be removed, IRC healthcare staff should inform the local HIV specialist of the detainee’s pending removal and ensure the detainee is provided with sufficient medication. Normal NHS clinical practice is to dispense three months’ supply of ARV medication. This will cover detainees during the removal process and arrival in their destination country.

HIV testing

Nearly one in three people in the UK living with HIV do not yet know they are infected. Research has shown that those who are unaware of their HIV positive status are more likely to pass on their infection. Detainees may spend only a limited time in IRCs, which presents real challenges for HIV testing. However, early HIV diagnosis has significant benefits, not only in terms of the detainee’s health, but also in alerting the infected person to the need to prevent onward transmission. It is therefore important that, where requested or clinically indicated (for a list of clinically indicated conditions including tuberculosis see the UK testing guidelines for HIV listed in *Key resources for further information*) or upon stated risk, a speedy test with appropriate pre-test discussion should be offered in line with current UK testing guidelines (see *Key resources for further information*). Results from HIV tests should be returned within one week.

An HIV positive detainee diagnosed within an IRC should have access to appropriate post-test counselling and a baseline assessment to clarify their clinical condition before a date is set for removal.

As detainees may not receive much prior warning of removal, local HIV specialists should arrange to resupply medicines to the IRC before they run out to ensure that the patients always have a three-month supply to take with them when they are removed.

Most countries to which people are removed have some specialist HIV-support organisations which can assist someone living with HIV who is newly returned in adjusting to the destination country and in accessing care. It is important for IRC healthcare staff to provide the detainee with contact details of such organisations prior to removal, as well as the opportunity, should they wish, to contact the organisations from the IRC. HIV specialists local to IRCs and local support organisations may be able to assist in this effort (see *Key resources for further information*).

Before removal, IRC healthcare staff should ensure the detainee has been provided with:

- ▀ **A letter for their future treating clinicians**
- ▀ **Three months' supply of medication**
- ▀ **Contact details of trusted HIV-support organisations in their destination country.**

This process should be recorded in the patient's medical notes.

Fitness to travel

Given the importance of adherence to medication and the complexity of management of HIV, it is very important that no one is removed whose condition is not stable.

Final judgement as to whether an HIV positive detainee is medically stable and fit to travel must be determined on a case-by-case basis and should always rest with the IRC GP in consultation with HIV specialists. Whilst not an exhaustive list, the following medical issues are amongst those which should be considered in the process of coming to a decision on fitness to travel:

- ▀ Awaiting an HIV test result or appropriate post-test counselling and a baseline assessment to clarify clinical condition
- ▀ A recent, new HIV diagnosis, or having just started ARV therapy or a new drug regime
- ▀ Co-infection with another sexually transmitted infection or tuberculosis
- ▀ Co-existing mental health issues
- ▀ A woman detainee who is pregnant or has given birth less than six months previously
- ▀ Ongoing medical complications.

Advice from the HIV specialist should address whether the patient is medically stable and has no other health complications.

If the passage of a detainee through the IRC from reception to planned removal is too swift to allow for transfer of care to the HIV clinic local to the IRC, then the detainee's previous HIV treating clinician should be consulted as above.

All advice provided by an HIV specialist to the IRC GP and the IRC GP's decision on fitness to travel should be recorded for good clinical care and in order to provide an audit trail. To

support continuity of care, the detainee, IRC staff and HIV specialist should be provided with enough time to prepare for removal, including securing three months' medication to accompany the detainee.

Any advice provided by an HIV specialist on whether a detainee is stable is entirely separate from advice they might be asked to provide to a solicitor or others in relation to legal cases as to whether or not the detainee should be removed. By providing advice on the stability of a detainee's condition to an IRC GP considering fitness to travel, the HIV specialist is not consenting to their removal.

Before removal of a detainee, IRC staff must satisfy themselves that the IRC GP has agreed that the individual is fit to travel.

10: UK Border Agency Detention Services Order 08/2008 (2008) *Use of handcuffs on detainees under escort*, www.ukba.homeoffice.gov.uk.

Roles and responsibilities of HIV specialists local to IRCs

To obtain the best health outcomes for detainees, it is important that local HIV specialists communicate closely with the IRC GP and, as appropriate, UKBA case owners. A protocol must be agreed with the local IRC, as described above, particularly in relation to immediate access to ARVs and on-call services.

HIV specialists working in the catchment area of a local IRC should be prepared to receive calls from IRC healthcare staff to make appointments for detainees with specialist healthcare needs. Local HIV specialists should ensure IRC healthcare staff have a written record of a detainee's treatment and care plan. They should also ensure that the IRC GP knows of appropriate accommodation needs during detention related to the detainee's health and medication, such as an individual rather than a shared room, or specific times for meals.

Local HIV specialists should also ensure that detainees understand the principles of confidentiality and what private information would be shared with IRC healthcare staff and why, and obtain appropriate consent.

Where handcuffs have been used during a medical escort they should be removed during hospital treatment and if requested by a treating clinician.¹⁰

HIV prevention

The numbers of people living with HIV in the UK are increasing. 7,370 people were newly diagnosed in 2008, and the numbers of people living with HIV in the UK were over 80,000 at the end of the year. Although a significant majority of detainees will spend a relatively short amount of time in an IRC, this presents an important opportunity to provide basic awareness-raising and sexual health promotion information in a variety of key languages.

In particular, reception is a chance to inform detainees, without unnecessarily alarming them, about the risks of HIV transmission, steps the IRC is taking to control the risk, and how detainees can access HIV testing, treatment, care and support. IRC healthcare staff should also identify the most effective way, on a confidential basis, to provide accessible condoms and lubricant to those who need to reduce the risk of HIV infection or transmission, or of other sexually transmitted infections and blood borne viruses.

Basic information about HIV and sexual health can be followed up with more in-depth education and individualised support.

Detainees may be transferred from one IRC to another or back into the community, and for some, multiple times. The HIV-related needs of a detainee must be integrated into planning for a transfer (see *Transfers*). It will be important for the HIV clinics involved to work in close coordination in advance of, and during, any transfer of an HIV positive detainee to minimise any disruption to their HIV-related care during the transfer process. This includes providing the detainee with adequate medication in advance of any transfer to ensure unbroken access to treatment during the transfer process, or for such medication to travel with the detainee in the possession of the escorting officers.

Before any removal of an HIV positive detainee, local HIV specialists should be asked for advice by the IRC GP. The information that local HIV specialists provide at this stage is vitally important to the longer-term health of the detainee. Providing a comprehensive response should be a high priority and include input from a detainee's previous HIV specialist (see *Roles and responsibilities of previous HIV specialists*). The response should include the following:

- ▶ A brief medical history including details of current treatment and care for all conditions, and all ARV medication and adherence regimes

- Details of all services involved in the care of the detainee, such as HIV specialist, specialist nurse, hepatologist, thoracic and other medical specialists, paediatrician, mental health professionals and general practitioner, and any voluntary sector or peer support organisations
- An opinion about the impact that travel may have on the detainee's physical and mental health, and whether the detainee is medically stable.

Where individuals have been notified that they will be removed, local HIV specialists should provide the detainee with a letter for their future clinicians in their country of repatriation, even if the date for travel is not yet set. This should include reference to their HIV status, treatment regime and contact telephone numbers of their previous clinicians. The letter should be discussed with the detainee so they are fully aware of its content and of the need to keep it safe until they have established a relationship with a new treating clinician in their destination country. The letter should be sealed and marked as 'private and confidential.' Local HIV specialists should also provide a detainee (either directly or via IRC healthcare staff) with a supply of ARV medication in preparation

for removal. Normal NHS clinical practice is to dispense ARV medication for three months. Local HIV specialists can help link the detainee to trusted HIV-support organisations in the destination country (see *Key resources for further information*).

Roles and responsibilities of previous HIV specialists

HIV specialists who have been providing care for HIV positive individuals who could be detained should discuss with them what to do in the event they are detained. HIV specialists should reassure patients that disclosure of their HIV status to UKBA case owners or IRC healthcare staff will not affect the outcome of their asylum application.

Previous HIV specialists should prepare individuals for possible detention by providing the patient with a contacts card that has the specialist's name and contact details and a list of any medications prescribed to the asylum seekers.¹¹ The applicant should carry this information in the event they are detained.

HIV specialists should be prepared to receive calls from IRC healthcare staff, HIV specialists local to IRCs and the UKBA case owner to update them on the health of the detainee. Providing a

¹¹: HIV i-base offers a useful resource called *HIV Treatment Passport* where medications, CD4 count, viral load and other important information can be recorded easily in one place. Further information on how to order this resource is available at www.i-base.info.

response is a high priority. Input from the HIV specialist who knows the patient well will ensure that appropriate medication is dispensed and may also influence the longer term outcome for that individual, including on the issue of fitness to travel.

Roles and responsibilities of community-based organisations local to IRCs

Organisations providing services and support for people living with HIV or for asylum seekers are a vital complement to the medical care of asylum seekers living with HIV. IRC healthcare staff should seek details of support organisations in their local IRC community and arrange support for detainees as appropriate (see *Key resources for further information*).

Local support organisations should contact IRCs to discuss what community support services might be made available to detainees (see *Appendix*).

Other support organisations such as the African HIV Policy Network, Asylum Aid, International Community of Women Living with HIV and NAM (National AIDS Manual) may also have links to counterpart services in the detainee's destination country and could support linking detainees to those services (see *Key resources for further information*).

Other key issues

Pregnant women: Continuity of care for pregnant women is paramount. This is both for the woman's own long-term health and wellbeing, but also to prevent mother-to-child transmission of HIV. The UKBA recognises that HIV positive pregnant women require additional care, and the case owner should refer the case to the Complex Casework Team. Should an asylum seeker receive notification of removal when pregnant, their HIV specialist should, with their consent, get in touch with their case owner to request a delay to removal while the medical implications of the situation are considered.

Families: The UK Government has withdrawn its reservation to the UN Convention on the Rights of the Child, reinforcing the fact that detention of a child is a last resort. In those circumstances where children are detained, UKBA has committed to pay particular attention to the needs of HIV positive children. In advance of detention or removal, the paediatric treating clinician should, with consent, immediately contact the UKBA case owner to request a delay of removal for the family while the case is considered. Paediatric HIV is highly specialised and, without access to those specialists, a child's health could be severely compromised. A child diagnosed

with HIV whilst in an IRC will need to both access this specialist care and be accommodated in an environment that supports the improvement of their health.

Confidentiality: Many asylum seekers have fears about breaches of confidentiality and of sharing sensitive information. Having a serious health condition such as HIV can make detainees even more concerned. All IRC staff should be made aware of this to help ensure appointments are dealt with sensitively and confidentially.

Interpretation: Adequate interpretation should be available for detainees who do not speak English. Family members should not be considered as interpreters. An independent interpreter or Language Line should be used (see *Key resources for further information*).

Training: It is recommended that all IRC staff receive HIV training to enable them to identify the risks of transmission and how to manage these. Training could also include more information about living with HIV, from treatment to the stigma and discrimination faced by people with HIV. Voluntary sector and community-based organisations may be brought in as part of the training. HIV specialists may want an introduction on how medical care is provided in IRCs.

Key resources for further information

Official guidance

- ▶ *Dispersing Asylum Seekers with Healthcare Needs* is available from the UK Border Agency website at: www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumsupportbulletins/medical/.
- ▶ Further details on IRCs and asylum is available on the UK Border Agency website at: www.ukba.homeoffice.gov.uk.

Migrants

- ▶ The UK mission of the International Organisation for Migration (IOM UK) provides support for asylum applicants and irregular migrants wishing to voluntarily return to their countries of origin. IOM UK also has a free online search facility of support services outside the UK at www.iomlondon.org.
- ▶ Asylum Aid provides legal representation to asylum applicants and can be found online at www.asylumaid.org.uk.

Migrant health

- ▶ Health information for asylum applicants and refugees is available at: www.harpweb.org.uk, with links to a wide range of resources, practical tools and articles by healthcare professionals, voluntary sector organisations, academics and research bodies with expert knowledge of working with asylum applicants, both in the UK and other countries.

HIV

- ▶ *Guidelines for the Treatment of HIV-infected Adults with Antiretroviral Therapy* is available from BHIVA at: www.bhiva.org.pdf. Various treatment guidelines for different groups and situations are under regular review and are available at: www.bhiva.org.
- ▶ *Guidelines for the Management of HIV Infection in Pregnant Women and the Prevention of Mother-to-Child Transmission of HIV* is available from BHIVA at: www.bhiva.org.
- ▶ *Standards of HIV Clinical Care* is available from BHIVA at: www.bhiva.org.
- ▶ *UK National Guidelines for HIV Testing 2008* is available from BHIVA at: www.bhiva.org.
- ▶ *HIV in Primary Care* is available from MedFASH at: www.medfash.org.uk.
- ▶ *Recommended Standards for NHS HIV Services* is available from MedFASH at: www.medfash.org.uk.
- ▶ NAM (the National AIDS Manual) has a free online search facility for HIV support organisations inside and outside the UK. The searchable database can be found at: www.aidsmap.com/en/orgs/ux/default.asp. NAM provides a number of HIV-related information booklets free of charge for people with HIV or those working with HIV positive detainees. To find out further information visit: www.aidsmap.com.
- ▶ HIV i-base provides publications and resources on HIV treatment issues. It also offers an *HIV Treatment Passport* where medications, CD4 count, viral load and other important information can be recorded in one place. To find out further information visit: www.i-base.info.
- ▶ The African HIV Policy Network (AHPN) at www.ahpn.org and International Community of Women Living with HIV (ICW) at www.icw.org may be able to provide details of in-country support services. For example, ICW links women living with HIV who are returning to their countries of origin with local ICW members and other networks of women living with HIV.
- ▶ The NAT website contains details of ongoing work related to asylum seekers living with HIV at: www.nat.org.uk.

Interpretation services

- ▶ Further information about Language Line services can be found at: www.languageline.co.uk or by telephoning: 0800 169 2879.

Appendix

IRC and local HIV clinic contact details

IRC	IRC contact	Local HIV clinic contact
Brooke House	Perimeter Road South Gatwick Airport West Sussex RH6 0PQ Tel: 01293 566500 Fax: 01293 566590	Sexual Health Clinic Crawley Hospital West Green Drive West Sussex RH11 7DH Tel: 01293 600459 Fax: 01293 600341
Campsfield House	Langford Lane Kidlington Oxfordshire OX15 1RE Tel: 01865 233600 Fax: 01865 233723	Oxford GUM Clinic Churchill Hospital Old Road Headington Oxfordshire OX3 7LJ Tel: 01865 231231
Colnbrook	Colnbrook Bypass Harmondsworth West Drayton UB7 0FX Tel: 020 8607 5200 Fax: 020 8607 5383	Tudor Wing GUM Clinic Hillingdon Hospital Pield Heath Road Uxbridge Middlesex UB8 3NN Tel: 01895 279537 Fax: 01895 279786
Dover	The Citadel Western Heights Dover Kent CT17 9DR Tel: 01304 246400 Fax: 01304 246401	GUM Clinic William Harvey Hospital Kennington Road Willesborough Kent TN24 0LZ Tel: 01233 633331 x86177
Dungavel House	Strathaven South Lanarkshire ML10 6RF Tel: 01698 395000 Fax: 01698 395067	GUM Clinic Monklands General Hospital Monkscourt Avenue Airdrie ML6 0JS Tel: 01236 748748
Harmondsworth	Colnbrook Bypass Harmondsworth West Drayton UB7 0HB Tel: 020 8283 3850 Fax: 020 8283 3851	Tudor Wing Gum Clinic Hillingdon Hospital Pield Heath Road Uxbridge Middlesex UB8 3NN Tel: 01895 279537 Fax: 01895 279786

IRC and local HIV clinic contact details (cont)

IRC	IRC contact	Local HIV clinic contact
Haslar	2 Dolphin Way Gosport Hampshire PO12 2AW Tel: 02392 604000 Fax: 02392 604001	GUM Clinic St Mary's Hospital Milton Road Portsmouth Hampshire PO3 6AD Tel: 02392 866796 x3795
Lindholme	Bawtry Road Hatfield Woodhouse Near Doncaster South Yorkshire DN7 6EE Tel: 01302 524700 Fax: 01302 524620	GUM Clinic Doncaster Royal Infirmary Amthorpe Road Doncaster DN2 5LT Tel: 01302 366666
Oakington	Oakington Barracks Longstanton Cambridgeshire CB4 5EJ Tel: 01954 783000 Fax: 01954 789699	Clinic 1A Addenbrookes Hospital Hills Road Cambridge Cambridgeshire CB2 0QQ Tel: 01223 217774
Tinsley House	Perimeter Road South Gatwick Airport Gatwick West Sussex RH6 0PJ Tel: 01293 434800 Fax: 01293 434825	Sexual Health Clinic Crawley Hospital West Green Drive Crawley West Sussex RH11 7DH Tel: 01293 600459 Fax: 01293 600341
Yarl's Wood	Twinwoods Road Clapham Bedfordshire MK41 6HL Tel: 01234 821000 Fax: 01234 821096	Bridge House GUM Clinic Bedford Hospital Brittania Road Bedford Bedfordshire MK42 9DJ Tel: 01234 792146

About NAT

NAT (National AIDS Trust) is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expert advice and practical resources. We campaign for change.

All NAT's work is focused on achieving four strategic goals:

- ▶ Effective HIV prevention in order to halt the spread of HIV
- ▶ Early diagnosis of HIV through ethical, accessible and appropriate testing
- ▶ Equitable access to treatment, care and support for people living with HIV
- ▶ Eradication of HIV-related stigma and discrimination.

For further information, please visit: www.nat.org.uk, email: info@nat.org.uk or telephone: 020 7814 6767.

About BHIVA

The British HIV Association is the leading professional association in the UK committed to providing excellence in the care of HIV-infected individuals. Its objectives include:

- ▶ Relieving sickness and protecting and preserving health through the development and promotion of good practice in the treatment of HIV and HIV-related illnesses
- ▶ Advancing public education in the subjects of HIV and the symptoms, causes, treatment and prevention of HIV-related illnesses through the promotion of research.

For further information, please visit: www.bhiva.org, email: bhiva@bhiva.org or telephone: 020 8369 5380.

Feedback

NAT and BHIVA welcome feedback on this booklet, including any suggestions on how to improve it. Please email: policyandcampaigns@nat.org.uk with comments or to request additional copies of this booklet. A PDF version can be downloaded by visiting www.nat.org.uk or www.bhiva.org.

Acronyms

ARV	Antiretroviral
AVRIM	Assisted Voluntary Return for Irregular Migrants Programme
BHIVA	British HIV Association
GP	General Practitioner
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
IOM UK	UK mission of the International Organisation for Migration
IRC	Immigration Removal Centre
MedFASH	Medical Foundation for AIDS and Sexual Health
NAM	New Asylum Model
NAT	National AIDS Trust
NHS	National Health Service
PACT	National Association of NHS Providers of AIDS Care and Treatment
VARRP	Voluntary Assisted Return and Reintegration Programme

By producing this resource, NAT and BHIVA are not endorsing the policies of detention or removal of HIV positive detainees from the UK, but are aiming to ensure that, when detention or removal does occur, the needs of these detainees are taken fully into account and the best possible care is provided.



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