



British HIV Association
BHIVA

ANNEX I RESPONSE FORM

PROPOSED CONSOLIDATION AND UPDATING OF THE PROVISION OF HEALTH SERVICES TO PERSONS NOT ORDINARILY RESIDENT REGULATIONS (NORTHERN IRELAND) 2005 INCLUDING AMENDMENTS TO SPECIFIC PROVISIONS AND EXTENSION TO PRIMARY CARE SERVICES

CONTACT DETAILS:

Are you responding: as an individual

NO

on behalf of an organisation

YES

Name Professor Jane Anderson Job Title: Consultant Physician, Chair.

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Date April 9th 2013.

The British HIV Association (BHIVA) welcomes the opportunity to respond to this consultation on BHIVA is the leading UK association of professionals in HIV care. Founded in 1995, BHIVA is committed to providing excellence in the care of those living with and affected by HIV. BHIVA acts as a national advisory body to professions and other organisations on all aspects of HIV care, providing a national platform for HIV care. BHIVA works to promote undergraduate, postgraduate and continuing medical education within HIV care. The current membership of the association is over 1,000 across a wide range of healthcare professionals and other HIV healthcare workers across all parts of the United Kingdom including Northern Ireland.

We agree with the proposal in this consultation to introduce exemptions from charging for HIV treatment in Northern Ireland and recommend complete exemption (option iii).

Q1. Do you agree with the proposal A?

Yes.

Q1. Do you agree with the proposal B?

No. BHIVA is concerned that undocumented migrants and visa overstayers amongst others who would not have access to free HIV treatment and care under this proposal. HIV care should be available without charge to everyone in the country who requires it.

Q1. Do you agree with the proposal C?

Yes. A child is not able to control this and should be entitled to the exemptions of whoever is the legal guardian

Q1. Do you agree with the proposal D?

Yes. Unaccompanied children are especially vulnerable and their ability to continue to receive care for HIV beyond childhood is especially welcome. We agree that the children of asylum applicants whose applications have been refused and are receiving UKBA support should not be charged.

Q1. Do you agree with the proposal E?

Yes none of those seeking refugee status should be charged.

Q1. Do you agree with the proposal F?

Yes

Q1. Do you agree with the proposal G?

Yes. In England and Wales, NHS charging regulations have been changed to allow refused asylum seekers on Section 4 and Section 95 free access to healthcare. We believe this should be consistent across the UK and apply no matter where in the U.K an asylum applicant is housed.

Q1. Do you agree with the proposal H?

BHIVA can only support this if there is clear guidance that migrants are able to access primary care. Our experience is that this may not always be the case, making A and E their only recourse for care.

Q1. Which of the options under proposal I do you support?

BHIVA supports option iii Full exemption for HIV treatment and care as is the case now in England.

Q1. Do you agree with the proposal J?

Although we agree that people should be eligible to access treatment either in secondary or primary care we are concerned that there is a suggestion that EU migrants may be charged. We disagree with this approach and are very concerned about any intervention that may prevent any migrant from seeking primary care.

Q2. Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please specify in relation to proposals A to J, state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Q3. Are you aware of any indication or evidence - qualitative or quantitative - that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please specify in relation to proposals A to J, give details and comment on what you think should be added or removed to alleviate the adverse impact.

Q4. Are you aware of any further impact on healthcare professionals or patients as a result of the proposals? Please specify in relation to proposals A to J.

Q5. Is there an opportunity to better promote equality of opportunity or good relations? If yes, please specify in relation to proposals A to J and give details as to how

Q6. Are there any aspects of these proposals where potential human rights violations may occur? Please specify in relation to proposals A to J.

Further comments

If you have any other comments regarding this consultation please let us know what these are.