

28 August 2013

International Healthcare Team  
Department of Health  
3rd Floor, Wellington House  
133-155 Waterloo Road  
London SE1 8UG

By email to: [MigrantAccess@dh.gsi.gov.uk](mailto:MigrantAccess@dh.gsi.gov.uk)

Dear Sirs

**Consultation on charging migrants and overseas visitors to use NHS and how better to identify patients who should be charged**

Thank you for the opportunity to comment on this consultation.

The British HIV Association (BHIVA) is fully supportive of the consultation response submitted by the National AIDS Trust (NAT).

In addition to the comments made by NAT, please see below for BHIVA remarks made on behalf of clinicians:

- Many of our HIV patients are already initially reluctant to access appropriate healthcare due to fears of stigmatisation and concerns about confidentiality and the links between the health service and the state (based on their experiences in their counties of origin).
- As clinicians, our first duty of care is rightly to the patient in front of us in the clinic, and secondly to have regard for the public health of the population.
- Additional comments on Question 12: In fact the routine offer of HIV testing to ALL individuals registering with a GP in high prevalence areas (greater than 2/1000) is a critical component of the *UK National Guidelines for HIV Testing 2008* (<http://www.bhiva.org/HIVTesting2008.aspx>). There is also an important role for routine HIV testing in secondary care along with testing for HIV in those patients presenting with indicator conditions which have not been identified in primary care.
- Additional comments on Question 16 under heading 'Impact on health of the individual': However, it is not always clear to a patient that they need such treatment. This is one of the roles of a GP. BHIVA considers HIV treatment always 'immediately necessary'. An irregular migrant living with undiagnosed HIV which has progressed to the point at which they should already have commenced treatment may experience symptoms, none of which would meet the normal understanding of an 'emergency'. However, if they continued to be undiagnosed their health can and most probably will deteriorate.
- Additional comments on Question 16 under heading 'Impact on public health': Without effective management of more common health concerns – for example

provision of vaccination, assessment and management of co-morbidities (including anxiety and depression and other psychological conditions) and management of side-effects – health will be compromised. Issues such as these if not properly managed, may also impact on adherence to antiretrovirals. As a result treatment may fail.

Yours faithfully

A handwritten signature in black ink on a light grey rectangular background. The signature reads "David Asboe" in a cursive, flowing script.

**Dr David Asboe**  
**Chair, British HIV Association (BHIVA)**