



## **RESPONSE TO FORMAL REVIEW OF 'THE NATIONAL HEALTH SERVICE (CHARGES TO OVERSEAS VISITORS) (AMENDMENT) REGULATIONS 2017\***

### **Summary**

The British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) welcomes this consultation on the formal review of the National Health Service (Charges to Overseas Visitors Amendment) Regulations 2017 (Amendment Regulations) and appreciates the opportunity to respond jointly.

As the Amendment Regulations have only been in place for several months, with these extended to include non-NHS providers of relevant services from 23<sup>rd</sup> October 2017 onwards, it is difficult for respondents to provide clear evidence on the impact that the legislative changes have had thus far. Despite this, BASHH and BHIVA have serious concerns around the negative long-term impact we believe the Amendment Regulations and the requirement to charge upfront for certain services will have on public health outcomes as a whole in this country. We also have specific concerns around the impact the Regulations will likely have on overseas visitors who are HIV positive - an already marginalised group that face a particularly complex and challenging set of health requirements.

With this in mind, and as supported by the evidence set out below, BASHH and BHIVA strongly believe that overseas visitors who are HIV positive should be excluded from these Amendment Regulations due to the detrimental impact they will likely have on access to care and public health outcomes more broadly. Ultimately, we believe that the Amendment Regulations should be withdrawn until a comprehensive assessment has been carried out on the full impact that they will likely have.

*\*BASHH and BHIVA have answered the questions included within this consultation that we feel are most relevant.*

### **7. Do you have any evidence of how the requirement to charge upfront for treatment that is not immediately necessary or urgent, has had a particular impact on any other vulnerable group?**

*Where possible, please be as specific as possible about the service you are referring to and the particular group that has been affected.*

BASHH and BHIVA have particular concerns around the impact that upfront charging will likely have on overseas visitors who need to access treatment associated with their HIV diagnosis, but which may be perceived as 'not immediately necessary or urgent' according to the Amendment Regulations.

As highlighted by the latest available data from Public Health England, a significant proportion of people who require HIV care in this country are born abroad - 55% of new HIV diagnoses in 2016 were amongst people not born in the United Kingdom (UK), and it is broadly recognised that migrants and asylum seekers are amongst those most affected by HIV, particularly those who arrive from sub-Saharan African countries.<sup>1</sup>

People with HIV are more likely to experience poor mental health and have issues associated with drug and alcohol dependency. Migrants and asylum seekers with HIV are especially vulnerable, on the basis that they often do not have traditional support networks in place when arriving in a new country, and are therefore at an increased risk of poor mental and physical health outcomes.<sup>2</sup>

The introduction of upfront charging represents a significant additional barrier to the access of many of these vital support services, and this is a real concern for BASHH and BHIVA, considering the complex health challenges that migrants already face, especially for those who are diagnosed as HIV positive.

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<sup>1</sup> Public Health England, National HIV Surveillance data tables. No. 1, Table 3. 2017. Available at:

<https://www.gov.uk/government/statistics/hiv-annual-data-tables>

<sup>2</sup> The Migration Observatory. Health of migrants in the UK: what do we know? September 2014. Available online at:

<http://www.migrationobservatory.ox.ac.uk/resources/briefings/health-of-migrants-in-the-uk-what-do-we-know/>

These support services, including access to maternity services and contraceptive care, are immensely important for the delivery of effective HIV care, not least because they often serve as the main advocates for migrants and asylum seekers in negotiating their way around the complicated business of benefits, immigration, housing and health. When vulnerable individuals are unable to access these services it often leads to an increase in social problems such as drug and alcohol use and homelessness. All of this makes it significantly more challenging for someone to adhere to antiretroviral (ARV) treatment regimens, thereby increasing the risk of onward infections and ultimately derailing the entire effort to manage their HIV infection effectively.

BASHH and BHIVA members have direct experience of patients who, due to difficulties in accessing support services, in part as a result of their immigration status, went on to suffer a sharp deterioration in mental health and as a result became dependent on alcohol, lost their place of abode, stopped taking ARV drugs and ultimately died prematurely. These situations are avoidable, but unfortunately are likely to occur increasingly frequently as a result of upfront charging.

**8. Do you have any evidence that the requirement to charge upfront for treatment that is not immediately necessary or urgent, may have deterred individuals from seeking treatment?**

Despite the need for migrants and asylum seekers to have access to timely medical care, there are considerable barriers in the system that make it more difficult for this group to access these services when they need to, and when compared to other parts of the population. These barriers take many forms, including inadequate provision of information and support in interpreting and translating for those with limited knowledge of English, confusion around availability of services and the elements of care they are entitled to, a lack of means to access services (e.g. access to transport), and in some cases, cultural insensitivities of services themselves. Even when these populations are able to access the care they need, they often report poorer service user experiences, in part due to the reasons listed above.<sup>2</sup>

The introduction of upfront charging is therefore a real concern for BASHH and BHIVA as it constitutes the creation of a significant additional barrier for those who are already finding it difficult to access vital care. Recently published evidence from Doctors of the World (DoTW) on the impact of charging for NHS hospital services has shown that the introduction of charging mechanisms deters and delays vulnerable migrants from seeking required care. Over a fifth of service users who visited the DoTW UK clinic within the study period were affected by healthcare charging, and more than a third of these reported that they were deterred from seeking timely care as a result of the charging process.<sup>3</sup>

The DOTW review also showed that the introduction of upfront charging creates an additional perceived barrier, as migrants and asylum seekers are more likely to report concerns that their details will be shared with the Home Office and immigration officials due to the requirement to pay for their care.<sup>3</sup>

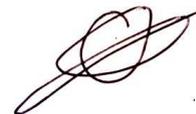
Creating a more complicated system increases the likelihood that patients do not access the care that they are eligible to receive due to the confusion around what elements are and are not chargeable. This has the potential to severely jeopardise individuals engaging with essential HIV care and management, increasing the risk for onward transmission of the virus and for public health more broadly.

**10. Do you know of any examples of good practice or steps that could be taken which might mitigate the issues that you have raised in your responses to questions 6, 7, 8 and 9?**

BASHH and BHIVA strongly believe that overseas visitors who are HIV positive should be excluded from these Amendment Regulations due to the detrimental impact they will likely have on access to care and public health outcomes more broadly. Ultimately, and in line with the submissions we are aware of from partner organisations, we also believe that the Amendment Regulations should be withdrawn until a comprehensive assessment has been carried out on the full impact that they will likely have.



Dr Olwen Williams  
President  
British Association for Sexual Health and HIV  
[www.bashh.org](http://www.bashh.org)



Professor Chloe Orkin  
Chair  
British HIV Association  
[www.bhiva.org](http://www.bhiva.org)

**Further information**

For any further information on this consultation response, please contact Simon Whalley at [simon.whalley@mandfhealth.com](mailto:simon.whalley@mandfhealth.com)

<sup>3</sup> Doctors of the World. Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances. 2017. Available online at: <https://www.doctorsoftheworld.org.uk/Handlers/Download.ashx?IDMF=2a7fc733-ceef-4417-9783-d69b016ff74f>