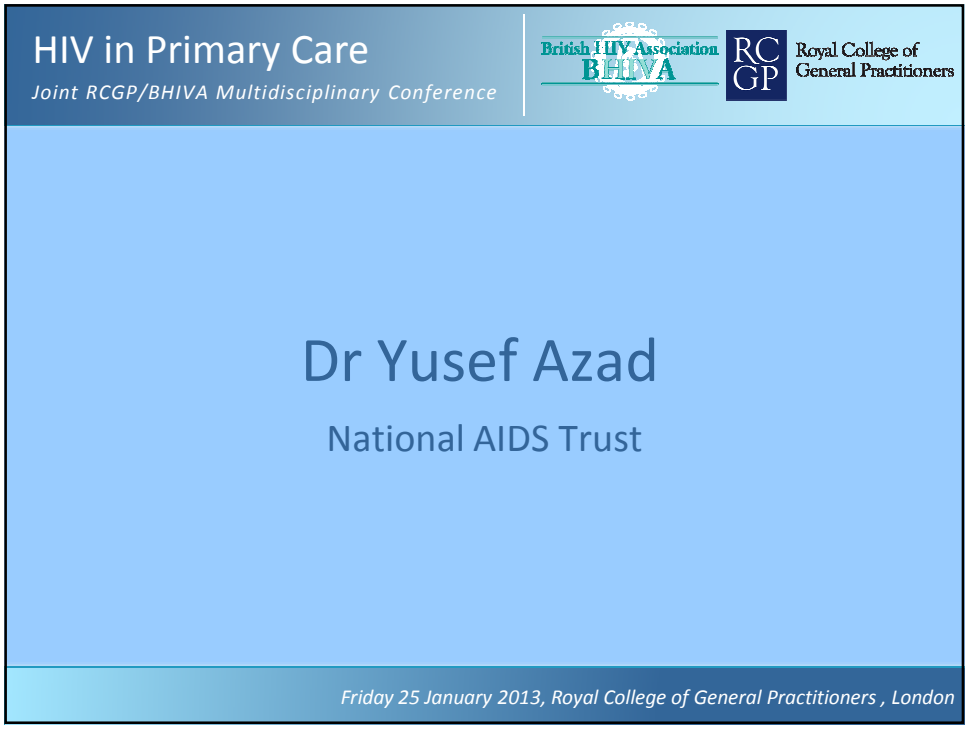
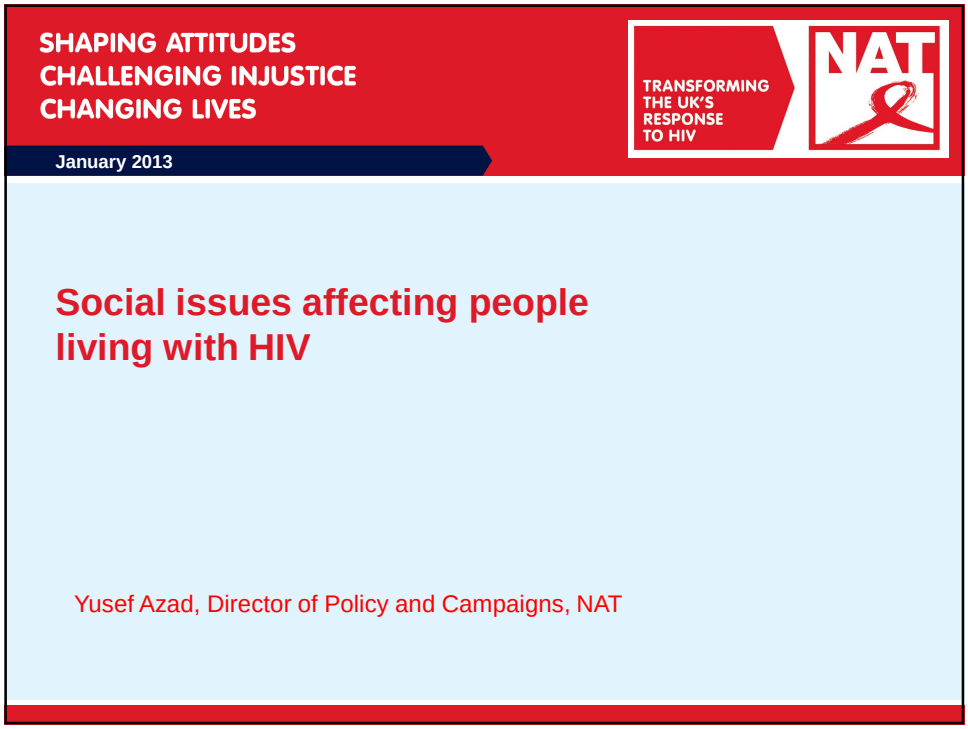

HIV in Primary Care
Joint RCGP/BHIVA Multidisciplinary Conference
British HIV Association
BHIVA
RCGP
Royal College of General Practitioners
Dr Yusef Azad
National AIDS Trust
Friday 25 January 2013, Royal College of General Practitioners , London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NAT
January 2013
Social issues affecting people living with HIV
Yusef Azad, Director of Policy and Campaigns, NAT

Employment and people with HIV in the UK

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- 2004 East London study [Ibrahim F et al *HIV Medicine 2008* 'Social and economic hardship among people living with HIV in London'] – **c.53% not in paid employment; 27% registered as unemployed**
- Amongst African respondents more were employed part-time; and overall lower employment rates than for gay men (especially amongst African women)
- Unemployment associated with number of years since diagnosis, poorer health, lower education

'Working with HIV': NAT 2009

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- NAT 2008 survey via Gaydar of gay men in employment – 8,369 eligible respondents of whom 1,830 diagnosed HIV positive
- 58% said living with HIV had no impact on their working life at the moment
- 60% had disclosed at work, with fewer than one in ten reporting a negative response
- 70% has not taken any days off for HIV-related sickness in the last year

Poverty and HIV

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- NAT/THT 'Poverty and HIV 2006-2009' – NAT analysed three years of applications to the Crusaid Hardship Fund
- One in six of all people with diagnosed HIV applied to the Fund in this period (90% not in paid employment)
- The average income after housing costs was £42 a week
- Problems with immigration system; benefits system; poor physical/mental health; housing; family costs

Stigma and Discrimination

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- One third of people with HIV report HIV-related discrimination, half of them in healthcare (dentists 25.3%; GP 17.4%) [Elford, Ibrahim, Bukutu, Anderson *AIDS and Behavior March 2008*]
- People Living with HIV Stigma Index 2009: in last 12 months 63% report low self-esteem; 25% suicidal thoughts
- NAT 'HIV: Public Knowledge and Attitudes 2010' – 30% agree, 'I don't have much sympathy for people with HIV if they were infected through unprotected sex'

Legal protections: Equality Act 2010

- People with HIV are considered to have a disability from the point of diagnosis and so enjoy all the protections against disability discrimination, including in employment and healthcare (goods and services)
- Protection in employment includes during the recruitment process as well as whilst in employment – prohibition on pre-employment health questions
- Protection is against discrimination (direct, indirect or disability-related), harassment, victimisation, and denial of reasonable adjustments
- NB protections also re sexual orientation, race, gender
- NHS bound by public sector equality duty – to promote equality and eliminate discrimination

Discrimination I

- **Direct**: Treated worse because of your HIV status
- **Disability-related**: Treated worse because of something arising from your HIV status
- **Indirect**: Treated worse because of a blanket policy/practice which disadvantages people with HIV
- **Harassment**: 'unwanted behaviour related to a person's disability which either violates that person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive atmosphere'. Employer should also ensure that other members of staff, clients or customers do not harass you

Discrimination II

- **Victimisation**: Treated worse because you have made a complaint about discrimination (on behalf of yourself or another)
- **Reasonable adjustments**: employer must as far as is reasonable remove barriers that because of your HIV status make it more difficult for you to work N.B you would need to disclose your condition to benefit from a reasonable adjustment

Insurance

- Association of British Insurers (ABI) 'Consumer Guide for gay men on HIV and Life Insurance' 2005
- Life and Protection Insurance – HIV tests with a negative result do not need to be declared on insurance documents (nor are questions asked on sexuality re HIV risk)
- Only HIV positive test results need to be declared (as for other significant health conditions)
- Progress in availability of insurance policies for people with HIV – early diagnosis important

Benefits I

- Two main benefits accessed are:
- **Employment Support Allowance** (ESA, since Oct 2008 – formerly Incapacity Benefit). Reassessment of existing IB claimants for ESA to be completed Spring 2014. Assessment by Atos through the Work Capability Assessment (WCA)
- **Disability Living Allowance (DLA) (to become Personal Independence Payment (PIP))** – 10% of people with HIV. Unlike DLA, PIP will involve face-to-face assessment – staggered introduction –
- New claimants Spring/Summer 2013; End of award/change in condition from Oct 2013; Assessment of everyone else currently on DLA from 2015

Benefits II

- Significant anxiety re prospect/experience of face-to-face assessment – for WCA high rates of successful appeal for those migrating from IB (30-40%)
- GPs can be approached by either assessor or patient for supporting evidence
- Importance of:
- timeliness,
- asking patient him/herself if, as their GP, you need to know more about impact of condition,
- Focus, and be specific, on impact on ability to work or to live independently

Understanding a fluctuating condition I

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- See NAT 'Fluctuating Symptoms of HIV' August 2011 – survey of 265 people living with HIV
- Significant concerns that Atos staff are inexperienced in assessing fluctuating conditions and the descriptors used in assessment are not designed adequately to address fluctuation
- Fatigue, exhaustion, no energy – 57%
- Depression or anxiety – 55%
- Gastro-intestinal problems – 48%
- Insomnia/difficulty sleeping – 46%
- Neuropathy – 33%

Understanding a fluctuating condition II

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- Fluctuate both in frequency and severity – also can be unpredictable
- Very high rate of reporting multiple fluctuating conditions – combination and interaction of symptoms can have an impact greater than the sum of their parts
- Fatigue in particular cited as co-existing with other symptoms (e.g 73% of those with depression/anxiety; 61% of those with neuropathy; 66% of those with GI problems)
- Stress re uncertainty as to cause – HIV? ART? Ageing? etc
- Desire for more opportunity to discuss fluctuating conditions with clinicians – key area of GP expertise?

Ethics and status disclosure

- **Challenges around disclosure of HIV status to sexual partners**
- GMC Guidance around permission to breach confidentiality if another person at risk of serious infection – **liable in law only if person at risk is your patient**
- HIV clinic should be supporting the HIV positive patient around disclosure – **contact clinic if concerns**
- Consult patient/Bring patient with you re referrals within NHS and disclosure of status

Criminalisation of HIV transmission I

- Since 2001 in Scotland and since 2003 in England and Wales there have been prosecutions for criminally transmitting HIV – 'recklessness'
- http://www.nat.org.uk/Our-thinking/Law-stigma-and-discrimination/Criminal-prosecutions.aspx
- For advice to clinicians see **'HIV transmission, law and the work of the clinical team'** – BHIVA/BASHH 2013 [imminent]
- Area of great sensitivity, where often misunderstandings of the law or incorrect assumptions on responsibility for transmission

Criminalisation of HIV transmission II

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- In E&W may possibly be prosecuted if:
  - You knew you had HIV
  - You understood how HIV is transmitted
  - You had sex with someone who didn't know you had HIV
  - You had sex without a condom
  - You transmitted HIV to that person
- Two key points from guidance for clinicians:
  - Do not encourage (etc) patients to press charges but refer instead to expert support
  - In the absence of patient consent, only provide police with medical records if there is a court order

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