

13<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

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*16-17 June 2011, Arena and Convention Centre, Liverpool*

## **An audit of HIV care provision for Immigration Removal Centre patients**

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**NHINA Annual Conference 2011**

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## AIMS

- Background on detention at Immigration Removal Centres (IRCs)
- BHIVA / NAT advice
- Audit methods, results, conclusions
- Challenges faced
- Recommendations

## New Asylum Model (NAM)

- 2005 government published a new five-year strategy for immigration and asylum  
Aim: faster, more tightly managed process with emphasis on rapid integration or removal and reach a decision on claims within 6 months

## Detention at IRCs

- Applicants who are refused asylum...including an appeal, and are not awarded humanitarian protection or discretionary leave to remain are expected by the UKBA to return to country of origin
- Detention can occur during any point during the asylum process or pending removal....at discretion of UKBA

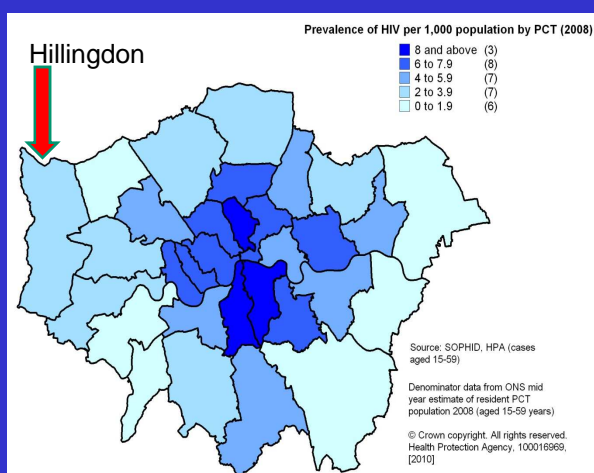
## Immigration Removal Centres

- Detention Centres Services Operating Standards Manual:
  - “must have available to them the **same range and quality of services as the general public receives from the National Health Service**”

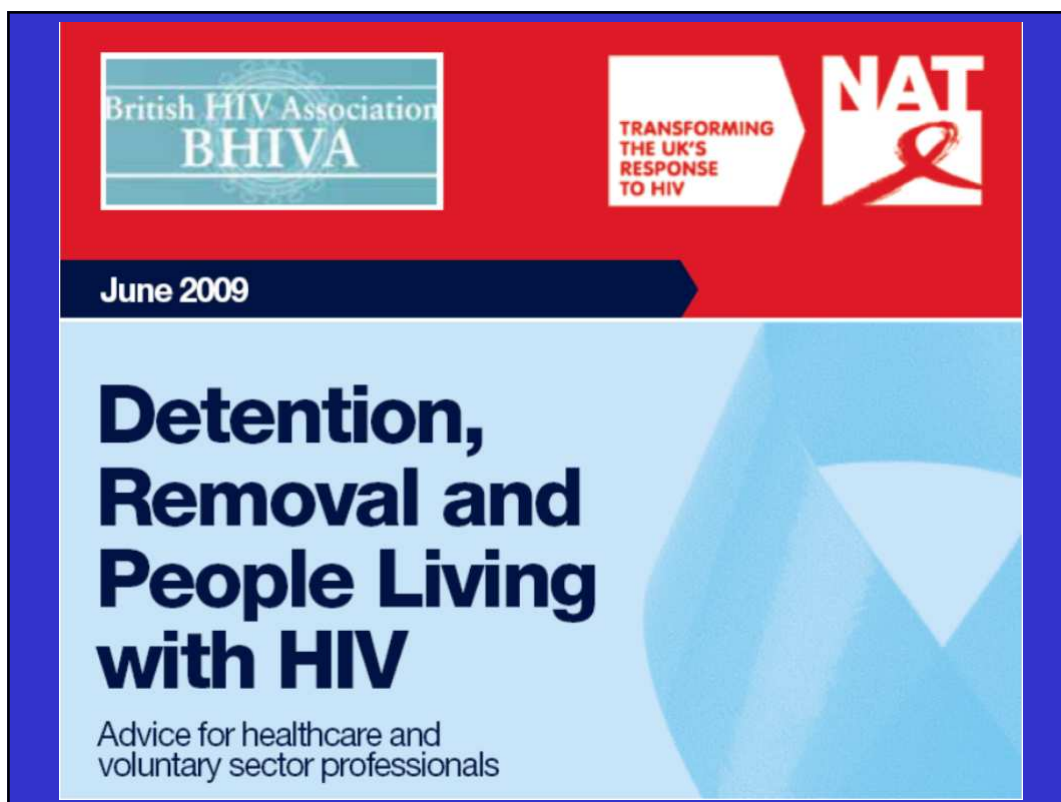
## Medical services in IRCs

- Medical services
  - 24h nurse
  - commissioned sessional GP service
- IRC guidelines
  - medical screening within 24h
  - management plan
  - facilitate specialist care
- Referral to HH Sexual Health Service

## IRCs served by Hillingdon Hospital



- Harmondsworth
  - long-term centre
  - 259 beds
- Colnbrook
  - prison standards
  - 308 beds
- Men only



## **BHIVA / NAT advice**

- Unbroken access to ARVs
- Availability of past medical information
- 3 main recommendation in preparation for removal of HIV positive detainees

## BHIVA / NAT key advice for removal

3 key points

- **Letter** for future treating clinicians
- Three months contingency **supply of medication**
- **Contact details** of trusted HIV support organisations in their destination country

## Audit

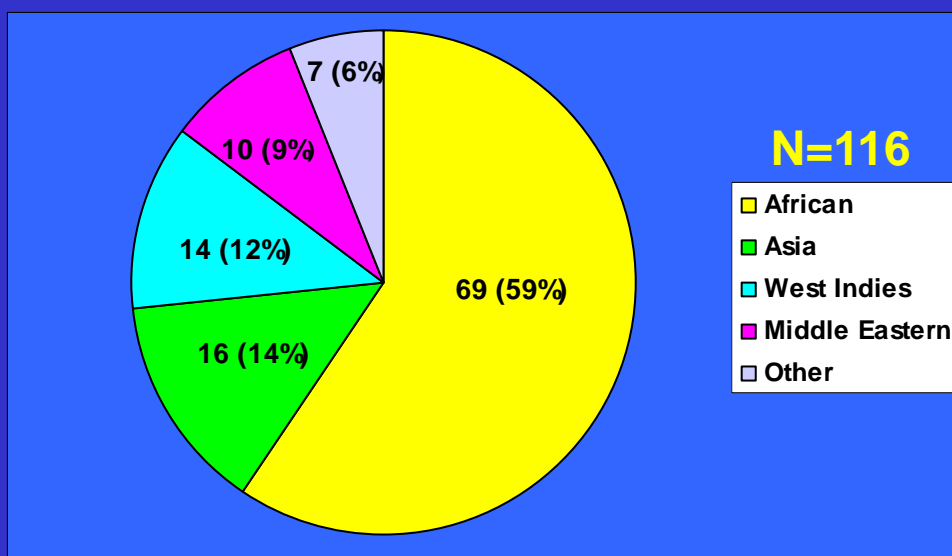
- To describe patient characteristics
- To compare practice against BHIVA/NAT advice for HIV care of detainees
- To compare practice against recommended clinical guidelines

## Method

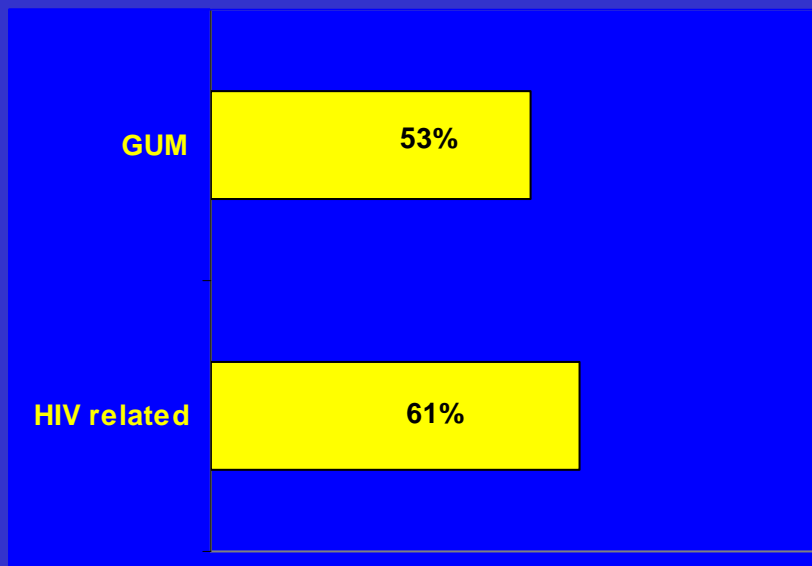
- All patients seen between January 2008 and January 2010
- Routine clinical data

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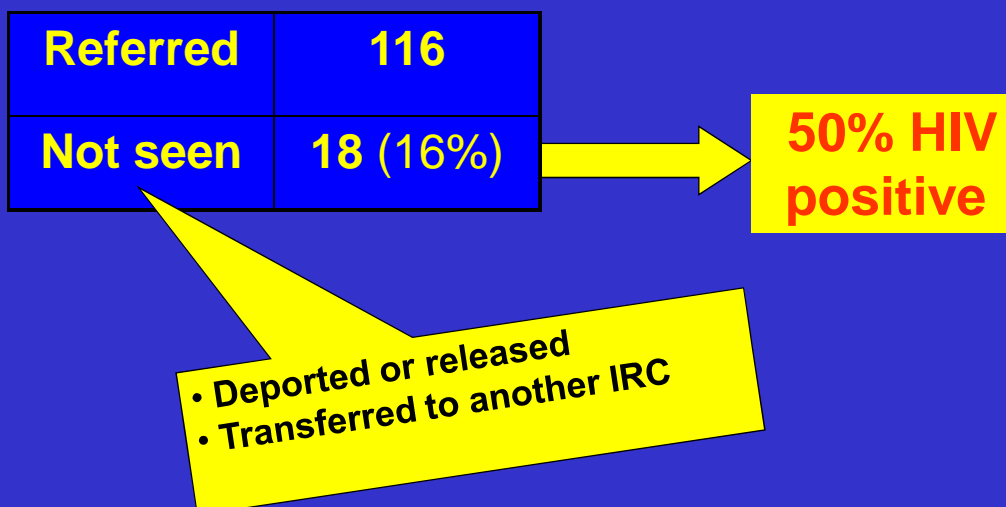
## Patient origins



## Reason for referral



## Removed prior to consultation





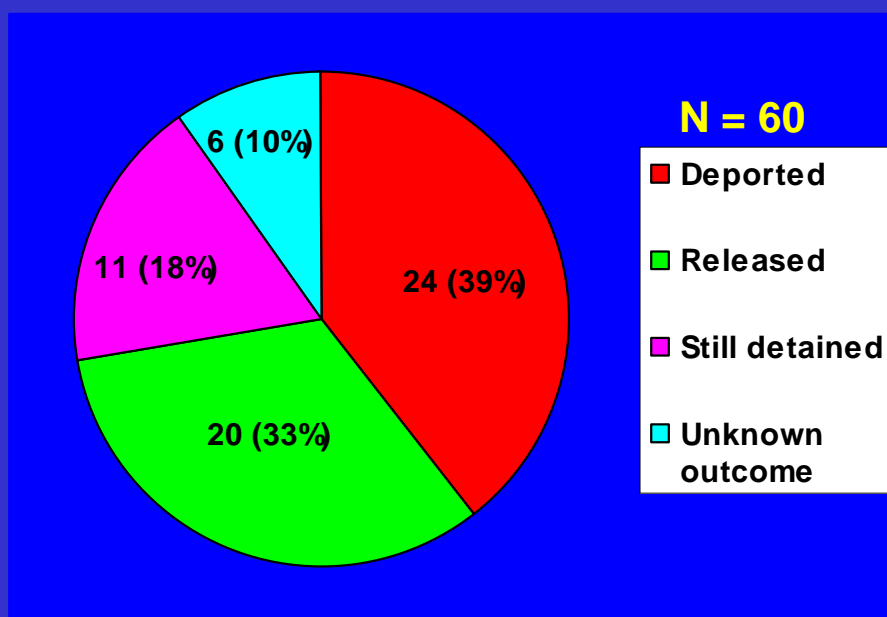
## HIV positive patients

- 60 HIV positive patients seen
  - 85% on ARV
  - prior care in 36 different UK centres
- Median age 33y (IQR: 28,41)
- Median of 5 visits (IQR: 2,6)

### Plus!!

- Multiple phone calls by admin staff, HIV Specialist nurses
- Re-arranging frequent cancelled appointments
- Urgent demands on pharmacy
- Consultant letters

## Outcome following detention



## Prior notice of removal

Deported = 24  
Released = 20

Removed	44
Prior notice given	8/44 (18%)
1 week	5
2 weeks	3

## Preparation for removal

- **None** had full 3 month contingency supply
- **5/8 (63%)** received information about HIV support facilities in onward destination
- **4/8 (50%)** had a medical summary letter

## “Black Holes”

Missed ARV doses at the time of arrest and detention	?
Treatment interruption after detention	?
Standards of medical care in detention	?

## Conclusion

- Not able to meet BHIVA/NAT standards for detainees
- 82% of patients – prior notice NOT given
- When given – inadequate time to meet standards

## Challenges faced

- Data collection
- Conflicting agendas
  - security measures
  - scheduling of appointments
  - transport
- Confidentiality and patient autonomy
  - IRC non-medical staff aware of status
  - not allowed to keep own treatment drugs

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Medical Justice  
making health care for all

# Detained and Denied

## The clinical care of immigration detainees living with HIV

When the doctor knew that we were HIV positive he had a weird look on his face, "like oh no" we felt bad and rejected by his looks.

I wanted to commit suicide.

Yes when I transferred from Brook house IRC at Colindale to Hammondsouth near Heathrow, I had to go for nearly 4 weeks without my medication as the healthcare at Brook house did not bother to dispense it.

7. Are you aware of any examples where people harmed themselves whilst in detention?  
yes. A man killed himself in detention.

The long term detention has made my children so afraid of the police, they have sleepless nights, lost of appetite, their think that their are not human beings anymore, their have no future and they think that we are criminals.

Jan Burnett, Eden Fessahaye, and Anna Stopes

## Recommendations

- Standardised data collection tool for all centres caring for asylum seekers
- **National audit** ★
- Greater advocacy efforts to make BHIVA/NAT advice binding
- Greater advocacy efforts to empower patients and medical staff

## Acknowledgements

- All staff at the Hillingdon Hospital Sexual Health Centre especially Wendy Wheeler and Liz Green
- The patients whose experience has contributed to this presentation

***Thank you!***

*“Freedom is what you do with  
what is done to you”*

*– Jean Paul Sartre*