

THE DISPERSAL PROCESS FOR ASYLUM SEEKERS LIVING WITH HIV

**Advice for health
care and voluntary sector
professionals**

THE POLICY CONTEXT

The Immigration and Nationality Directorate (IND) of the Home Office revised its policy on dispersing asylum seekers with health care needs in 2005.

This leaflet provides information and guidance on how the policy should work in relation to the dispersal of asylum seekers living with HIV for both health care and voluntary sector professionals. It provides sources of further information should your experience differ from the process outlined in the new policy.

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About dispersal and the Immigration and Nationality Directorate (IND)

Asylum seekers who are receiving accommodation and financial support from the Immigration and Nationality Directorate (IND) are allocated accommodation on a no-choice basis. Placement is dependent on current numbers and available facilities across the UK. Most asylum seekers are dispersed away from London and the south east of England to other towns and cities across the UK. Where people claim asylum outside of London or are housed in IND 'Initial Accommodation' outside of London, IND will try to disperse within the same region, although asylum seekers may be required to travel to an initial accommodation centre to begin the dispersal process. Accommodation is provided in partnership between contracted providers in the local areas and IND. Providers make the detailed travel and accommodation arrangements taking account of requirements notified to them by IND. One of the responsibilities of local accommodation providers is ensuring asylum seekers with pre-existing health conditions, including HIV, are registered with a General Practitioner (GP) on arrival in a new area.

Until recently dispersal was managed by the National Asylum Support Service (NASS), part of IND. However IND is moving towards a new regional structure. Almost all asylum support casework is now managed through the New Asylum Model regional structures. Further organisational changes within IND will take place over the coming months as regional management arrangements are finalised.

Asylum seekers and HIV

People living with HIV have multiple and complex health and social care needs. A compromised immune system means that it is particularly important for people living with HIV to take care of their general health. It is vital that patients taking antiretroviral (ARV) therapy adhere rigidly to their treatment regimen, both to make sure that they gain the maximum benefit and also to avoid developing drug resistance. Moving from one part of the country to another can lead to the disruption of day to day life, interruption of ongoing clinical care and of drug adherence and loss of voluntary sector and informal social network support, all of which may put asylum seekers with HIV at particular risk.

Recommended standards for NHS HIV services - produced by the Medical Foundation for AIDS and Sexual Health (MedFASH) and endorsed by the Department of Health, the British HIV Association (BHIVA) and the National Association of NHS Providers of AIDS Care and Treatment (PACT) – state that:

“facilitating continuity of care in terms of treatment and monitoring should be a central plank of service provision for asylum seekers with HIV”.

IND policy on HIV and AIDS

In December 2005 NASS published Policy Bulletin 85, 'Dispersing Asylum Seekers with Health Care Needs'. The bulletin has a section about dispersing asylum seekers living with HIV and AIDS and an annex giving further information about the condition.

Newly arrived asylum seekers who are known to be living with HIV and who are not yet receiving clinical care in the UK will be dispersed at the earliest opportunity to enable them to engage with clinical services at the dispersal destination.

In other cases **dispersal of HIV positive asylum seekers should only take place in the following circumstances:**

- **After discussion and expert clinical advice from the current treating clinician.**
- **If the asylum seeker is medically stable, with no other health complications.**
- **Once the asylum seeker and current treating clinician have had time to prepare for dispersal and have confirmed the arrangements for transfer of clinical care with an IND caseworker.**

PUTTING IT INTO PRACTICE

Role and responsibilities of health care professionals

(References to 'the patient' denote an asylum seeker living with HIV.)

To obtain the best health outcomes for individual patients it is important that HIV clinical teams communicate appropriately with IND caseworkers.

Clinicians – whether GPs, specialist nurses, HIV consultants or other health care professionals – should ensure that patients understand what information is being shared and why, and give appropriate consent.

If IND is aware that an asylum seeker is HIV positive, the IND caseworker should contact the treating clinician prior to dispersal

for information and advice. The information that clinicians provide to IND at this stage is vitally important to the health of the patient and will be used to help determine whether, when and how they are dispersed. Providing the caseworker with a comprehensive response should be given high priority.

The following information should be included:

- **Brief medical history, details of current treatment and care including all medication and details of adherence.**
- **Details of all statutory services involved in the patient's care (such as HIV clinician, specialist nurse, hepatologist, thoracic and other medical specialist, paediatrician, mental health professionals, general practitioner).**
- **Details (as far as possible) of voluntary sector organisations that are providing support related to HIV or asylum.**
- **An opinion about the impact that dispersal may have on the patient's physical and mental health and their ability to establish therapeutic relationships with new professionals.**

- **Accommodation requirements related to the patient's health (such as an individual, rather than shared, bathroom, or the need for sole use of a refrigerator).**
- **If known, areas of the UK where equivalent care could be provided if dispersal takes place.**
- **A recommendation about the current medical situation and whether dispersal can occur safely, or that it should be delayed.**

Pregnancy

Continuity of care for pregnant women is paramount. Policy Bulletin 85 (published in December 2005) recognises that HIV positive pregnant women require additional care. There is also additional specific guidance in Policy Bulletin 61 (see page 13) which is currently being updated. Should your patient receive notification of dispersal when pregnant you should, with their consent, get in touch with the IND caseworker to secure a delay to dispersal while the medical implications of the situation are considered.

Families with children

IND has committed to take particular care to find dispersal accommodation for families with HIV positive children in an area where appropriate facilities for treating children are available. Should the parent or guardian of your paediatric patient receive notification of dispersal and a caseworker has not already made contact with you, you should, with their consent, immediately contact IND to secure a delay to dispersal while the case is considered. Contact details of IND's Regional Health Contacts are on page 15.

If you have NOT been contacted by IND

If your patient has been notified of his or her imminent dispersal and IND has not already made contact with you:

- **Check if the patient has disclosed their HIV positive diagnosis to IND. If not, encourage the patient to discuss their medical position with their IND caseworker to ensure that the medical aspects of dispersal are properly considered. If they do not wish to disclose their HIV status to IND, it is vital that you ensure your patient has enough medication for the journey and arrival in the new area (one**

month's supply is suggested) and that they are given written details of their medication, blood test results and useful contact telephone numbers.

- **If the patient has disclosed and an IND caseworker has not been in contact with you then (with your patient's consent) make immediate contact with IND to secure a delay to dispersal while the case is considered. Contact details of IND's Regional Health Contacts are on page 15.**

Decision to disperse

Having taken advice from the treating clinician the IND caseworker may decide that dispersal should be delayed. If this is the case, the patient will remain in the treating clinician's care.

Where the caseworker decides that dispersal should occur, the treating clinician will be informed of the place to which the patient will be dispersed. **It is the treating clinician's responsibility to identify and liaise with an appropriate HIV service in the new area in order to safely transfer clinical care.**

How treating clinicians should prepare for dispersal

Once the patient has been dispersed, the local accommodation provider will ensure that the patient is registered with a general practitioner within five days of arrival in a new area.

The National AIDS Trust (NAT) and British HIV Association (BHIVA) recommend the following to help ensure a smooth transition to the dispersal area:

- **Treating clinicians should identify an appropriate HIV clinical team in the new area to which the patient could be safely transferred. Advice on suitable receiving units can be found in MedFASH's 'Recommended standards for NHS HIV services' (see page 13). The first point of contact should be the HIV consultant in the new or 'receiving' area. Treating consultants should ensure that an equivalent multi-disciplinary team is available and ready to receive the patient, and make an initial appointment for when he or she has been dispersed. The treating consultant should get confirmation of this from their consultant counterpart in the receiving area. When making appointments with a 'receiving' clinician, treating clinicians**
- **should make clear whether or not the patient has disclosed their HIV status to IND.**
- **Clinicians should provide their patients with a letter to be given to the new GP with whom they will be registered in the dispersal area. The letter should be discussed with the patient so they are fully aware of its content – i.e. a reference to their HIV status – and of the need to keep it safe until it is given to their new GP. Patients should be encouraged to pass it to the new GP, and be reassured about all doctors' duty of confidentiality. A copy of this letter should be sent to the existing GP, if the patient has one.**
- **The letter (sealed and marked as private and confidential) should state that the patient has been receiving specialist HIV care and that equivalent specialist care has been arranged in the new area, with information about any appointments made and contact details of the new consultant. It should include details of current medication and of any interpretation that is required, and contact details of the former treating clinician. It should also include whether the patient has disclosed their HIV status to IND, and ask the GP to encourage the patient to**

attend any appointments that have been made with the new specialist team.

- Treating clinicians are unlikely to know who the GP in the new area will be and should address the letter as private and confidential to 'GP of [name of patient]'. Even when the patient's address in the dispersal area has been provided and you choose to contact the new GP directly, a letter should still be given to the patient as outlined above. This is because the local GP may change should the dispersal be delayed or changed for any reason.
- Patients should be provided with sufficient medication – ideally one month's supply – to cover them for the journey and arrival in the new area.

How GPs should prepare for dispersal

- GPs are asked to ensure patient notes are available to be sent promptly to the GP in the new area when requested. This is particularly important if the GP has been the only medical contact.
- In order that GPs are informed about a transfer before it happens, GPs in the area from which an asylum seeker will be

dispersed should receive a letter from the treating HIV consultant containing details of appointments that have been made for the patient in the dispersal area.

- In some cases the only medical contact asylum seekers living with HIV will have had is with a GP. In such cases, GPs are recommended to contact their local specialist HIV centre where staff should follow the advice listed on page 7, 'How treating clinicians should prepare for dispersal'.

Information for GPs receiving dispersed asylum seeker patients

- Local accommodation providers are all contractually obliged to take asylum seekers living with HIV to a GP's surgery for registration within five working days of the asylum seeker's arrival at the dispersal address (accommodation providers are not informed of the nature of the asylum seeker's diagnosis or condition).
- GPs have an important role in providing care which supports that of the specialist HIV centre. If an asylum seeker registers at your practice, please be aware that they may have been given a letter by their previous clinician

containing details of arrangements that have been made for specialist care in the new area. Ask if they do not offer such a letter.

- You should ensure that adequate interpretation is available for patients who do not speak English. Family members may not be aware of an HIV diagnosis and should only be considered as interpreters in medical emergencies. In all other cases, an independent interpreter or Language Line should be used (see page 13).
- Many asylum seekers have fears about sharing sensitive information and about breaches of confidentiality due to experiences they may have had in the past. Offering reassurance to your patient about doctors' legal and ethical duties of confidentiality in the UK may be helpful.
- Arrival in a new area can be a difficult time for any asylum seeker, and having a serious health condition such as HIV can make it even harder. Other primary care staff (such as receptionists) should be made aware of this to help ensure registration and appointments at the practice are dealt with sensitively and confidentially. Please be aware that your asylum seeker patient may be

moved for a second time – further details are on page 11.

Further information about a GP's role in relation to a patient's HIV is available in a booklet by the Medical Foundation for AIDS and Sexual Health (further details are on page 13).

Information for HIV teams receiving dispersed asylum seeker patients

- In light of the 'Dispersing Asylum Seekers with Health Care Needs' Policy Bulletin issued by NASS in December 2005, clinicians should expect to have contact with colleagues who have been treating asylum seekers in other areas of the country. Consultants should be prepared to receive a call from their counterparts in other areas wishing to make appointments for patients who are about to be dispersed.
- Prior to dispersal, consultants responsible for the care of an HIV positive asylum seeker should transfer care to the 'receiving' area as outlined on page 7, 'How treating clinicians should prepare for dispersal'. If you have accepted and are expecting new asylum seeker

patients from a treating clinician elsewhere in the country and the patients do not arrive, you are asked to telephone the **IND Regional Health Contact** (details on page 15) in order that they can arrange follow up.

- **The previous clinician should have informed you whether or not the patient has disclosed their HIV status to IND. If IND is not aware, you should NOT make reference to HIV – but instead make them aware the patient has missed an important hospital appointment. You should request that the IND Regional Health Contact asks the patient to make contact with you, or asks for the patient's consent for their contact details to be passed to the hospital so that you or a member of your team can attempt follow up.**
- **Asylum seekers living with HIV who are supported by IND will be registered with a GP in the new area of residence. The patient should provide the GP with a letter from their previous HIV clinician. The letter will outline details of appointments that have been made by the previous treating clinician with their counterpart in the dispersal area, and GPs are asked to encourage their patient to attend. The letter will also include the previous clinician's contact details.**

Voluntary sector organisations

Asylum seekers may be in contact with voluntary organisations, and other services such as lawyers. Organisations providing services and support for people living with HIV or for asylum seekers are a vital complement to the medical care of asylum seekers living with HIV. NAT and BHIVA would recommend that, where possible, the multidisciplinary team – including voluntary sector professionals – seek details of local support organisations in the dispersal area, and provide their patient with details prior to dispersal.

It is not possible to list every asylum or HIV support organisation in this publication, however the 'further information' section on page 13 contains details of how to find local voluntary sector support for asylum seekers living with HIV.

We acknowledge that only some asylum seekers seen by voluntary sector organisations are supported by IND. For those who are, we would also recommend that support organisations and clinicians suggest to asylum seekers living with HIV that they disclose their condition to IND, or tell their clinician promptly if they receive a dispersal notice, in order that dispersal can be managed most effectively and safely.

Moving for a second time – what health care and voluntary sector professionals in dispersal areas should know

After having been dispersed, some asylum seekers may be moved for a second time. This could be at their request (such as in cases of harassment or domestic violence) or at the initiative of IND. Whilst IND aims to keep these asylum seekers in the same locality to which they were originally dispersed, some may be moved to a different region. The criteria for safe and appropriate dispersal outlined under 'IND policy on HIV and AIDS' on page 4 also apply in this situation.

Those asylum seekers who will be moved will be provided with a form to complete should they need to inform IND of any relevant new circumstances that might affect the type and location of their accommodation. This includes any health or treatment issues.

Scotland and Wales

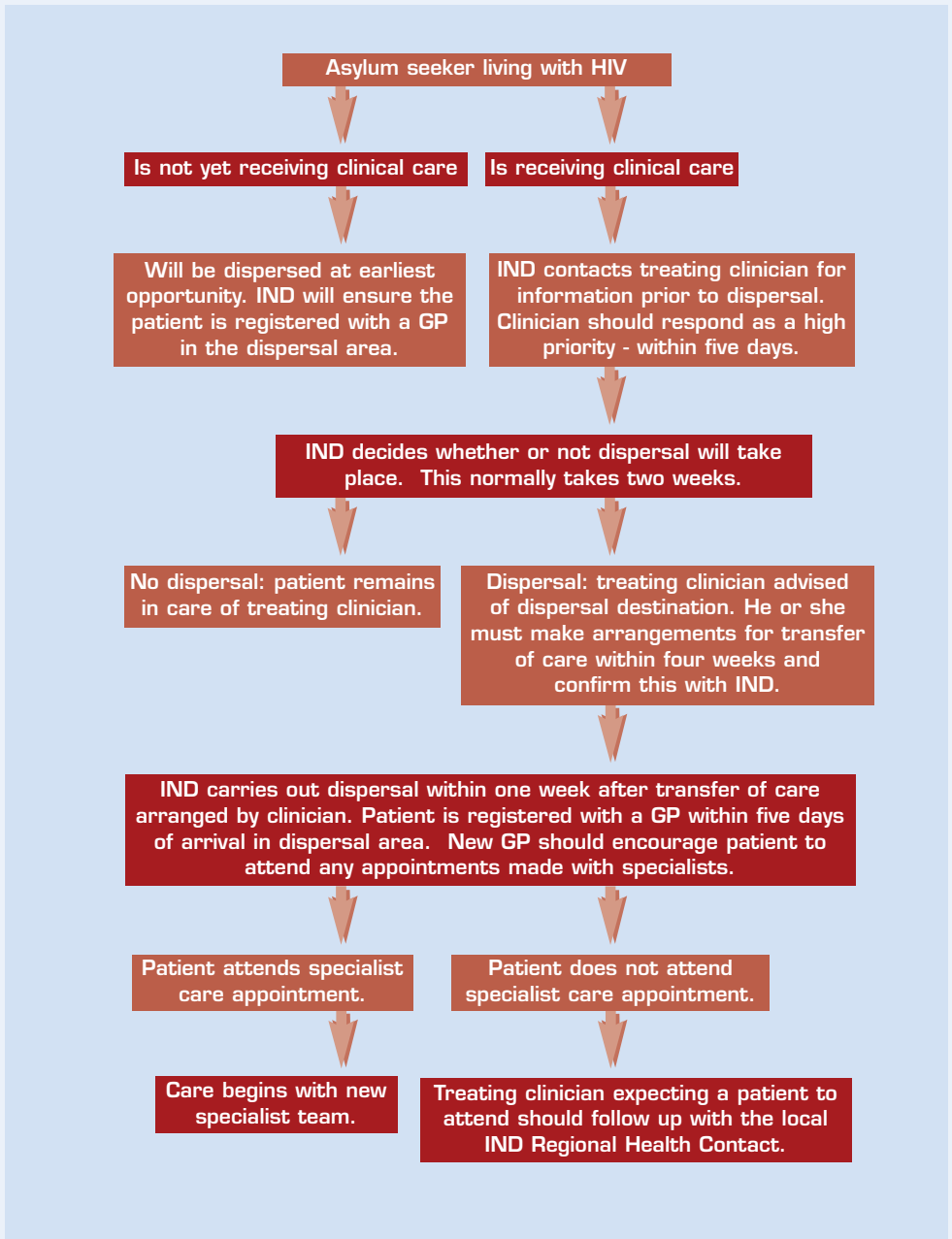
Policy Bulletin 85 acknowledges that health is an issue that has been devolved in Scotland and Wales. However immigration and asylum issues remain the responsibility of the Home Office at Westminster.

People who have made a claim for asylum for the first time in Scotland are dispersed through the Scottish Induction Service and asylum seekers are registered with GPs following an induction process. Wales does not have an induction service and health issues are resolved individually between asylum seekers and their local GP following an initial induction process that takes place at their home.

If asylum seekers are moved from England to Scotland or Wales, the information for GPs on page 8 still applies.

If asylum seekers are moved for a second time, within or between England, Scotland or Wales, the information on page 7 about 'How treating clinicians should prepare for dispersal' still applies. Northern Ireland is not a dispersal area.

The dispersal process for asylum seekers living with HIV who are supported by the Home Office's Immigration and Nationality Directorate (IND)



FURTHER INFORMATION AND ADVICE

'Dispersing Asylum Seekers with Health Care Needs', is available on the IND web site at: <http://www.ind.homeoffice.gov.uk/6353/12358/pb85.pdf>

IND Policy Bulletin 61, 'Pregnancy', At the time of writing, this policy bulletin is being updated. The revised version will appear on the IND web site, <http://www.ind.homeoffice.gov.uk>

'Recommended standards for NHS HIV services' by the Medical Foundation for AIDS and Sexual Health (MedFASH) is available on the MedFASH web site at: http://www.medfash.org.uk/publications/documents/Recommended_standards_for_NHS_HIV_services.pdf#search=%22MedFASH%20standards%22

The MedFASH leaflet for GPs in England, '**HIV in Primary Care**' is available at http://www.medfash.org.uk/publications/documents/HIV_in_Primary_Care.pdf

Language Line services: see www.language.co.uk or telephone 0800 169 2879

Advice for health professionals working with asylum seekers and refugees in the UK

The 'Health for Asylum Seekers and Refugees Portal' is available at www.harppweb.org.uk and links to a wide range of information, practical tools and articles by health care professionals, NGOs, academics and research bodies with expert knowledge of working with asylum seekers and refugees, both in the UK and other countries.

The **National AIDS Manual** (NAM) has an online search facility for HIV support organisations across the UK – see <http://www.aidsmap.com/en/orgs/ux/searchlist.asp>. Some of these organisations may be able to provide details of other local support groups.

Further changes to IND policy

Details of further changes in policy should be available on the IND web site, <http://www.ind.homeoffice.gov.uk> The National AIDS Trust web site will contain details of our ongoing work related to asylum seekers living with HIV – see www.nat.org.uk

About the National AIDS Trust (NAT)

The National AIDS Trust is the UK's leading independent policy and campaigning voice on HIV and AIDS. A registered charity, NAT develops policies and campaigns to halt the spread of HIV and improve the quality of life for people affected by HIV, both in the UK and internationally.

All NAT's work is focused on achieving four strategic goals:

- effective HIV prevention
- early diagnosis of HIV through ethical, accessible and appropriate testing
- equitable access to treatment, care and support for people living with HIV
- eradication of HIV-related stigma and discrimination

About the British HIV Association (BHIVA)

The British HIV Association (BHIVA) is an 800-member association with a commitment to providing excellence in the care of HIV-infected individuals. Its objectives include relieving sickness and protecting and preserving health through the development and promotion of good practice in the treatment of HIV and HIV related illnesses; and to advance public education in the subjects of HIV and the symptoms, causes, treatment and prevention of HIV related illnesses through the promotion of research. For further information please call 020 8369 5380 or e-mail bhiva@bhiva.org.

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NAT welcomes feedback on this leaflet, including any suggestions you may have on how to improve it – please e-mail dispersal@nat.org.uk.

Further copies of this booklet can be obtained at www.nat.org.uk/Publications_and_Resources



Regional Health Contacts

IND has twelve Regional Health Contacts whose responsibility includes acting as an initial point of contact for key health partners – such as Primary Care Trusts (PCTs), Social Services and Local Authority Asylum Teams – within their region. England is split into nine regions and the nations of Scotland, Wales and Northern Ireland have one contact each.

Details for IND Regional Health Contacts in England, Scotland and Wales are included below. As staff changes may occur, names have not been included to keep the list relevant after publication.

REGION	CONTACT DETAILS	POSTAL ADDRESS
North West	Tel:(0161) 261 1252 Fax:(0161) 261 1323	PO Box 191, 4th Floor Concorde Offices, 4M Building, Manchester Airport, M90 3WZ
Scotland	Tel:(0141) 419 1321 Fax:(0141) 419 1329	c/o IS Scottish Enforcement Unit, Festival Court 3, 200 Brand Street, Glasgow, G51 1DH
East of England	Tel: (01733) 847 817 Fax: (01733) 847 800	3rd Floor East, Stuart House, St John's Street, Peterborough, PE1 1QF
West Midlands	Tel:(0121) 345 8011 Fax:(0121) 345 8096	Chadwick House, Blenheim Court, Warwick Road, Solihull, Birmingham, B91 2AA
Greater London	Tel:(0208) 633 0881 Fax:(0208) 633 0896	1st Floor Quest House, 11 Cross Road, Croydon, CR9 6EL
South East & Central England	Tel: (01304) 873 124 Fax: (01304) 873 133	Units 4&6 Whitfield Court, White Cliffs Business Park, Honeywood Road, Whitfield, Dover, CT16 3PX
East Midlands	Tel:(01332) 638 615 Fax: (01332) 638 290	Regus House, Herald Way, Pegasus Business Park, Castle Donnington, Derbyshire, DE72 2TZ
North East	Tel:(0191) 376 2858 or (0191) 376 2861	Link House, Melbourne Street, Newcastle-upon-Tyne, NE1 2 JQ
Yorkshire & Humberside	Tel:(0113) 341 2037 Fax:(0113) 341 2171	Waterside House, Kirkstall Road, Leeds, LS4 2QB
South West	Tel:(01275) 815 303	Unit 1, Greystoke Business Centre, High Street, Portishead, Bristol, BS20 6PY
Wales	Tel: (02920) 504 775/504 681 Fax: (02920) 504 211	Floor 2, Regus House, Falcon Drive, Cardiff, CF10 4RU



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