

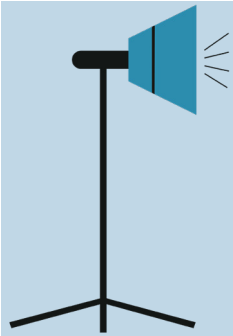
HIV COVID-19 Network Briefing Two

A fortnightly update from the voluntary sector



01 May 2020

1) Spotlight issue this week



Our response to the Women & Equalities Select Committee inquiry

This week the Women & Equalities Select Committee closed their inquiry into the effect of the COVID-19 epidemic on people with protected characteristics. The HIV sector put in a joint submission highlighting the wide-ranging issues people living with or at risk of HIV are facing in this unprecedented time, putting forward 30 recommendations on how the Government should respond. Want to read more? Get in touch with NAT through sean.oneill@nat.org.uk and we can send a copy of the submission.

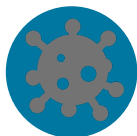
2) HIV/STI testing & clinical services

- BASHH's most recent audit of sexual health services says that two thirds of those surveyed offered online HIV testing. With in-person appointments significantly reduced clinicians are keen to emphasise that capacity does still exist for vulnerable groups and those with a greater level of need, such as victims of sexual violence, domestic violence, and under 18's, particularly as it is not possible to send at-home testing kits out to the latter.
- Nationally, testing and support services are facing a lack of clarity on whether and how they can signpost and market testing to key populations. A clear statement from PHE and guidance to support local stakeholders would be useful.
- Some services are reporting that 'Stay at Home' messaging is leading to worry or confusion among service users about accessing PEP-SE. PEP remains an essential medication and the voluntary sector is keen to support communication to the public around how essential testing, prevention and treatment remains accessible across this pandemic.
- Elsewhere, the epidemic has been linked to medicine shortages at some hospital pharmacies across the country, with the result being cross-pharmacy borrowing. This in turn has complicated procedures around medication delivery for shielding patients requiring support services to step in to support to pharmacies with deliveries.

3) HIV support services

- Despite each having different profiles of service users in the first few weeks of COVID-19 they shared a common experience; a surge of calls from those worried about shielding advice and risks to health. Though many report that the need for information about COVID-19 is levelling off, there is a persistent and growing need for emergency support. This spans mental health support, prescription delivery and food support. Services across the country are reporting difficulties accessing food. Some are having to meet needs in areas outside of their remit, for example the Food Chain, a nutrition charity for people living with HIV in London, has had to coordinate to secure food for families as far away as Leeds. Food insecurity is arising from shielding, economic hardship, or recent discharge from hospital. A lack of support from supermarket delivery slots is exacerbating this problem.
- Nearly every HIV support service we are in contact with has reported an increased need for mental health support owing to isolation, suggesting that already-high levels of isolation and [loneliness](#) among people living with HIV have been exacerbated by the crisis. At one larger support service, while overall referrals are down, uptake of peer support has actually increased. Another support service has needed to liaise with the police due to crisis mental health situations on more than one occasion. **NAT and BHIVA have produced a new [resource](#) listing services that offer peer support for people living with HIV.**





4) Barriers & marginalisation

- BAME communities, already disproportionately affected by HIV, are now over-represented in the most serious cases of COVID-19. This can manifest in greater anxiety for people from these communities. One service provider has said that some of their BAME clients have been fearful of accessing health services during the pandemic specifically because of this.
- This epidemic has highlighted that digital poverty is prevalent among some of the most disadvantaged groups living with HIV. Limited or no access to a device or internet makes it much more difficult to access peer support and those with children in particular are having to prioritise access for schoolwork. Several support workers have noted the impact that limited access has on children's education and social connectedness. One HIV charity has provided emergency stationery packs along with food and sanitation packs.



5) Employment & welfare



- NAT usually acts as an advisory service for support service caseworkers but during the pandemic has begun to work directly with people living with HIV who are encountering employment problems.
- People living with HIV who claim benefits, like many other claimants, are experiencing increased anxiety due to pauses or changes in assessment. These have not always been effectively communicated to claimants. Moving the system online has led one service with a dedicated benefit support worker to express concern over a lack of telephone capacity. Though it is too early to say, both people living with HIV and those who work with them are anxious that this will lead to fewer successful appeals.
- Groups with no recourse to public funds, who constitute one of the most marginalised populations living with HIV, are a particular concern for support services. Those with existing hardship funds are seeing a doubling in applications month-on-month, while other HIV charities have had to set up emergency hardship funds from scratch to respond to growing need.
- Elsewhere, frontline workers have identified limitations within existing asylum support: National Asylum Support Service vouchers are not redeemable online.

Case study: can furlough be discriminatory?

i-Base contacted us about a caller from their Information Phoneline who had been furloughed by his employer because they said that anyone who has had the flu jab for medical reasons cannot come into work. Many friends of the caller were still going into their place of work – sometimes even those with diabetes. The caller was worried that if he is furloughed for a long time he may be at risk of redundancy. We advised that he should ask to see the guidance stating that anyone who receives the flu jab for medical reasons needs to stay at home. This may have been the recommendation from the employer's own risk assessment – which they are obliged to conduct under

health and safety legislation. Employers must not unlawfully discriminate about who they select to be a furloughed worker, so the caller should consider whether the rule to furlough those who receive a flu jab for medical reasons puts him and others living with HIV at a disadvantage. If this was the case, it could be [indirect discrimination](#). It's important to remember that indirect discrimination can be justified – so if his employer can provide a good reason why they are furloughing those who receive a flu jab for medical reasons (e.g. they can show it's not safe for them to come into work and it's not possible for them to work from home), then it wouldn't be unlawful.

GET INVOLVED

- » Farore Law have launched a campaign calling on the Government to temporarily extend the time limits for harassment and discrimination claims to the Employment Tribunal, find out how to join [here](#). In light of rising cases of discrimination we are seeing from people living with HIV this could significantly increase access to justice.
- » The Health and Social Care Select Committee have launched an [inquiry](#) into 'Delivering Core NHS and Care Services during the Pandemic and Beyond'. The deadline for submissions is 8 May.