



HIV COVID-19 Network Briefing One

A fortnightly update from the voluntary sector



17 April 2020

1) Spotlight issue this week



Unreasonable employers & reasonable adjustments

Equalities law must continue to be fully implemented in the workplace for people living with HIV. In the time of COVID-19, this means a redoubled effort to ensure people living with HIV get the reasonable adjustments they need. In a new [blog](#) NAT outlines its advice in a real-life case where someone needed reasonable adjustments from an employer. Some general employment [advice](#) has also been provided.

2) Testing & clinical services

- Many avenues for HIV testing have been put on hold; for example, most community-based testing services are not running. BASHH are undertaking an audit of the extent of sexual health clinic service provision and need during the epidemic. 98.1% of services have stopped walk-in services according to data so far.
- Local trusts should be reminded of the need for HIV testing upon admission to hospital during the epidemic: this is particularly important as pneumonia is an indicator condition for HIV. Some areas do this as standard, but it is not happening everywhere. A [blog](#) from i-Base highlighting the significance of HIV status being recorded during this time.
- Many HIV clinics are reducing hours, relocating, moving online, or sending their patients elsewhere in the Trust. Some patients are unsure whether they can contact or attend their clinic, and some are having issues attending appointments in different locations due to travel costs or restrictions. In London there are efforts to ensure that up-to-date details of clinic services are easily accessible online via Nam.
- There are reports of people struggling to get hold of their prescriptions with community HIV nurses and the HIV voluntary sector stepping in to support in many cases. People living with HIV are less likely to feel comfortable accessing wider community schemes (run by Mutual Aid groups or through local authorities) to support with prescriptions due to concerns around privacy of HIV status. Many people were not previously signed up for NHS home delivery services that are now over-stretched.
- There is also significant variation in length of prescription reported (1-6 months) and mixed messaging about implications for the medication supply chain. This is causing further anxiety.
- There have been individual reports of people living with HIV receiving unnecessary shielding texts from the Government over the past week. Advice remains the [same](#). BHIVA, NAT, THT and the APPG on HIV and AIDS have all raised the issue with Government and have worked with NHS Digital and PHE partners to identify a system error. Sector partners are looking into next steps with Government to ensure that errors are not repeated. New guidance clarifying who needs to shield has now been [published](#).
- Even where testing is taking place there are concerns around whether adequate support could be offered in the event of a reactive result.
- Some PrEP users have faced challenges to accessing medication due to their clinic saying it won't be necessary while social distancing is in place.

3) Rising demand for support

- Support services are seeing an upsurge across the board in requests for support. Many people living with HIV who have never accessed peer support are expressing an interest in it now. One service dealt with 500 calls in the week commencing lockdown, when it typically deals with 600 calls a year.
- Support services highlight low mood and anxiety arising from isolation as key concerns that are not being addressed. Being furloughed or out of work compounds this, alongside feeling pressured into sharing HIV status in order to access support.





- Many support services have moved peer support services online, and with that some of them have stated that they will be happy to serve a wider geographical remit. NAT and BHIVA are currently doing an initial map of support service activity which could be a useful tool for referrals.
- The need for support has been exacerbated by the difficulty in registering as 'extremely vulnerable' on account of a low CD4 count/unstable HIV. It is not one of the listed conditions on the government's main portal and though GPs are supposed to be able to make referrals, they are not all aware of this responsibility.

4) Barriers & marginalisation

- One major LGBT support service has seen an upsurge in calls relating to homophobia, transphobia and isolation during lockdown. LGBT Foundation has published a [briefing](#) useful for frontline staff regarding the impact of COVID-19 on this group.
- Clinicians and service providers are concerned that the rolling back of sexual health and harm reduction services and the move to online will have particular impact on the wellbeing of groups like sex workers, the homeless and people engaging in chemsex. There has thus far been little assessment of the needs of these groups during the epidemic.
- Intervention in the street-homeless HIV outbreak in Glasgow is proving more difficult, as staff involved in care are moved elsewhere and increased precautions have to be taken in outreach e.g. closure of needle and syringe programme sites and provision of a mobile service. With begging or shoplifting no longer being viable hardship will increase.
- People needing to shield (not necessarily due to HIV) are going out because they have no one else to manage food/fuel/electricity. Support services are having to redeploy volunteers to meet changing needs.
- As we enter Ramadan (23 April-23 May) should be sentient to increased feelings of isolation for those unable to be around family and community at this time.

5) Employment & welfare

- Many people living with HIV have reported an increased need to tell employers about their HIV status in this epidemic, with some failing to secure reasonable adjustments or sick pay when needing to social distance. NAT has produced [guidance](#) on this issue and are happy to take questions from the public as government guidance changes and employment
- Many HIV services are particularly concerned about meeting the basic needs of their service users in this time, with a particular focus on how the government's financial support package does not apply to people with irregular immigration status.
- Food Chain and Body and Soul have responded to growing food insecurity among people living with HIV by rolling out home grocery delivery services. Barriers continue to exist in accessing food; support services are finding those identified as clinically vulnerable by the government are still unable to secure supermarket delivery slots as existing customers are being prioritised over those recently registered.



GET INVOLVED

- » Doctors of the World, the BMA, and the Royal Colleges are calling for the NHS to suspend charging for NHS services. NAT has signed up to this letter. You can sign as an individual or as an organisation [here](#).
- » Women & Equalities Select Committee has launched an inquiry into the different and disproportionate impact that Coronavirus and the response is having on people with protected characteristics. Deadline for [submissions](#) is 30 April.
- » The Food Chain is looking to expand its network of neighbourhood-based volunteers in London who can shop and deliver to people in their areas. Email volunteering@foodchain.org.uk if interested.