

Access to HIV Treatment and Care in the UK



Cases Related to Charging

1. A was a Somali national who claimed asylum in 1999 and was supported under the Immigration and Asylum Act 1999 Interim Regulations. After five years, the Home Office was unable to clarify her status in the country. Following requests to provide clarification of her status, the Home Office replied stating their file did not have sufficient information to establish how she entered the UK. Due to this administrative confusion, A was billed for hospital treatment, as her status could not be proved. In this case the error was with the Home Office, but A had to deal with the stress and worry of being invoiced for her treatment. A has since died with invoices of approximately £4,000 issued to her.

Source: Leicestershire AIDS Support Services

2. Client was receiving HIV treatment in London and then was relocated to Bristol; however, he was told that he would be refused treatment unless he paid. He was currently on antiretroviral therapy and needed it to continue in good health. He was distressed and afraid he would die without treatment. The client disappeared – outcome not known.

Source: Terrence Higgins Trust

3. Service user C entered the UK on a visitor visa in 2003. He enrolled on a course of study. However, to date he has been invoiced more than £6,000 as he cannot prove that he has a student visa which would make him eligible for free treatment if the education course is over six months in duration. He was sufficiently intimidated by the invoices that he disappeared for three months, therefore not adhering to his treatment for HIV. This can result in the development of drug resistant strains of HIV as well as poor health. He is also being pursued by a debt recovery agency. He has now disappeared again.

Source: Leicestershire AIDS Support Services

4. Client collapsed with a fit and was taken in via Accident & Emergency. He was subsequently diagnosed with HIV and treated for a number of conditions including tuberculosis. He was billed for approximately £5,000. He was discharged and vanished without ongoing treatment. The outcome of his tuberculosis treatment is not known.

Source: Terrence Higgins Trust

5. Client came to work as a student nurse, qualified and worked as a nurse for three years. She started treatment before final refusal of asylum application and so should not have been billed, but billing (approximately £2,000-3,000) started as soon as she was refused. She is working very long hours illegally to pay the hospital debt and is terrified of being deported.

Source: Terrence Higgins Trust

6. Angela arrived in the UK in 2003 and applied for leave to remain later that year on the grounds of ill health while living with a friend. As a result, Angela has never been entitled to NASS support. Diagnosed with HIV in 1998, Angela accessed treatment in the UK to combat HIV, allowing her to maintain reasonable health. However in 2004, Angela was issued with a bill for £21,000 for her treatment. Angela cannot afford to pay the bill, and was referred to a voluntary sector organisation that can provide free legal advice and support challenging the debt. While Angela is still able to receive treatment for her condition, she has constantly been sent court letters asking for payment which has amounted to £30,000.

Source: Positively Women

7. Service user *D* left arrived in the UK and applied for asylum. At this time he was diagnosed with tuberculosis and shortly afterwards with HIV. His application for asylum was declined and the subsequent appeal was reused. He remains in the UK. He is unclear himself whether further appeals or applications have been lodged. A letter from his legal representative states that they are awaiting a response from the Home Office with regard to representation that has been made by them. He is being billed for his treatment, even though knowledge of his asylum status is outside his control. This is having a deleterious effect on his health.

Source: Leicestershire AIDS Support Services

8. Client in hospital is being refused regular dialysis treatment for kidney problems directly related to his HIV treatment. He was provided with one cycle of dialysis on an emergency need, but has been told that he must pay for any more cycles, which he is unable to do. He is in the process of submitting an application for leave to remain in the UK under Article 3 of the European Convention on Human Rights, but the local Primary Care Trust and hospital have challenged whether he would even be eligible for treatment after submission of the application.

Source: Terrence Higgins Trust

9. *B* made an application for asylum, which was refused, she then instructed her solicitor to make further representations on Human Rights grounds. However between these applications *B* is eligible to pay for her hospital treatment and has received several bills. *B* is without income and cannot afford to buy food, therefore she is unable to pay the bills for treatment, totalling more than £10,000, and is being pursued a debt recovery agency.

Source: Leicestershire AIDS Support Services

10. A pregnant woman living with HIV was receiving HIV treatment while awaiting a decision on her application for leave to remain under Article 3 of the European Convention on Human Rights. Her application was refused, however she continued on HIV treatment as entitled until she went for an antenatal screen where her refused status was noted. She later received a letter from the hospital telling her she was not permitted to access the hospital for further care unless she paid upfront. She disappeared from any care for more than three weeks.

Source: National AIDS Trust

11. Service User *F* arrived in the UK after fleeing politically motivated intimidation and torture in Zimbabwe. The Home Office refused his initial application and appeal. After a prolonged period of being unable to find legal representation he eventually located legal representation who lodged an application under Article 3 of the European Convention on Human Rights. Any treatment and care in the period between the original refusal and the Article 3 application have been charged to him by the NHS. This has caused considerable stress and anxiety to a person who is already traumatised and separate from his family. He is unsupported and dependent on moving from friend to friend.

Source: Leicestershire AIDS Support Services

12. *A* arrived in the UK legally three years ago with a working holiday visa. She has lived and worked here for all of that time, until early this year when she discovered she was pregnant. Antenatal testing showed she was HIV positive and she left her job to care for herself. She took advice from a solicitor who felt she should apply for asylum on health grounds. The National Asylum Support Service (NASS) agreed and are supporting her during her asylum claim. However, when *A* was 32 weeks pregnant, she was moved to a different town by NASS. Within a week she developed severe pre-eclampsia and required an emergency delivery. The baby was ill, premature and placed in special care. Despite being in the process of an asylum application and therefore entitled to access free NHS care, she received a bill for her obstetric treatment, her baby's special care treatment and the hospital are pursuing the GU clinic for details of her treatment.

Source: Terrence Higgins Trust

13. *B* was a visitor to the UK. Towards the end of her visit, she became seriously ill, was diagnosed with tuberculosis and admitted to hospital. She was too unwell to travel, although she wanted to return home to her family. She was treated for tuberculosis and discharged, but was unable to return home and had no access to money in the UK. By this time her visitor's visa had expired. *B* was subsequently diagnosed with HIV. The hospital refused to place her on antiretroviral treatment unless she paid for the therapy or made an application to the Home Office on human rights grounds. Although she desperately wanted to go home, she was still too unwell to travel and had no prospect of recovery without HIV treatment. Her health deteriorated and later presented herself at a different hospital with pneumonia and other life-threatening illnesses. She was immediately admitted and it was discovered that her immune system was extremely weakened.

Source: Terrence Higgins Trust

14. C was a visitor to the UK who subsequently submitted a claim for leave to remain on human rights grounds. The hospital refused to give her HIV treatment unless she paid. C became seriously ill as a result of remaining untreated and was admitted to hospital and placed on antiretroviral treatment. After being discharged, she received hospital bills of several thousand pounds. C was unable to pay as she had no income or savings. She was very ill and could not return to her home country. The outcome of this case is unknown as C stopped attending the hospital for treatment and monitoring.

Source: Terrence Higgins Trust

15. An asylum seeker seeking NHS treatment (as entitled) was interviewed by a part time Overseas Payments Officer who refused to believe that she was an asylum seeker despite papers from NASS. She demanded to see the client's passport, which was with the Home Office and therefore not available, and said she could not accept the NASS papers as official. When challenged about her decision to bill the client, the official stated that she had done so because she did not believe that people could claim asylum from the Caribbean, only from Africa. Bills were only rescinded after intervention at a higher level.

Source: Terrence Higgins Trust

16. A man from sub-Saharan Africa was diagnosed with HIV and tuberculosis in hospital in 2007. He was in prison for issues related to immigration at the time of his diagnosis and hospitalisation. Once treated, he returned to prison and when he did not attend his follow-up appointment one week later, the prison was contacted. We were informed that the patient had been sent to a detention centre. Despite numerous calls, we were unable to locate the patient (there was some confusion over the name(s) used by the patient). We later heard from a relative of the patient that he had been deported. The patient had no medication since leaving prison. He was ill, destitute and died several weeks later in a sub-Saharan African country from untreated tuberculosis.

Source: Brighton and Sussex University Hospitals

17. A pregnant woman, known to be HIV positive, was eligible for HIV treatment at the time she presented for care several years ago. She subsequently applied for leave to remain which was refused. As her HIV care was started at a time when she was eligible, she should not be charged for her care. However, she was then sent a letter by the overseas patient team in obstetrics where she presented for antenatal care. The letter stated that she was not entitled to NHS care and that she would need to pay up-front for any care she received. She understandably did not attend her HIV appointments. After considerable work trying to find the patient and reassure her that we would continue to provide her HIV care free of charge – she re-attended services. The risk of the patient staying underground and not accessing safe antenatal care was very high indeed. After considerable negotiation with the overseas patient officer, they agreed that the patient's HIV care was exempt from charges, but they were planning to charge her for her obstetric care at the cost of £3,000. So far they have not charged her.

Source: Brighton and Sussex University Hospitals

18. A man from sub-Saharan Africa who presented with severe conditions related to HIV as his first presentation. He was hospitalised for many months and eventually sent to an HIV continuing care unit for convalescence. He required neurological rehabilitation in order to be able to be discharged, but the local PCT would not fund rehabilitation or physiotherapy as his asylum status was not clear and had several appeals for leave to remain. This patient was unable to be deported as he was unable to fly and unable to be discharged from continuing care until he had the required physiotherapy. The patient was in care for 9 months until an immigration solicitor got involved to resolve the case for physiotherapy, therefore costing the PCT considerably more than if he had been rehabilitated at the time he required it.

Source: Brighton and Sussex University Hospitals

19. An HIV-positive asylum seeker from Zambia began accessing treatment while her application was ongoing. Her application was refused and she appealed the initial decision. Her appeal was refused in August 2007. The hospital has now billed her for HIV treatment, totalling £1,239, since she is now a refused asylum seeker. However, she is still entitled to free treatment while in the UK because she began treatment while her application was ongoing.

Source: African HIV Policy Network