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The Rt Hon Dawn Primarolo MP
Minister of State for Public Health
Department of Health
Richmond House
79 Whitehall
London
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I am writing as Chair of the British HIV Association (BHIVA), and on behalf of the BHIVA Executive Committee, to request that the Department of Health clarify by circular to all PCTs, and to their payment officers, that treatment for HIV infection should always be considered Immediately Necessary Treatment.

We also request that this be stated explicitly in a revised edition of the *DH Guidance on Implementing the Overseas Visitors Hospital Charging Regulations*.

Such a statement on Immediately Necessary Treatment has previously been set out and circulated by the Department of Health in relation to maternity services. We believe the same reasoning applies in the case of HIV infection, and a similar statement should be made.

When the Department of Health rightly acted to put beyond doubt the fact that maternity care is immediately necessary treatment, it did so because of the life-threatening health risks associated with delay and because of the health implications for others. It was considered that leaving the judgement to individual clinicians would not be enough to ensure prompt access to care.

You will be aware that HIV treatment is the other aspect of secondary care most commonly cited in public and parliamentary debate as raising serious public health concerns.

BHIVA's 2007 *Standards for HIV Clinical Care* state that if a person has HIV infection, their health "may rapidly deteriorate and become unstable with life-threatening conditions" without appropriate treatment with antiretroviral drugs. Furthermore, once started, any interruption to HIV treatment due to doubts about entitlement could have very serious consequences for long-term prognosis.

The DH Table of Entitlement to NHS Treatment defines Immediately Necessary Treatment as that aiming 'to save life or prevent a condition from becoming life threatening' and states that such treatment 'should always be given ... without delay, irrespective of ... eligibility for free treatment of ability to pay'.

However, whilst the Table notes that the guidelines on immediately necessary treatment 'apply equally' to HIV, para.3.1 of the DH Guidance appears still to leave a final decision to individual treating clinicians. Clinicians may be clear on this point, but it is also vitally important that PCTs and payment officers are consistently aware of this.

We believe an explicit statement that HIV treatment should always be considered Immediately Necessary Treatment will help end the denials of and delays to HIV care which are still occurring as a result of misinterpretations of the charging regulations and actions by some payment officers and others within PCTs.

Our recommendation has no bearing on the separate question of charging for treatment and payment of NHS debts. As the clinical body responsible for standards of HIV treatment and care, we are simply stating our common professional opinion that treatment for HIV infection is always a response to a condition which is life threatening or could quickly become life-threatening without such intervention.

We believe a statement by the Department of Health would ensure that discussion of charges takes place in a context which supports timely and continuing access to such treatment.

I look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink that reads "I G Williams". The signature is written in a cursive style with a long horizontal stroke underneath.

Dr Ian G Williams
Chair
British HIV Association

cc: Yusef Azad, Director of Policy and Campaigns, National AIDS Trust