Refugee and Vulnerable Migrants' Experience of NHS Primary Care

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INTRODUCTION

The World Health Organisation report that "*more people are on the move now than ever before with an estimated 1 billion migrants in the world today and 68 million forcibly displaced people*" [1].

The drivers that lead to large scale displacement of people are diverse and complex. They include climate change, violence and conflict, political oppression and a desire by people for a better life and greater economic opportunity. Many of these drivers are likely to increase and, consequently, meeting the needs of refugee/migrants* should be systemically embedded in all healthcare systems.

*We use this term throughout to refer to refugees, asylum seekers and migrants.

General Practitioners (GPs) provide front line healthcare in the UK and, consequently, it is important to understand refugee/migrants' experiences of primary care. They often have complex physical and psychological health needs, compounded by social stressors such as marginalisation and poverty. Previous research has highlighted barriers to accessing health services such as inadequate information and awareness of how to navigate the new healthcare systems, language barriers, and perceived stigma/discrimination relating to immigration status [2-4].

Bournemouth and Poole is a City of Sanctuary, home to unaccompanied young refugees and involved in the Syrian Vulnerable Person Resettlement Scheme, and in this study we explored the experiences of refugee/migrants accessing primary care in our area.

One potential bias in asking refuges/migrants directly is that people who have been turned away, or told they have no right to NHS care, might be reluctant to participate in research studies, distrustful of the purpose of questioning and, as a result, not have their voices heard. An alternative window into the experiences of refugee/migrants is through third sector workers who often accompany them to GP surgeries. To the best of our knowledge, there is no published research directly comparing the opinions of refugee/migrants and third sector workers, and our work included both groups to provide a broader view of their experiences accessing primary health care.

In previous work (5), we also investigated local GP trainees' knowledge on refugee health and we hope this triangulation in perspectives will lead to improved understanding and care for refugee/migrants.

DESCRIPTION

22 refugee/migrants and 10 third sector workers were recruited through two charities, The Red Cross and International Care Network (ICN), who are working with refugees/migrants in Bournemouth, UK.

The first author (RS) attended drop in sessions and conversation classes to provide verbal information regarding the objectives of the study and to answer any questions. Participants were also given an information sheet and several days to consider whether they wished to participate or not. Where needed the information for participants was translated through a support worker or friend.

Questionnaires explored access to primary care and knowledge of rights to care, experience of the GP consultation, access to interpretation services and health status.

At the top of the questionnaire there was a statement reassuring participants that "anything you say in this questionnaire will have no impact upon the care you receive from the charities or the health service including your GP. It will also have no impact on your immigration claim." All questionnaires were anonymous. Ethics approval was obtained from Bournemouth University's Science, Technology and Health Research Ethics panel.

For the refugee/migrant group, 18 were female, 2 were male and 2 did not answer. Countries of origin included Iran, Afghanistan, Turkey, Portugal, China, Brazil, Korea, Albania, Iraq, Eritrea, and Sudan. Age range was 18 – 69 years old. Time in the UK varied from less than 1 year to 6 years. Demographic data for third sector workers was not collected.

REFUGEE/MIGRANTS VIEWS AND EXPERIENCE OF PRIMARY CARE

- 95% refugee/migrants were registered with a GP
- Only 5% had been refused registration and they did not know why
- 95% knew they did not have to pay to see a GP
- Only 36% knew how to access a GP at the weekend
- 41% had called 999 and 36% been to A&E – higher than the general population
- 79% reported their experience of seeing a GP as 'good/very good'
- 68% needed someone to help with translation. In 82% cases this was a friend or family member rather than a professional translator
- Only 36% had a general health check and 36% felt their health was worse since arriving in the UK
- Regarding routine national screening programmes, 74% eligible females had cervical screening and 100% mammograms

In free text boxes regarding '*what was good?*', participants comments included GPs being friendly and kind, with good listening skills. On '*what could have been better?*' comments included doctors to have a greater awareness of other cultures, giving medicine, having access to interpreting services and with the doctor being more patient.

PERSPECTIVE FROM THIRD SECTOR WORKERS

- 70% of third sector workers reported difficulty in trying to register clients with the GP. The main reason was surgeries asking for proof of ID/address when none was available (40%). Others reported language barriers leading to difficulties completing forms (20%), practices not being aware of entitlements to care (20%) or refusing registration because their lists had closed (20%).
- Interestingly, only 30% third sector workers felt confident in their knowledge of refugee/migrants entitlements to care and when asked specifically their knowledge was indeed relatively poor. Only 10% were correct in who can access free primary care and only 30% knew refugee/migrants could register without proof of ID.

Table 1: Third sector workers views: Do you think any of the following challenges are ones that refugee/migrants experience in consultations with GPs?

	% who said yes
Language barriers	100%
Different expectations	100%
Client did not understand the GPs explanation of the treatment plan	90%
Lack of interpreting services	90%
Cultural differences/lack of understanding of backgrounds	90%
Consultation time too short	80%
Poor continuity of care	50%
Inappropriate/unacceptable treatment/outcome	40%
Racial prejudice	30%

CONCLUSIONS

In summary, despite Bournemouth and Poole being a 'City of Sanctuary' and having an aspiration to welcome and care for refugee/migrants, these patients sometimes experienced barriers to accessing care, doctors (5) and support workers were confused over rights to NHS care and frontline primary care for refugees/migrants was sometimes inadequate.

In future work we aim to work with local surgeries to promote the Doctors of the World 'Safe Surgeries' initiative (6) and the enhanced new patient health check advocated by GOV.UK (7).

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