Primary Care Access & Provision for Vulnerable Migrants

Migrants contribute to our social richness and economy. Most are young and fit, but some experience poor health and vulnerabilities. These can include asylum seekers and refugees fleeing from persecution or torture; people who have been trafficked; gypsies and travellers; Roma communities.

Registration with a GP and access to primary care is fundamental to achieving individual and population health. It also makes economic sense. However, migrants are less likely than the general population to be registered with a GP, and often face barriers, including misunderstanding around eligibility to register.

Access and improved health outcomes for vulnerable migrants, requires additions or modifications to mainstream services. Several commissioning bodies have an interest in, or responsibility for, making this happen. They include Clinical Commissioning Groups, Local Authorities and Public Health, GPs, Hospitals & Mental Health Teams, Non-Governmental Organisations, Housing Providers, the UK Border Agency, Health & Wellbeing Boards and NCB Local Area Teams. The provision of quality and cost-effective primary care requires joint commissioning and pooling of expertise and resources.

This is not a 'how to' guide, although it does include hyperlinks to tools and guidance such as the 'Improving access to health care for migrants' training toolkit. Its function is to highlight the essential elements that need to be incorporated by commissioners, to ensure primary care access and provision for vulnerable migrants.

The schemas on the following pages highlight some of those key elements. Partnership-working, outreach, longer appointment times, interpreting, supervision and training are all essential elements to be considered. Two elements have been highlighted because of their crucial, but sometimes overlooked, role. These flow through both schemas.

The role of non-statutory organisations, outreach workers and informal networks in facilitating primary care access for vulnerable migrants cannot be underestimated. They play an essential part in signposting, in explaining how the NHS works; supporting access to general practitioners, other primary care services and hospital appointments. They are important as advocates and in sustaining links between migrant and health communities.

Interpretation & Cultural Sensibility are also essential components. Awareness of cultural beliefs and behaviours improves understanding e.g. of somatisation or the applicability of questionnaire-based diagnostic tools. Appropriate and independent professional interpretation available at the earliest opportunity optimises good communication and care. It can prevent missed appointments, misdiagnosis, prescribing errors, inadequate consent for treatment, complicity in abuse and neglect. It is a way of maintaining dignity and confidentiality, increasing the likelihood of compliance, and of improving awareness of support services. Whether interpretation is provided face-to-face or by telephone is best assessed by the practitioner with agreement from their patient. A decision aid toolkit on when to use different types of interpreter has recently been developed.

A person's nationality, residency or immigration status has no bearing on their eligibility for primary care. There is no obligation for GP practices to request documentary evidence, or to ask for it. A practice can only refuse an application if it has reasonable grounds for doing so (such as a full list or not in catchment area) and must not discriminate.

Asylum seekers and refugees are entitled to free primary and secondary care

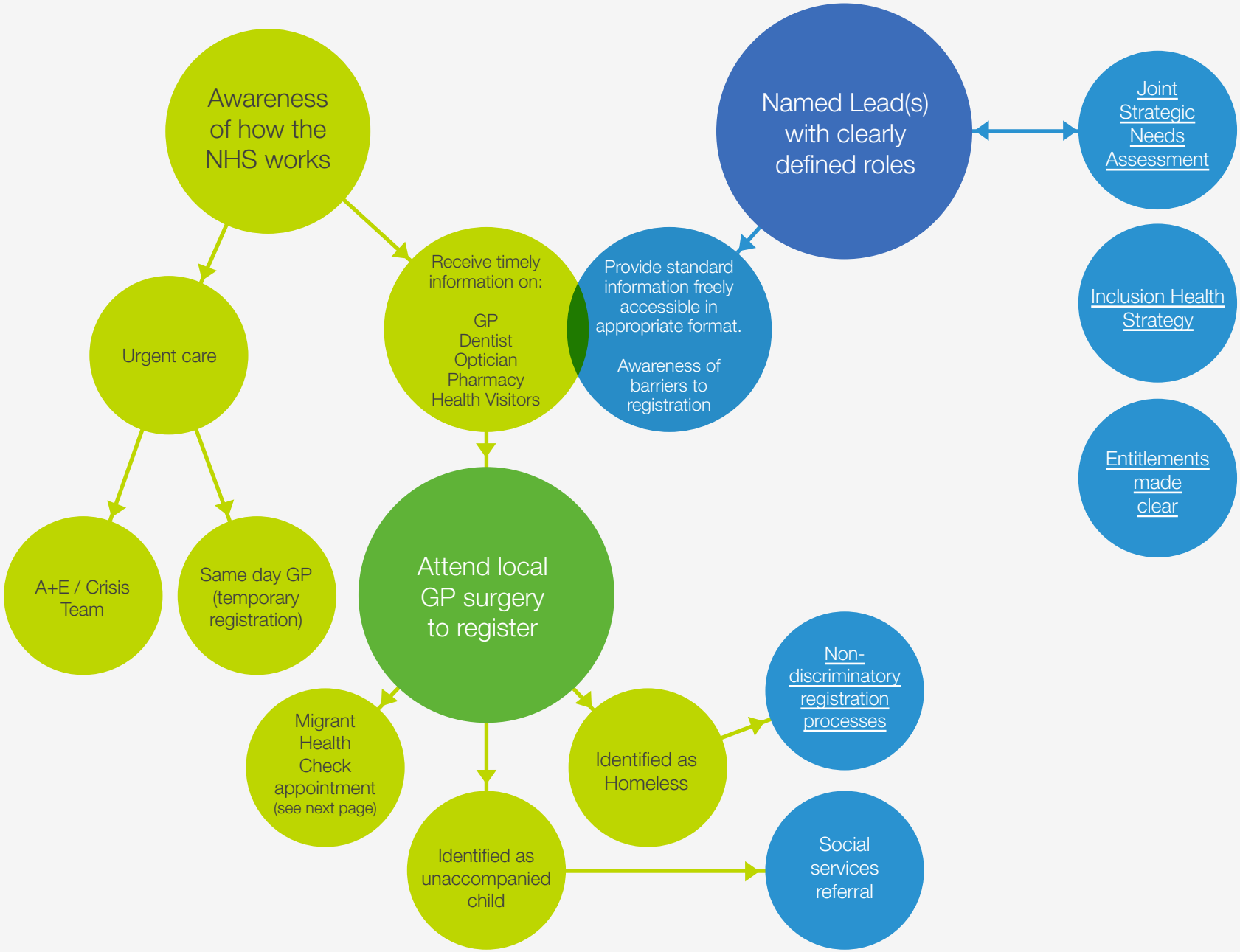
Common Barriers to Primary Care

Lack of knowledge of need to register; administrative difficulties; cultural & language differences; refusal of care by professionals; fear of being reported to police or immigration

Vulnerable Migrants - Primary Care Access

Equitable primary care access for **Vulnerable Migrants**

requires proactive inclusion by **Commissioners & Providers**



Role of non-statutory organisations

Cultural sensibility and interpreting

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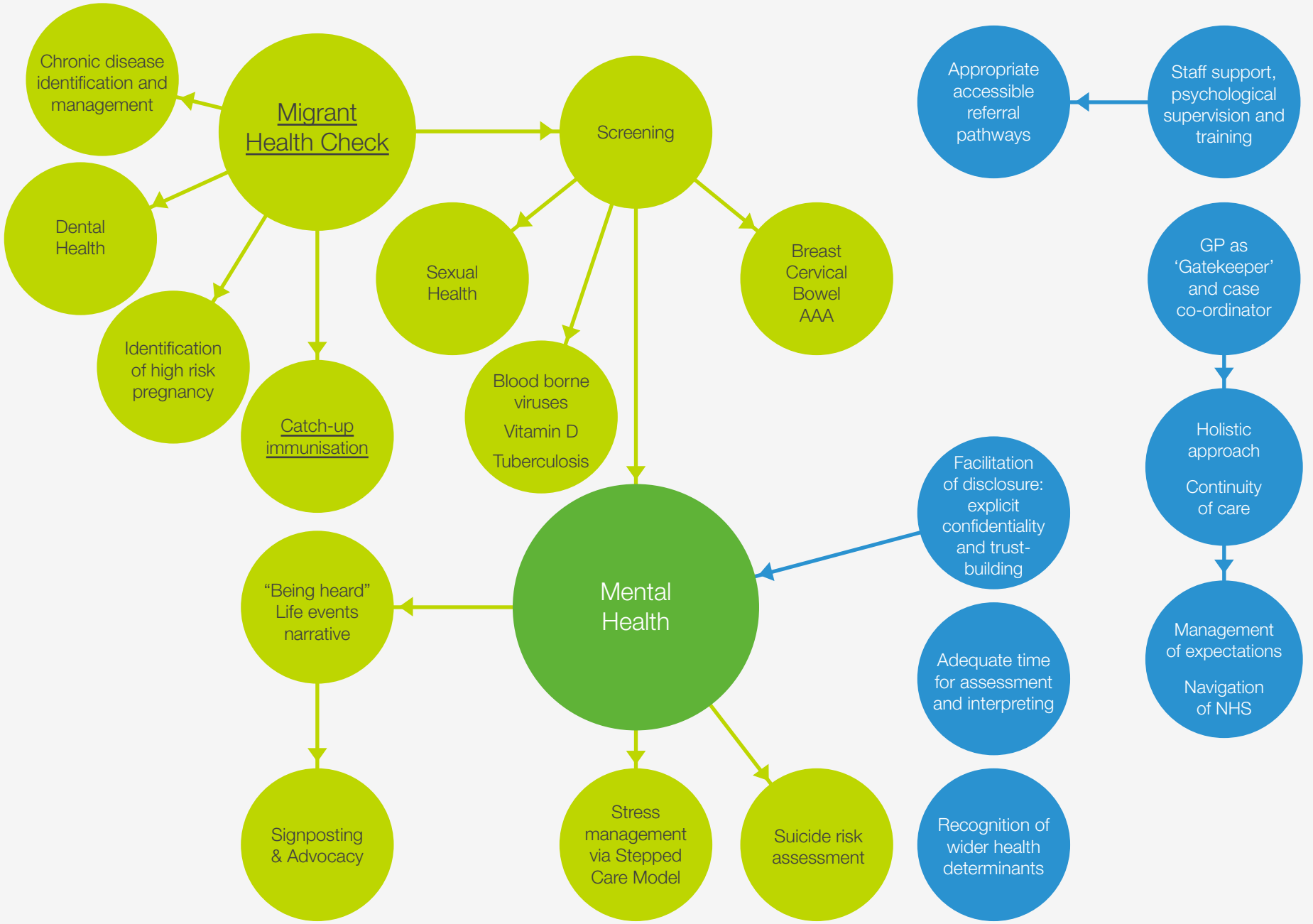

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Primary Care Access

In most countries there is no requirement to **register with a GP** in order to access health care; the UK NHS system is complex and difficult to negotiate. People with a history of limited or no healthcare may not recognise or prioritise their health needs or be aware of preventative strategies. Others, particularly those with mental health issues, find it difficult to engage with services and self-referral may only be at times of crisis. These factors are part of an array of barriers obstructing primary care access.

Multi-pronged approaches are needed to facilitate GP registration - the gateway to primary and onward secondary medical care. **Outreach** to individuals and communities will be central to any strategy and is likely to include communication on why registration is necessary; where to go (practice leaflets, maps and bus routes), and what to bring. At the point of application to register, GP practices can help people to complete forms, apply for NHS numbers in a timely fashion, accept any form of ID, including rent agreements or Home Office documentation and not refuse registration if documentation is not available. For the homeless, a secure postal address to receive medical mail can be agreed. This can be care of the GP practice or a recognised support agency. Particular attention and appropriate onward referral is needed for the **homeless** and **unaccompanied children** who have additional vulnerabilities.

Primary Care Provision

After registration, a **migrant health check** is the next step. The HPA Migrant Health Guide and training event and the resource, 'Meeting the health needs of asylum seekers and refugees' all offer GPs and other primary care practitioners, additional tools for migrant health assessment and management.

Migrants' individual history of **screening** will be variable. In addition to the national programmes, other appropriate and recommended screening should be offered. Most vulnerable migrants come from countries with high burdens of **tuberculosis, blood borne viruses and vitamin D deficiency**. Many will have incomplete **immunisation** histories. A high number of asylum seekers have been sexually assaulted and some remain at continued risk of Sexually Transmitted Infections, HPV and/or complications of FGM. Sensitive explanation and support for **sexual health** screening, treatment and prevention is needed for both women and men.

Mental health issues, including suicide and suicidal behaviour are prevalent amongst asylum seekers. Mental health consultations, disclosure of psychological trauma, risk assessments and medicines management can be difficult to facilitate and take time. Training and supervision for GPs and practitioners, including interpreters, will improve the quality of consultations as well as reduce risk of vicarious trauma. Referral routes need to be clear, appropriate and adequately-resourced. Access to social and purposeful activities and education are important ways to combat isolation, help build support networks and improve mental health.

The impact of **social and environmental factors** on physical and mental health of vulnerable migrants is particularly significant. Separation from close family is common and lengthy periods increase risks for children, especially those who are age-disputed; reactive grief and loss may be prolonged by uncertainty. Vulnerable migrants may live in poverty or destitution without access to basic shelter, warmth, security and nutrition. Completion of medico-legal reports and health certificates can relieve stressful circumstance when undertaken in the patient's best interest and in consideration of disclosure and confidentiality regulations.

It takes time to **establish trust** and confidence, to communicate across cultures, to assess and manage complex issues, to **coordinate, refer and signpost**. But doing so pays dividends in the long term - for individuals and society. Time and pro-action underpin the essential elements of equitable access to primary health care for vulnerable migrants.

Written by R. Farrington, MBCHB, MRCGP, DTMH and A. Ricketts for the NW Health & Migration Programme. March 2013. For more health and migration resources, please see the health section on the NWRSMP website.