NHS
Coventry and Rugby
Clinical Commissioning Group

Access and quality of primary care services for refugees and asylum seekers

23 August 2018

Contents

Coventry and Rugby Clinical Commissioning Group (CCG) is in the process of reviewing the GP services which are available for people who are refugees or asylum seekers living in Coventry.

Currently, specific services for people who are asylum seekers are provided. Patients remain registered with these services if they are granted refugee status, until it is possible for them to move into mainstream GP services. The CCG is re-procuring this service as the current contract is coming to an end.

As part of this work the CCG needed to understand what services people who are refugees or asylum seekers currently access, what would make it easier for them to access health care services, and what matters most to them in the health services they use.

The CCG also sought to understand the perception of the specific services offered for refugees and asylum seekers and understand the enablers/barriers for refugees and asylum seekers to receive care from non-specialist GP services.

From 1 July until 30 July 2018 the CCG undertook engagement work with the local community, primary care staff and those in the voluntary and community sector who work with people who are refugees and asylum seekers. This document provides a summary of this work, the themes emerging from the engagement and recommended actions for commissioners.

Methodology for engagement

Identification of audience

The patients who would use the specialist services provided fall into three categories of immigration status

- Asylum seekers – those who were in the process of seeking refugee status in the UK
- Refugees – those who have been granted refugee status
- Failed asylum seekers / undocumented refugees - those who are not entitled to remain in the UK and are not in a current process applying for leave to remain.

This group in totality will be referred to as “patients” throughout the document, unless making reference to a particular subset of the group.

We also identified that we needed to hear from those working in community and voluntary groups supporting these patients, as they would have a holistic view of the support offered. This group will be referred to as “advocates”.

In order to understand how we could support patients to transition to mainstream primary care services once they have been granted refugee status, we sought responses from primary care staff across Coventry and Rugby who had experience of delivering care for refugees and asylum seekers.

Targeting methodology

Following identification of our target groups, we defined the following methodologies for each group.

Patients

We aimed to:

Get: People who are refugees, asylum seekers, failed asylum seekers or undocumented refugees

To:

- Share their experiences of primary care, including what works well and what could be improved.
- Explain enablers/barriers to transitioning to local primary care services from specialist services
- Help us to understand awareness levels amongst people who are refugees and asylum seekers of specialist services available

By: Developing a questionnaire and engaging trusted intermediary organisations who already work with refugees and asylum seekers to gather feedback from their service users. Members of the engagement team also attended events and sessions for people who are asylum seekers and refugees to support them to give their feedback.

Advocates

We aimed to:

Get: Stakeholders/advocates who work directly with our target patients

To:

- Share the experiences of primary care of the people who they work with, including what works well and what could be improved.
- Explain enablers/barriers they have observed to people transitioning to local primary care services from specialist services
- Help us to understand awareness levels amongst people who are refugees and asylum seekers of services available

By: Filling in an online survey, promoted through the CCG links with groups on their stakeholder database, as well as those of partner organisations. Representatives from the CCG and Public Health also attended the Migrant and Refugee Forum on 18 July to ask questions and gather responses in a structured question/focus group format.

Primary care staff

We aimed to:

Get: Primary care staff who work directly with our target patients

To:

- Share the experiences from primary care of supporting refugees and asylum seekers, including what works well and what could be improved.
- Explain enablers/barriers they have observed to people transitioning to local primary care services from specialist services
- Help us to understand awareness levels in primary care of specialist services

By: Filling in an online survey using the questions below. This survey was promoted directly to primary care staff in Coventry and Rugby via email.

Section One - Overview of engagement results

We received the following number of completed questionnaires and surveys

Patients	19
Advocates	16
Primary care staff	8

11 patient questionnaires were completed directly with patients at drop in events targeted at refugees and asylum seekers across Coventry and 8 were completed via support from the Salvation Army, acting as a trusted advocate.

We also attended the Refugee and Migrant Network, and undertook a focus group with 18 advocates and asylum seekers.

In total we heard from 61 respondents.

Key themes

We engaged with all groups around three key areas

- What is most important to refugees and asylum seekers when accessing health care and what are the biggest barriers?
- What is the perception of current services in Coventry which cater specifically for people who are asylum seekers, what is working and what could be improved?
- Transition to mainstream GP services – how can patients be supported and what are the barriers?

What is most important to refugees and asylum seekers when accessing health care, and what are the barriers?

1. Ease of access

Both patients and advocates listed ease of access as the most important thing in health care for the majority of respondents. The key areas highlighted by all groups were

Interpreters and access to translations

Both groups mentioned interpretation and translation as being very important, although this came up more regularly with advocates, possibly because we were conducting all interviews in English and therefore speaking to those patients for whom English is easier.

Interpretation is noted as being important at all stages of care, with lack of language skills on reception desks preventing access to services. The right kind of interpreter is also seen as important, with several mentions of the need for specialist interpreters who can explain health care concepts easily to patients.

Primary care staff also said that the language barrier and lack of access to interpreters was a barrier to delivering care for asylum seekers and refugees in mainstream general practice.

"My doctor speaks Urdu so very helpful." – **Patient**

"Be able to book appointments over the phone where they can get support with the language barrier" – **Advocate**

"Local GPs may not book interpreters - can't get past receptionist" – **Advocate**

"I know an asylum seeker who had a cancer operation: she didn't know how the operation went for a long while as no interpreter." – **Advocate**

"Translators who can understand medical terms and break it down properly" - **Patient**

Appointments

Difficulties in making appointments was raised by both patients and advocates with many referring to the need to call at 8AM and the appointments already being gone for the day. Lack of interpreters was also raised as a barrier to booking appointments as referenced above.

Longer appointments were considered important in order to be able to understand the potential complex needs of this patient group, and there was a perceived shortage of available appointments and a shortage of health care staff (particularly doctors) making it difficult to get an appointment.

Drop in services were mentioned as being important for those unable to afford to call for appointments, or unable to do so because of the language barrier. Outreach services for health screening and building trust were highlighted as helping to build relationships with vulnerable groups.

"More GP hours please - not enough GPs" – ***Advocate***

"I call them in the morning, phone always busy." – ***Patient***

"sometimes we are told phone by 8 o clock but when we call appoints are gone, so do not get a timely service" – ***Patient***

"adequate interpreter services and more time to spend with these vulnerable people are crucial" – ***Primary care staff***

"[The biggest barrier to access is] appointments only, no drop in" – ***Advocate***

"Outreach health screening services as refugees (and mainstream patients) may only visit their GP when there is a problem." - ***Advocate***

2. Dignity and respect

Dignity and respect was raised by all groups as being important. Respondents said they wanted to be treated as a person, not an asylum seeker, and advocates and primary care

staff clearly identifying that this was a vulnerable group of patients who need to be treated with understanding. Some patients felt that they were not listened to because of their immigration status.

Cultural sensitivity was also seen as important for delivering health care services, with many advocates and primary care staff noting that services need to be sensitive to cultural pressures around segregated services. It was also raised by advocates however that services need to be sensitive to the needs of younger generations, and offer them a safe space to discuss their health problems without their family present if they wanted to.

Advocates and patients both wanted to see health care staff who understood their specific health needs and treated them appropriately.

"Should not care where you're from. Treat everyone the same regardless of living situation" – ***Patient***

"[The most important thing is] to take the illness of the patient seriously because most of the time they only give you paracetamol for all illnesses" – ***Patient***

"helpful staff and GP's who are knowledgeable about the client group and show empathy." – ***Advocate***

"The biggest barrier is] feeling unable to talk to a GP without family present" – ***Advocate***

"Specialist GPs with key knowledge around key health needs of asylum seekers and refugees vital" – ***Advocate***

"The service needs to be all-inclusive. With flexible approach while providing care to the patient group which can be challenging due to the cultural differences and patient ongoing legal status." – ***Primary care staff***

"[The most important thing is] time, understanding of their complex often traumatic background. Understanding of their culture. To feel accepted and not judged" – **Primary care staff**

3. Mental Health

A key theme with advocates was the lack of mental health support for patients. Advocates and primary care staff who work with this patient group noted that this was a group who are more likely to have suffered with Post Traumatic Stress Disorder or from torture, and needed access to specialist counselling services.

Lack of awareness within communities of mental health issues was highlighted by advocates, suggesting that it was seen as shameful or even dangerous to admit to mental health problems within some cultures so services needed to be sensitive to supporting. There was also a cultural lack of awareness that mental health is something that can be treated medically, for example with anti-depressants.

"Labelling of mental health as craziness / demons" – ***Advocate***

"Years can go by for a patient presenting with recurring psychosomatic complaints, without them ever divulging they are a victim of torture or have suffered severe abuse [unless they are asked by a specialist]" – ***Primary care staff***

"cultural understanding in expression of symptoms, especially mental health" – ***Advocate***

"Often mental health problems are undiagnosed" – ***Advocate***

"Recognise mental health issues - cultural expectation that it's dealt with family or community" – ***Advocate***

"[The most important thing patients need is] attention to traumas experienced in their country of origin or on the journey to the UK, knowledge of the physical and psychological effects of female genital mutilation, and understanding of human rights abuses such as human trafficking or modern slavery." – ***Primary care staff***

4. Patient understanding of health services

A lack of information and understanding of health services was highlighted by advocates as being a barrier to accessing appropriate services. Advocates raised repeatedly that both they, and the communities that they worked with were unsure what services were chargeable for asylum seekers and which were not. This caused a lot of concern and fear, with some patients telling us that they had received bills from the hospital and now did not know what to do.

Many advocates also felt that patients need to be better educated on what health services offered and how to access them appropriately, as it is often very different in their country of origin.

"Lack of understanding - ESOL based training re accessing health care" – ***Advocate***

"Understand how health service operates in the UK is not how it does in their own country e.g. Syria" – ***Advocate***

"cultural differences and language barriers might mean that they need extra help with understanding the health system and accessing medical services." – ***Primary care staff***

"Understanding how to get blood tests - online? - booking?" – ***Advocate***

"Was told about treatment and did not realise it was not free until got bill." – ***Patient***

"[The most important thing is] managing expectations of [asylum seekers and refugees] in relation to appointments, treatment, use of GP vs visiting A&E" – ***Advocate***

"[The biggest barrier to accessing care is] Fear that they will have to pay" – ***Advocate***

"[The most important thing is that they] understand what NHS can and cannot provide" – ***Primary care staff***

What is the perception of current services in Coventry?

This question looked specifically at the primary care services which cater for people who are asylum seekers and refugees, to understand what is working and what could be improved.

Current services

Awareness of the services offered for refugees and asylum seekers was high amongst both patients and their advocates. The majority of patients we spoke to (over two thirds) were registered with specialist services, and those who were not were mainly registered with another GP but aware of the specialist services. All advocates in the focus group, and all but one responding to the online survey were aware of the service.

Perception of the services currently offered is generally good with all groups. Patients and advocates both reported that they feel that the service treats them well and with respect and many praised the service highly.

The extended appointments offered were mentioned as being of great benefit to patients with complex needs and flexibility in how service users needs were addressed.

Although almost all respondents rated the services as suitable for refugees and asylum seekers and generally good there were some concerns with patients, primarily around the methods of booking appointments and waiting times once patients arrived for appointments.

"They are more concerned, they listened to our problem. They understand more the stress we are all going through." – ***Patient***

"Flexible approach while addressing issues of service users who have very complex mental and physical needs." – ***Primary care staff***

"They understand their needs. Offer longer appts. Work well with support agencies. Patients feel safe and supported" – ***Advocate***

"They understand the client group and either by experience or word of mouth [asylum seekers and refugees] know they will be treated with empathy." – ***Advocate***

Additional services to support patients

Although services were judged good, there were several proposals for additional services which could improve the health and wellbeing for people who are refugees and asylum seekers in Coventry. Clinical services suggested included more outreach, particularly in the community, and follow up visits. Mental health services, which counselling and therapy were all mentioned repeatedly.

Suggestions included non-clinical services and support. Both patients and advocates mentioned the need for help with forms to support asylum and benefit claims. Suggestions for closer links with social care and the voluntary and community sector organisations were also made.

"Provide more information to refugees and asylum seekers and those working with them

about entitlements" – ***Advocate***

"Ensure they have access to a variety of therapies and support groups to deal with their past traumas as well as assistance with settlement in the UK" – ***Advocate***

"Commissioning a support team around the medical team so they don't waste their time doing things that aren't medical" – ***Advocate***

"support letters when applying for status when health needs are paramount in the decision" – ***Advocate***

"More in-depth health screening on registration including trauma assessment" – ***Advocate***

Transition to mainstream GP services – how can patients be supported and what are the barriers?

When asked about transferring to mainstream GP services, the majority of patients felt that they did not want to do so. Their biggest stated concern was a lack of paperwork or documentation, with patients not feeling that they were able to register with other GPs. Other issues cited were convenience and lack of own transport.

Advocates were aware that patients could be registered at mainstream GP services. The majority felt that mainstream GP services would not be suitable for them however, as they would not be able to offer the language services, time and additional support that refugees and asylum seekers need.

This view was agreed with by the majority of respondents from mainstream primary care staff who felt that without additional support or funding that it was better to have allocated services to support patients, rather than trying to help them to access mainstream primary care.

"I would need letter preferably, passport I.D, and need to be local so I get by only walking and not by travelling" – ***Patient***

"The issue is in a GP they ask for passport or leave to remain. I would need an ID or interpreter or any official documents from the home office." – ***Patient***

"The services are not available to you if you do not have leave to remain. I would need ID or passport." – ***Patient***

"[The barriers patients would face are] 10 minute appointments, lack of interpreters, clinicians without specialised knowledge of the issues, no protocols in place to screen for physical and mental migrant health issues, no time to ask patients why they are claiming asylum." – ***Primary care staff***

"Most no as they do not understand the system and they need to gain confidence. Interpretation is needed" – ***Advocate***

"They need familiarity and complex health care needs take time that busy GPS can't offer" – ***Advocate***

"Skills and complexity of needs will not be given the time in general practise" – ***Advocate***

"Some refugees and asylum seekers don't have any form of ID on them, or are failed asylum seekers, some surgeries refuse to take them on." – ***Advocate***

"[It would help if we could] offer funding for the extra time taken to have consultations translated." – ***Primary care staff***

"[It's important to] have one central point for access where its easy for patient's to go as they move around a lot which can compromise care." – ***Primary care staff***

"have allocated surgeries for their care rather then all around." – ***Primary care staff***

Section three – Conclusions and Recommendations

Improving ease of access to the right service at the right time for patients

On the surface, the majority of patient feedback around ease of access was similar to the feedback we hear around mainstream primary care, namely perceived lack of available appointments, the method of booking appointments being inconvenient, and services not running to time. However, there are some specific reasons as to why this impacts this particular cohort disproportionately to which we must pay due regard. Those who are asylum seekers and refugees often require support with interpretation, meaning they are unable to book appointments via telephone without help. Although most have access to support, either formally or through the voluntary and community sector who can make contact on their behalf, this increases the time it takes from them realising that they need to see a clinician to being able to access an appointment and may preclude on the day access, with patients potentially choosing to access emergency walk in services instead.

Any service offered to people who are asylum seekers or refugees should offer equitable access to appointments both in advance and on the day, and consideration should be given to how to support this group to better access primary care services. Suggestions made by primary care staff include changing the amount of appointments available in advance and making appointment letters available in a number of languages. There is also work referenced which is already being done to support this group, such as texting and calling with reminders.

All groups recognised that there was a lack of awareness amongst the asylum seeker and refugee communities on how to access health services appropriately, which impacts on ease of access. Those in the voluntary sector who support these communities were also unaware of what services are available, with many respondents requesting services be provided which are already provided, such as medical reports to support asylum claims, and limited awareness of which services were accessible at no charge for those who do not have permanent leave to remain.

Current materials for asylum seekers are out of date and unclear. There is no information on eligibility for services.

Up to date materials should be made available in a variety of common languages and made available to both new patients registering with the practice, and to those voluntary and community groups who support asylum seekers and refugees. These materials should cover the broader “how to access services in the UK”, where possible detail what services are available locally.

All materials should be reviewed by representatives from the patient group and the voluntary and community sector to ensure they address the concerns and meet the needs of the patients.

Advocates are heavily involved with the asylum seeker community, and they can act as a conduit for health related information and messages.

Addressing social, cultural and clinical needs

As would be expected, there are many potential issues raised by the diversity of cultural differences and varied expectations from patients of what the health service in England provides, and how to access services. Any service for asylum seekers and refugees should have a good understanding of the social and cultural needs of the cohort and treat them with dignity and respect.

Mental health was raised repeatedly through the engagement and the need to provide holistic support for patients. Consideration should be given to the specific needs of this cohort of patients, who are more likely to have PTSD and other mental health issues, and how those needs can be addressed.

Many of the additional service suggested by both patients and advocates were non-clinical, although would bring benefits to patient health and wellbeing. There are many active and involved voluntary and community services supporting this cohort of patients and strengthening the links between the practice and the voluntary sector would improve the holistic care for patients.

Introduction of the Care Navigation model which has been piloted in mainstream primary care could improve the signposting to these additional services, making it easier for practice staff to be aware of what is available, and referring patients on to services which can meet their non-clinical needs, in an environment which is culturally appropriate and sensitive to the needs of the cohort. This would potentially reduce the need for appointments in the practice, as the patient's non-clinical needs would be met elsewhere.

Both advocates and patients raised that outreach into other services currently in place to support refugees and asylum seekers would be beneficial. This would help to build trust within the community and raise awareness of the specialist services available.

There was resistance from all groups of respondents to the idea of patients currently with specialist services being moved on to mainstream GP services. This was due to their specific, complex needs, both their social needs such as requirement for translation and general understanding of the workings of the health system and those needs relating to their physical health. Although the social aspect could potentially be addressed through intensive support to transition for both patients and mainstream primary care, the specific clinical issues faced by this group, particularly those relating to PTSD, torture and severe abuse were perceived to need specialised support which would not be accessible in mainstream primary care.

Although patients themselves did not object in principle to being moved to a mainstream service, they did not believe they would be able to do so with their immigration status.

Any policy on transitioning patients into mainstream primary care services following change of residential status (e.g. at point of transition from asylum seeker to refugee) must be flexible and clinically led.