Lucy Jones, UK Programme Manager
Dr Jenny Akhurst, Volunteer GP
Doctors of the World
Ensuring no-one is excluded from healthcare

• We treat the patients others can’t or won’t
• We work at home & abroad
• We have 3,000 amazing volunteers
• We witness & engage constructively with policy makers
In Europe we help vulnerable people excluded from healthcare including:

- Undocumented migrants
- People working in exploitative conditions
- Refused asylum seekers
- People who have been trafficked
- Sex workers
- Roma
# Definitions

<table>
<thead>
<tr>
<th>Asylum seeker</th>
<th>Refugee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded.</td>
<td>A refugee is someone whose asylum application has been successful – in other words, who the government recognises would be at risk of persecution in their home country, where they could not rely on their own authorities to protect them. A refugee is given the right to stay in the UK for five years, and to apply for further leave to stay in the UK when that expires.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>‘Illegal’ immigrant-Undocumented</th>
<th>Economic migrant</th>
</tr>
</thead>
</table>
| Someone whose entry into or presence in a country contravenes immigration laws. This may include people who have:  
• Overstayed their visas  
• Entered the country irregularly  
• Been trafficked  
• Been/are being made to live and work in exploitative situations  
• Refused asylum seeker — a person whose asylum application has been unsuccessful and who has no other claim for protection awaiting a decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical for them to return until conditions in their country change | Someone who has moved to another country to work. |
Access to Primary Care – in theory

There are currently NO regulations regarding charging/eligibility.

All GP’s have the discretion to accept or refuse any person as an NHS patient (but they must not discriminate).

Therefore:
• Immigration status & ordinary residence are irrelevant when registering with GP.
• No legislation or statutory guidance suggests people must be resident for a minimum length of time or have a visa in order to access primary care.
Access to Secondary Care – in theory

2004 Department of Health regulations restrict free access for overseas visitors where an overseas visitor is someone who is not considered ‘ordinarily resident’.

New Department of Health proposals will restrict this further – limiting access to those with Indefinite Leave to Remain (ILR).

However, immediately necessary and urgent treatment must be given, regardless of someone’s eligibility to care or their ability to pay. This includes antenatal care.
Exempt categories of **treatment**

- Accident & Emergency (until 2015!)
- STIs (including HIV)
- Continuing course of treatment
- Sectioning under Mental Health Act 1983
- Treatment for infectious disease e.g. TB

Exempt categories of **patient**

- Asylum seekers incl. Sec4/95
- Refugees
- EEA nationals
- Dependency visa
- Work / Student Visa
- Those from countries with bilateral health agreements
- Victims of human trafficking
64% Undocumented
91% Living below the poverty line
39% Required an interpreter
34% Living in unstable accommodation
53% Have experienced violence
4.5 YEARS

AVERAGE TIME SPENT IN THE UK BEFORE SEEKING HEALTHCARE

90% NOT REGISTERED WITH A GP

1 IN 4 HAD BEEN REFUSED HEALTHCARE

1/5 FEARED ARREST IF THEY SAW A DOCTOR
The UK Immigration Bill and DH proposals
The government should:

• consider setting up triage clinics

• impose blanket exemptions for children who need NHS care

• establish a principle of one-way information sharing

• educate the administrators

• impose a rolling impact assessment
Identifying survivors of trauma, trafficking and exploitation

<table>
<thead>
<tr>
<th>Trafficking</th>
<th>Torture</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;the recruitment, transportation, transfer, harbouring or receipt of</td>
<td>&quot;Any act by which severe pain or suffering, whether physical or</td>
</tr>
<tr>
<td>persons, by means of the threat or use of force or other forms of</td>
<td>mental, is intentionally inflicted on a person for such purposes as</td>
</tr>
<tr>
<td>coercion, of abduction, of fraud, of deception, of abuse of power or of</td>
<td>obtaining from him or a third person information or a confession,</td>
</tr>
<tr>
<td>a position of vulnerability or of the giving or receiving of payments or</td>
<td>punishing him for an act he or a third person has committed or is</td>
</tr>
<tr>
<td>benefits to achieve the consent of a person having control over</td>
<td>suspected of having committed, or intimidating or coercing him or a</td>
</tr>
<tr>
<td>another person, for the purpose of exploitation. Exploitation shall</td>
<td>third person, or for any reason based on discrimination of any kind,</td>
</tr>
<tr>
<td>include, at a minimum, the exploitation of the prostitution of others or</td>
<td>when such pain or suffering is inflicted by or at the instigation of or</td>
</tr>
<tr>
<td>other forms of sexual exploitation, forced labour or services, slavery</td>
<td>with the consent or acquiescence of a public official or other person</td>
</tr>
<tr>
<td>or practices similar to slavery, servitude or removal of organs&quot;</td>
<td>acting in an official capacity.&quot;</td>
</tr>
<tr>
<td><em>The Palermo Protocol</em></td>
<td><em>United Nations Torture Convention of 1984</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators may include</th>
<th>Symptoms Commonly Reported Following Torture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor sleep/nightmares</td>
<td>Confusion/disorientation Memory disturbance</td>
</tr>
<tr>
<td>Looks dejected</td>
<td>Impaired reading Poor concentration</td>
</tr>
<tr>
<td>May present as &quot;difficult patient“ – nothing seems to help much</td>
<td>Re-experiencing the trauma Avoidance and emotional numbing</td>
</tr>
<tr>
<td>Wary of authority (or perceived authority)</td>
<td>Hyperarousal Symptoms of depression</td>
</tr>
<tr>
<td>Hesitant or uncomfortable with surroundings</td>
<td>Damaged self-concept and foreshortened future</td>
</tr>
<tr>
<td>Shows anger; dejection; fragility or unassertiveness</td>
<td>Somatic complaints Sexual dysfunction</td>
</tr>
<tr>
<td>Inconsistencies in their account of events</td>
<td>Psychosis Substance abuse</td>
</tr>
<tr>
<td>Headaches, back &amp; neck pain</td>
<td>Neuropsychological impairment Depressive disorders</td>
</tr>
<tr>
<td></td>
<td>Post-traumatic stress disorder Enduring personality change</td>
</tr>
</tbody>
</table>

*The Istanbul Protocol*
Case study—Mental Health

GP registration, primary need is mental health input.

Experienced being tortured in home country by a secretive society which he says has some state official involvement. He reports being taken to a forest and one brother dying as a result of injuries, and another brother who remains at home has subsequently suffered mental health crises.

He managed to get to the UK with the help of someone who then took his passport on arrival. He was not forced to pay back any money or work.

Since that time he has been staying with a friend on and off for four years. He stays there most of the time but has 1-2 episodes of acute mental health crises each month at which time his friend evicts him due to small children in the house. He either sleeps rough or stays at the church when this happens.

Current problems
- Low mood, disturbed sleep, nightmares
- At night he hears voices of the people who tortured him telling him to join the society, occasionally wakes up very distressed, screaming - when this happens his friend asks him to leave the house so he doesn’t scare the children
- Has never been violent towards the children
- Denies any thoughts of suicide or harming himself or harming others
- Wants help

Impression
- Possible PTSD
- May be coexisting depression
- No immediate risks to himself or others

Plan
1. Register with GP and arrange an appointment to discuss mental health
2. Given information for local IAPT to self-refer
3. Given information for local MIND and Samaritans
4. Discussed where to seek help in event of crisis including via his GP or A+E
5. Referred to Refugee Therapy Centre
75% pregnant women without appropriate antenatal care
Case Study-Antenatal care

Rehema fled Uganda a few days before coming to our clinic. She was 7 months pregnant complaining of bleeding and feeling dizzy so we referred her to A&E.

She had been in a forced marriage due to her sexuality and experienced domestic violence.

Her local GP practice wouldn’t register her because she didn’t have proof of address. We advocated to get her registered, referred to vulnerable midwives team, immigration advice and arranged for her to attend her debt advice with Mary Ward Legal Centre when she received the bill.
Case study-Diabetes

A 45 year old Indian gentleman who has been living in the UK for 8 years. He was diagnosed with high BP in 1995, and T2DM in 2004/5. He has never seen a GP in the UK.

FH hypertension (father) and MI (brother died aged 42 years). Medication unconfirmed but reports he is taking Metformin 500mgd, Gliclazide 80mg bd, Omeprazole 10mg od, BFZ 5mg od, Simvastatin 80mg has been getting his medication sent from India.

Problems:
1. T2DM needs diabetes monitoring by GP
2. Hypertension, poorly controlled
3. Perianal abscess
4. Chest pain, likely gastric

Plan:
1. Register with GP, assisted by case worker
2. Flucloxacillin 500mg qds for 7 days for perianal abscess, to see GP if not resolving
3. Issued with bendroflumethiazide 5mg od given very high BP today, advised to see GP or attend A+E if develops headache/vomiting/blurred vision. GP to follow up BP.
4. Will need blood tests, diabetic monitoring and follow up from GP - given letter to take with him. BP 190/112.
Outcome of infectious disease screening at DOTW clinic 2011-13

- **87%**: None
- **6%**: HBV
- **3%**: STS
- **2%**: HIV
- **2%**: Other
What can you do?

- Check registration requirements in your practice
- Resources-handouts available
- Volunteer!

Lucy Jones
UK Programme Manager
Doctors of the World UK

020 7515 7534
ljones@doctorsoftheworld.org.uk