

**Access to GP Services for Refugees
and People Seeking Asylum in Salford**

**Community Research Report
Executive Summary**

**United for Change Health Group
December 2013**

Acknowledgements

United for Change thanks the organisations that helped facilitate this research: Salford Forum for Refugees and People Seeking Asylum, Revive, Rainbow Haven, and Refugee Action. The research was led by the United for Change Health Group and the report was written by the Regional Asylum Activism Project.

For a copy of the Full Report, please email: northwest@regionalasylumactivism.org.

1. Introduction

This research is designed to explore the experiences of refugees and people seeking asylum when visiting their GP in Salford. This is in response to widespread concerns that this group experience multiple barriers to accessing appropriate healthcare in the UK. The research was also launched in response to the closure - in August 2012 - of the Horizon Centre, a GP practice specialising in the treatment of people seeking asylum. Members of United for Change are concerned that this has had a negative effect on healthcare received by people seeking asylum.

United for Change is a coalition of organisations, individuals and forums that support refugees and people seeking asylum within Greater Manchester. It takes action on issues of destitution; on promoting and protecting human rights; improving public awareness; and campaigning for change to policies and systems in relation to the welfare of refugees and people seeking asylum.

The United for Change Health Group brings together representatives from the refugee community, the voluntary sector and healthcare professionals.¹ The research was carried out by community researchers with direct experience of the asylum process. This helped establish trust with respondents and helped give participants the confidence to share their experience.

2. Background

i) Refugees and people seeking asylum in Salford

People seeking asylum have been forced to flee their home countries due to conflict and persecution. Many arrive in the UK after having been threatened, detained, beaten or tortured. An asylum seeker is someone who has made an application for refugee protection and is awaiting a decision on that application. Those who seek refugee protection are exercising a legal right under the 1951 Refugee Convention.² A refugee is somebody whose application for refugee protection has been granted. Refugees and people seeking asylum are distinct from economic migrants from EU countries and elsewhere.

In 2012, the UK recorded 21,785 applications for refugee protection. As of the beginning of 2012, the population of refugees, pending asylum cases and stateless persons in the UK made up just 0.27% of the population.

There are currently 5,009 registered **people seeking asylum** resident in the North West region. Liverpool has the largest group, with 1,172 people; there are 648 people seeking asylum in central Manchester, and further groups in the other boroughs of Greater Manchester, and in Blackburn with Darwen.³ The most recent statistics from the Home Office suggest that there are **536 people seeking asylum currently registered as resident in Salford**.⁴

It must be made clear that while people *registered* as seeking asylum (based on those in receipt of Section 95 support) constitute a small group, there are also considerable numbers of people whose application for asylum have been refused by the UK government, and who have exhausted their appeal rights, yet are unable to return home. This group largely do not have recourse to public funds for financial support or accommodation, but *are* currently entitled to primary healthcare. Refused/ appeal rights exhausted asylum seekers are forced to sofa-surf in the homes of family and friends, use shelters run by charities and faith groups or become street homeless. People in this situation are extremely vulnerable. They can be subject to hate crime and can be easily exploited in exchange for shelter or food. Despite being the most vulnerable, this group are the least likely to gain access to healthcare.

Research recently carried out by the British Red Cross and local partners estimates that there are **2,000 destitute refugees and people seeking asylum in Greater Manchester**. Of these, approximately 40% have been destitute for two or more years, and a shocking 10% have been destitute for 10 years or more.⁵ Many of these are the victims of administrative delays.⁶ According to British Red Cross, this amounts to a humanitarian crisis on our streets.

Why are so many people who seek asylum refused? Many people have been refused because they could not access legal advice or could not prove their stories. There is a strong culture of disbelief⁷ towards those who claim asylum in the UK, leading to an adversarial and often hostile asylum system, where people can find it very difficult to disclose what has happened to them. Additionally, when the evidence is thousands of miles away, people find it very difficult to prove their stories. Without their need for protection being properly recognised, people who seek asylum

¹ For more information, contact: unitedforchange01@gmail.com / See: <http://www.revive-uk.org/united-for-change/>

² See: <http://www.unhcr.org/pages/49da0e466.html>

³ Based on the number of asylum seekers in receipt of Section 95 support, Asylum Data Tables Immigration Statistics, April – June 2013.

⁴ As above.

⁵ See: <http://www.redcross.org.uk/About-us/News/2013/October/Refugees-destitute-for-years>

⁶ There are an estimated 32,600 cases caught up in the 'legacy' case backlog which remain unresolved (applications made before 2007).

⁷ The Home Affairs Select Committee published an Inquiry on Asylum in October 2013, which included the recommendation: "*The task of staff examining claims for asylum is to judge fairly, not to make it as difficult as possible for asylum claims to be made [...] it is not their role to aim to reject cases, and the culture of disbelief that has raised has no place in fair judgements.*"

remain fearful of returning home. Others cannot go back, because they are stateless, or their government will not issue travel documents.

Why are they made destitute? This is the result of a deliberate policy which the UK government has been operating for some time. It is based on the assumption that the introduction of punitive measures - such as reducing access to support and public services - would deter people from applying for asylum, and encourage more people to return home.⁸ Not only is this policy inhumane; it is also based on flawed logic and fundamentally does not work.⁹

The number of **refugees** in Salford is difficult to estimate as census data does not gather information about immigration status, and people may choose to move out of the Salford area on receiving Refugee status. The Gateway Protection Programme is operated by the Home Office in partnership with the United Nations High Commissioner for Refugees (UNHCR). The programme was established in 2004. It offers a legal route for a quota of up to 750 UNHCR-identified refugees to resettle in the UK. Local authorities voluntarily participate in the programme to help provide sanctuary for refugees who come from some of the most troubled parts of the world. Refugee Action is the principal voluntary sector provider for the programme.

ii) Healthcare for refugees and people seeking asylum

What entitlements do refugees and people seeking asylum have to healthcare, and what barriers do they experience to accessing healthcare?

All refugees and people seeking asylum - including those who have been refused - are *currently* entitled to free primary healthcare. Refused asylum seekers who do not have access to statutory support (e.g. Section 95 or Section 4 support) are charged for secondary healthcare, although treatment should not be denied if their condition requires urgent or immediately necessary care.

Access to GP services - Despite being entitled to primary healthcare, people seeking asylum encounter significant barriers to accessing GP services. This is evidenced by research from across the country. Difficulties accessing GP services lead to increased A&E admissions, delayed treatment, and, ultimately, higher costs.

Diagnosis and treatment of infectious diseases - The barriers experienced by people seeking asylum in accessing GP services can result in late treatment. This can affect their own health and that of the wider community, for example, through the spread of communicable diseases.

Maternal healthcare - GPs are by far the most common referral route for maternity services, and early access to screening and risk assessment is key to ensuring the health of pregnant women and their children. Shocking research from the Royal College of Obstetricians and Gynaecologists found that pregnant asylum seeking women are *seven times more likely* to develop complications during childbirth and *three times more likely to die* than the general population.

Mental health - People seeking asylum are vulnerable to significant mental health challenges. These may include post-traumatic stress disorder; severe depression; and anxiety. This is exacerbated by feeling a lack of control over their circumstances (having no choice over where to live, no right to work, and risk of destitution); and separation from culture, language, family and friends, which means their usual avenues of support are unavailable. Stresses are not only in relation to pre-exile experiences including imprisonment, war, rape and torture, but also exile and post-exile stress. The re-telling of their experiences can be re-traumatising especially when people are not believed and spend prolonged periods awaiting decisions on their application for asylum. This is evidenced by the Royal College of Psychiatrists, which notes that "The psychological health of refugees and asylum seekers currently worsens on contact with the UK asylum system."

Confusion over entitlements and the proposed introduction of charging for primary healthcare - In 2012, the Department of Health stated that there was "confusion among both GPs and PCTs" in relation to the current entitlement to free healthcare. It also noted "a prevailing incorrect belief that a person must be ordinarily resident in the UK in order to qualify for free primary medical services. Some practices have deregistered or failed to register people they believe to be 'ineligible' in some way due to their immigration status. This has resulted in legal challenges from those denied access."

It is important to note that proposals contained in the **Immigration Bill** (brought before Parliament on the 10th October 2013) pave the way for the introduction of charging for access to primary or emergency care for anyone who does not have 'Indefinite Leave to Remain' in the UK. Some exemptions would apply to people seeking asylum. However, if introduced, we are deeply concerned that such measures will increase confusion over entitlements and lead to

⁸ In 2007, the Parliamentary Joint Committee on Human Rights, commented: "We have been persuaded by the evidence that the government has indeed been practicing a deliberate policy of destitution of this highly vulnerable group."

⁹ There is little evidence that people who seek protection in the UK are even aware of our benefits system before they arrive here. Indeed, many people do not even know which country they will end up in when they flee their home country – they are looking for safety.

vulnerable people being denied access to primary healthcare because they cannot prove entitlement, do not qualify, or are wrongly refused access by healthcare professionals.

GPs and correspondence with the Home Office/ other authorities - GPs represent an important gateway to welfare support for people seeking asylum. They are also an important source of information that can determine how a person is treated at various points in the asylum process. It is vital that GPs have an awareness of this.

iii) What GP services are available for people seeking asylum in other areas?

A number of cities currently benefit from specialist GP services for people seeking asylum.¹⁰ There are numerous benefits to having specialist services, including:

- GPs developing more knowledge about the treatment of certain conditions such as PTSD;
- GPs having greater understanding of the asylum process and being better equipped to deal with requests for information from the Home Office;
- All staff being more equipped to communicate with and support asylum seeker patients (e.g. knowing what identification or proof of address to ask for and familiarity with using interpretation services);
- All staff being better equipped to signpost patients to other sources of support;
- Economies of scale in developing support in a single defined location easily identifiable and accessible to patients.

iv) What GP services are available in Salford for refugees and people seeking asylum?

The **Horizon Centre** was a GP practice specialising in the treatment of people seeking asylum in Salford. It was closed in August 2012. The Horizon Centre was established in 2004 to support the primary health care needs of people seeking asylum in Salford. It provided specialist support to these patients; giving a high standard of service in a sympathetic and culturally sensitive way. Staff at the centre had a huge wealth of experience in supporting this group and offered a holistic approach to the complex issues patients presented with.

GPs at the centre were experienced in the management of distressing situations and the impact these can have on health. The team commonly diagnosed and managed Post Traumatic Stress Disorder and dealt with cases of torture, depression, anxiety, anger issues, bereavement, sexual assault and child and adolescent mental health. The Horizon Centre was also pro-active in liaising with other asylum organisations and the Department of Health in order to provide the most appropriate level of care for its patients. Senior local psychiatrists admit they have less experience in managing PTSD than that developed by the Horizon team. Despite a high risk population, there were no suicides amongst the patients at the Horizon centre over the eight years of its existence.

Patients who used the Horizon Centre benefited from easy access to a range of other services that were housed within the same building, which were key to helping those who were newly arrived to orientate themselves in a new environment and tackle feelings of isolation. These services included counsellors, support workers, a wellbeing project, pharmacy, complimentary therapies and a Citizen's Advice Bureau.

The Horizon Centre emerged to address specific health and social care needs which other GPs were previously struggling to meet. Additional public health needs were also identified - such as TB screening, which was done in-house. These needs have not gone away in the intervening years, and it was a source of real concern to the local asylum community and support organisations when the announcement that the Horizon Centre would be closing was made. There were concerns that other local GP practices would not have the same level of understanding of people seeking asylum and would therefore be unlikely to make appropriate provisions, particularly in relation to mental health needs. Support organisations believed that the amount of extra care these patients require would be overwhelming to local GP practices that do not have specialist understanding of the complex legal processes and structures of the asylum process. It was also anticipated that GPs would be required to respond to Home Office letters and requests on a regular basis; putting extra pressure on their practices. There was a concern that the level of access to interpretation services would be compromised if patients were spread across a number of practices. There was also concern that destitute asylum seekers - a group who are vulnerable on a number of levels and often suffer from specific health conditions associated with homelessness - would be unable to register at other GP practices in Salford.

The Horizon Centre was replaced by a **Locally Enhanced Service** which was tasked with ensuring registration of asylum seekers arriving in Salford at a few selected practices where they could access health screening and additional support over their first year of living in Salford. This should include TB and blood-borne virus testing and an in depth mental health history with appropriate referral. The Tier Two service takes referrals for mental health support.

¹⁰ For example, Bevan Healthcare Cic in Bradford, The White House in Huddersfield, and the Mulberry Practice in Sheffield.

The pre-existing **Gateway LES** for refugees who receive their leave to remain in the UK before arriving is a successful project. It entails follow-up of pre-existing medical problems already assessed and identified before coming to the UK. This group are automatically entitled to benefits and have additional support (caseworkers and volunteers) to help arrange their care.

3. Methodology

The research was designed and carried out by members of the United for Change Health Group, and local partner organisations. Many of the questions used were modelled on The GP Patient Survey from NHS/ IPSOS Mori.¹¹ Advice on the questionnaire's structure was received from the Voluntary and Community Sector research specialist at GMCVO.¹² The majority of questions are of a qualitative nature.

Individuals attending drop-ins and community meetings at refugee support organisations were asked to complete the questionnaire (including Revive, Salford Forum for Refugees, Refugee Action and Rainbow Haven). Only those resident in Salford were asked to take part. In the majority of cases the questionnaire was completed as an interview, with a community researcher from United for Change asking the questions and completing the questionnaire on behalf of the respondent. Interpreters were used where necessary. Those respondents with a good level of English language proficiency completed their own questionnaire. Some of the questionnaires from Gateway Resettlement Programme clients were completed by phone. Using **Community Researchers from United for Change** who had direct experience of the asylum process helped establish trust with respondents and helped give participants the confidence to share their experience.

A total of 46 questionnaires were completed. This is a relatively small sample size, which reflects the limited resources we had available. As such, this report is intended to be a barometer of the current situation. It points to areas of concern that need immediate attention, and indicates issues that require further analysis by the appropriate bodies. It must be remembered that **local commissioners promised to review the new locally enhanced service after 6 months**, which would have been in early 2013. The review has not yet taken place, nor, as far as we are aware, is there a clear plan to undertake one. **This research is not a substitute for that review.**

4. Summary of Findings

A total of 46 questionnaires were completed. Respondents can be split into two groups:

1. Members of the **asylum seeking community** in Salford, a number of whom are new arrivals (hereafter 'people seeking asylum'). This group is spread across Salford and registered at a number of practices, but a significant proportion of these will be patients who should be covered under the LES (Locally Enhanced Service). 27 responses were received from this group. 81% (22 people) of these had formerly been patients at the Horizon Centre. A number of respondents (40%) are now registered at the Salford Health Matters Willow Tree practice. 18 respondents were male, and 9 were female. Their ages ranged between 18 - 54, with the majority of respondents being in the 35-44 age range, which is consistent with the demographics of people seeking asylum in the UK.
2. **Refugees** who have been resettled in Salford through the Gateway Refugee Resettlement Programme (hereafter 'Gateway Refugees'). This programme has a separate dedicated LES which is designed to cater to the needs of these patients. A total of 19 responses from Gateway refugees were received. 10 of these were male, and 9 were female. Their ages ranged from 18 – 84 years old, but the largest group of respondents were aged 25 – 34 (7 out of 19 people) and 35 – 44 (6 out of 19 people). 8 respondents were registered at the Lakes Medical Practice. None of these had formerly been Horizon Centre patients as they received Refugee status before arriving in the UK.

There are a wide range of factors affecting the health and wellbeing of refugees and people seeking asylum. There are aspects of the asylum system itself that can be extremely detrimental to people's health and wellbeing. Indeed, people who are still awaiting a decision from the Home Office often experience anxiety and a sense of powerlessness over the outcome of their case; uncertainty over where they will be living (no choice dispersal accommodation) and a sense of loss over separation from support networks, family and friends. Many receive a low level of financial support which is not sufficient to meet their basic needs, or are even destitute and surviving on Red Cross food parcels or other charitable donations. They may be subject to hate crime and can be easily exploited in exchange for shelter or food. Despite *currently* being entitled to primary healthcare, people seeking asylum encounter significant barriers to accessing GP services.

¹¹ See: <http://www.gp-patient.co.uk/>

¹² See: <http://www.gmcvo.org.uk/researchnetwork>

What has changed since the Horizon Centre closed?

People who had formerly been patients at the Horizon Centre were overwhelmingly positive about their experience of visiting the GP there. The main difference identified was that staff had an **understanding of the asylum system**; that they displayed a **high level of care and concern** towards patients; and that they **gave patients enough time**.

“They helped with two hands”

“The way they listen and care about you as human beings.”

“Horizon Centre were giving time to explain your problems.”

“Horizon Centre had an expertise in asylum seekers and refugees health needs.”

Accessing GP services and making appointments

The majority of people seeking asylum who took part in this research (63%) **found the process of registering with their GP not very easy or not at all easy**. The main reason for not finding it easy was **difficulties in finding acceptable proof of address**. Gateway Refugees, on the other hand, found this process easy or very easy, mainly because they have the assistance of their caseworker and access to an interpreter.

The vast majority of people seeking asylum (73%) **find the process of booking a GP appointment not very easy or not at all easy**. The most common reason for this is the **telephone booking system**. People find this difficult to use; say it prevents them from accessing an interpreter (as they have no way to ask for one); and that being unable to pay for phone credit can prevent them from booking an appointment. This is a serious concern. Many Gateway Refugees had not booked an appointment themselves, but had help to do this. However, those who had booked an appointment without help found it not very easy. This is particularly the case for those with a low level of English language proficiency.

“Not enough time with GP. See different doctor each time. Staff aren’t friendly. They laugh at me. I don’t like booking appointment; it’s too hard over phone.”

“I find the phone booking system really difficult. How can I tell them I need an interpreter when we speak over the phone?”

“The receptionist tells you you don’t need to see the doctor. How do they know?”

Positively, **most people seeking asylum (66%) got an appointment the same day or the next working day**. Some received an appointment a few days later or a week or more later (34%), and just over half of these said they felt this was not satisfactory. Respondents commented on the fact that it takes too long to get an appointment when you are very unwell, and also said they felt it was not satisfactory to only have a telephone appointment.

Just under half of **Gateway Refugees** were offered an appointment a week or more after initially contacting the surgery. Most said they felt **the amount of time it took to get an appointment was satisfactory**, while **some said this was not satisfactory**. This was especially the case when people felt they had an urgent need for care. There is a role here for support projects to help refugees and people seeking asylum to understand the health system better (including their rights and responsibilities), and understand when to ask for an urgent appointment.

42% of people seeking asylum feel **not very welcome or very unwelcome when visiting their GP**. This suggests that **the experience of visiting the doctor is not a positive one for a significant number of asylum seekers**. Respondents commented on the **unfriendliness of staff**, the feeling that **everyone is too busy to help**, and **not feeling cared for**. This again contrasts with the experience of **Gateway Refugees**, where all respondents **felt either very welcome or fairly welcome**.

“If they don’t care about you how could you feel welcome?”

“Not very welcome – the reason is unknown but I feel they look very angry on me without any reason.”

38% of people seeking asylum said they found the **receptionists not very helpful or not at all helpful**. The reasons ranged from respondents feeling receptionists **didn’t understand them**, or receptionists being **unhelpful**, through to receptionists **expressing anger towards them**, which is an alarming finding. This contrasts sharply with the experience of **Gateway Refugees**, where all respondents either said they **found receptionists at the GP surgery very helpful or fairly helpful**.

“They laugh at you if you can’t speak English”

“Not helpful – they don’t tell what you should do even when you want your medication. They don’t care.”

“None of the staff is happy to see asylum seekers. They show their anger towards us and are irresponsible.”

Your last GP appointment

For people seeking asylum, the responses are fairly evenly split between people feeling that the doctor was good or poor at giving them enough time. The responses from **Gateway Refugees** were different, with the vast majority feeling their **doctor was either very good or good at giving them enough time**. Feedback from this group is more consistent with national ratings for GP Patient Satisfaction Surveys.

Almost half of people seeking asylum felt their doctor was either poor or very poor at listening to them. This has potentially serious consequences, both in terms of coming to an accurate diagnosis and in terms of the level of confidence people have in their GP. **Gateway Refugees were overwhelmingly positive about how much they felt their doctor listened to them.**

While several **asylum seekers** felt that their GP was good or very good at explaining tests and treatments to them, the largest group of respondents **said they felt their GP was poor at explaining tests and treatments to them**. This is a real concern as it may have an impact on patient safety and limit the level of choice patients can exercise over their healthcare. **Gateway Refugees** overwhelmingly felt their **GP was good or very good at explaining tests and treatments to them**.

While well **over half of people seeking asylum felt their GP was poor at involving them in decisions about their care, this was reversed for Gateway Refugees**, with more than half of respondents saying they felt their GP was very good at involving them in decisions about their care. **Over half of people seeking asylum said their GP was poor at treating them with care and concern**. Again, this **contrasts with Gateway Refugees**, where the vast majority of respondents felt their GP was good or very good at treating them with care and concern.

The majority of people seeking asylum had confidence in the GP they saw for their last appointment. However, 10 out of 26 people responded 'no, not at all'. Respondents said the GP doesn't listen or give them enough time to explain. Of these responses, the most alarming is one where a respondent suggests their GP failed to diagnose their diabetes. **Gateway Refugees all said they had confidence and trust in their GP**, either definitely or to some extent.

*"I don't feel confidence in my doctor because my GP doesn't pay proper attention to my care and didn't pick up on my diabetes which caused me to have kidney problems which were picked up on in the hospital."
"If they don't understand and give you time to explain your problem how can you feel confident?"*

Emotional Distress

An equal number of respondents said they felt fairly confident **discussing emotional distress** with their GP (10 out of 26 people) to the number who said they felt not very confident. **The main reason given for not feeling confident was the feeling that the doctor didn't listen to them**. Because of the mental health issues many people seeking asylum experience, it is vital that people feel able to disclose and explore this with their GP. The majority of Gateway Refugees felt very confident about discussing emotional distress with their GP, but this **would depend on having access to a good interpreter**.

The majority of people seeking asylum who had told their GP they were experiencing emotional distress felt either not very satisfied or very unsatisfied with their GPs response. This is a worrying finding. The vast majority of Gateway Refugees had not told their GP they were experiencing emotional distress, so this question did not apply to them. Those who did tell their GP they were experiencing emotional distress said they were very satisfied with the response.

*"I feel that I can't explain anything because of how they treat you"
"I have depression and I have stomach ache, but my doctor only gives me tablets for my stomach"*

Language Needs

The **use of an appropriate interpreter** can play a key role in the quality of a person's care, and is crucial when it comes to accurate diagnosis and ensuring patient safety by explaining treatment. 54% of people seeking asylum said they have additional language needs. Of these, **64% respondents had been offered an interpreter, leaving 36% who had not**. The main issue identified by respondents was that they felt **having a telephone interpreter was not as good as having a face to face interpreter**, others (who were not offered an interpreter) said they felt their basic grasp of English was not strong enough for them to understand technical terms. The vast majority of **Gateway Refugees** said they had language needs. All **had been offered an interpreter for GP appointments** or found an interpreter wasn't necessary (two people were able to speak directly to their Arabic doctor).

Of those people seeking asylum who responded to say they had additional language needs, **79% had not been offered a longer appointment** to facilitate interpretation. Just under half of respondents Gateway Refugees had been offered a longer appointment, while some said this wasn't necessary for them.

*"My English is OK but I couldn't understand everything, especially technical terms"
"They don't provide an interpreter but I'd mentioned 2-3 times"*

GP Letters to the Home Office

This question was only of relevance to people seeking asylum, as the status of Gateway Refugees is already confirmed. Only 23% of respondents (6 people) had ever asked their GP for a letter to the Home Office. Of these 6 people, 2 found their GP helpful in providing the information that was needed, while 4 did not. **The number of respondents to this question is small, but it is still concerning that two thirds did not find their GP willing to provide the information required.** The main reason given was that their GP did not understand what was required.

Of the 6 people who have ever asked their GP for a letter to the Home Office, 2 had been asked to pay for their letters, while 4 had not. Although the number of respondents to this question is small, it is positive to note that **the majority were not asked to pay for letters. However, meeting these costs can be extremely difficult for those who are charged.**

Other issues affecting your health

A key factor in improving the wellbeing of people seeking asylum and something which helps them to be more resilient is having access to alternative sources of support (e.g. advocacy and practical help from voluntary organisations and faith groups, or befriending projects). GPs can be an early point of contact for people who are new to an area, and can play a vital role in signposting and referring patients to ensure they receive more holistic support. **The vast majority of respondents (92%) said their GP does not suggest other sources of support and advice.** A more holistic approach to health and wellbeing was something that many respondents valued about the service at the Horizon Centre.

A number of people declined to **describe their health since they made an asylum application to the UK.** Of those who did answer, **none of the respondents felt their health was better than before.** Multiple factors may be at play here, but it is alarming to note that many people feel their health has become worse since coming to the UK, despite having left distressing situations or conflict in their home countries. **The majority of Gateway Refugees said their health is now better than before they came to the UK,** and the second largest group said their health was the same as before. This is because people feel safer and say their living conditions are better across the board.

The most common problem experienced by people seeking asylum during their time in the UK was worry about their asylum application (28% of replies); feeling stressed about starting a new life in the UK (22%), and not having enough money to buy proper food (17%). Other common problems included being destitute - either now or in the past - (13%) and experiencing poor housing conditions (11%).

"I worry about my family back home. I don't have permission to work and can't send money back home. There's no one else to look after them."

While a number of **Gateway Refugees** said they hadn't experienced any particular problems (or did not experience those that were listed), **the most common problem was feeling stressed about starting a new life in the UK.** This included concern for family back home.

"I still have one son left in refugee camp. This worries me constantly and I cannot eat through stress"

5. Conclusions

It is clear that there are many benefits to having a GP service that specialises in the treatment of people seeking asylum. From GPs and staff having a greater understanding about the asylum process, through to specialisms in supporting those with conditions such as PTSD, this knowledge and expertise is extremely important when supporting such a vulnerable group. A service accessible across Greater Manchester would be flexible to the needs of patients who may frequently move addresses or may be destitute and have no fixed address (allowing them to maintain contact with a GP with whom they have developed trust). It would also allow the service to take referrals from a wider range of agencies and support projects.

Gateway Refugees receive joined-up support from resettlement caseworkers and volunteers, and have better access to interpreters. They have a much more positive experience of the healthcare system as a result. It is clear that more

investment in a service of this kind for people seeking asylum would massively improve this group's health outcomes. Caseworkers also play an important role in helping refugees and people seeking asylum understand how healthcare services work in the UK and advocate for their health needs - which can ultimately help reduce costs (e.g. by reducing unnecessary A&E admissions).

6. Recommendations

Recommendations for implementation locally

- Establish a specialist service for people seeking asylum which is accessible for patients from across Greater Manchester, located centrally near support agencies or within them as a one-stop holistic approach.
- Replicate the successful Gateway Refugee Resettlement model by investing in:
 - Caseworker support for people seeking asylum;
 - Better access to interpreters;
 - Improved liaison with GPs and their staff around the particular needs of people seeking asylum.
- In the short term, Commissioners to carry out a full review of the Salford LES service for asylum seeker patients immediately and respond to the recommendations contained in this report.
- In the short term, access to local GP services and quality of care for people seeking asylum should be improved in the following ways:
 - Mandatory training about the asylum system and the needs of people seeking asylum for GPs and receptionists who are delivering the Salford LES for asylum seeking patients;
 - Improve communication with asylum seeker patients so they feel welcome and cared for when visiting the GP;
 - Greater flexibility around identification and proof of address required to register with a GP;
 - Implement an alternative to the telephone appointment booking system;
 - Better access to face to face interpreters and longer appointments to facilitate interpretation;
 - Better information/ support to GPs about giving patient information to the Home Office (risks and responsibilities);
 - Greater focus on safeguarding of vulnerable patients, especially those experiencing emotional distress;
 - More proactive approach to referrals to Tier Two service and other agencies (e.g. Freedom from Torture)

Recommendations for implementation nationally

- The Government should drop its plans to introduce charging for primary and emergency care for those without indefinite leave to remain and continue to provide healthcare on the basis of medical need, not the ability to pay.
- The Government should amend policies which negatively impact on the health of people seeking asylum (e.g. by improving decision making to ensure protection for all those who need it; increasing asylum support so people can properly meet essential living needs; and allowing people seeking asylum permission to work after six months if they have not had a decision on their claim). This should include implementing the relevant recommendation from the Cross-Party Parliamentary Inquiry into asylum support for children and young people (January 2013) and the Home Affairs Select Committee report on asylum (October 2013).
- At a national level, replicate the successful Gateway Refugee Resettlement model by investing in:
 - Caseworker support for people seeking asylum;
 - Better access to interpreters;
 - Improved liaison with GPs and their staff around the particular needs of people seeking asylum.