

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

**Community Research Report  
Full Report**

**United for Change Health Group  
December 2013**

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## 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.

## 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> The most recent statistics from the Home Office suggest that there are **536 people seeking asylum currently registered as resident in Salford**.<sup>4</sup>

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

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

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

<sup>4</sup> As above.

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.<sup>5</sup> Many of these are the victims of administrative delays.<sup>6</sup> 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 disbelief<sup>7</sup> 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 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.<sup>8</sup> Not only is this policy inhumane; it is also based on flawed logic and fundamentally does not work.<sup>9</sup>

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

### a) What entitlements do refugees and people seeking asylum have to healthcare, and what duties does the NHS have?

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

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

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

<sup>7</sup> 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.*"

<sup>8</sup> 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."

<sup>9</sup> 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.

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.

### **b) What barriers do refugees and people seeking asylum experience to accessing healthcare?**

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. For instance, a survey conducted by Doctors of the World in 2012 found that 73% of the 1,449 patients they saw in London were not registered with a GP even though they were eligible. More than 50% had a poor understanding of their rights and the rules of the system and 40% had problems gathering the documents required to obtain healthcare. Approximately 20% stated they did not seek care because they were afraid of being reported to the authorities and being arrested. In 21% of cases, patients had been denied access to healthcare by a health professional in the last 12 months.<sup>10</sup>

Similarly, data collected from 112 asylum seekers at a specialist clinic in Brixton found that 54% of patients had been turned away, often more than once, from mainstream GP surgeries in the UK. This despite the fact that just under 25% of the group displayed symptoms consistent with post-traumatic stress disorder and 35% of cases were assessed as being at significant risk of suicide. Fifteen members of the group had a communicable disease, while ten were pregnant women.<sup>11</sup>

Difficulties accessing GP services lead to increased A&E admissions, delayed treatment, and, ultimately, higher costs.

### **c) Diagnosis and treatment of infectious diseases**

The barriers experienced by people seeking asylum in accessing GP services can result in late treatment which endangers their health and that of the wider community, and greatly increases the costs to the NHS.

Around a quarter of people living with HIV in the UK do not yet know they have it and, in 2011, 47% of people newly diagnosed with HIV were diagnosed late. The problem of undiagnosed and late diagnosed HIV is most severe in migrant communities. For example, in 2011 over 60% of African-born men and women were diagnosed with HIV late, meaning after they should have already started treatment.<sup>12</sup>

GP surgeries are a key place where HIV awareness-raising, testing and treatment takes place. NICE guidelines instruct GPs to offer an HIV test to all patients from high prevalence countries and all new registrants living in parts of the UK with elevated HIV prevalence, in addition to those who are showing symptoms of potential HIV infection. The routine offer of a test from a GP is extremely important because people from BME communities, in particular, are unlikely to seek an HIV test from a sexual health clinic. Increasing offers and uptake of HIV testing to migrants within a primary care setting is therefore vital to decreasing rates of late HIV diagnosis and the related costs to the NHS.

Similar risks exist around infectious diseases and the protection of public health. As referenced above, data collected from 112 asylum seekers at a specialist clinic in Brixton found that more than half had not been able to register at GP surgeries in the UK; but after testing it was

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<sup>10</sup> Doctors of the World, *Access to Health Care for Vulnerable Groups in the EU in 2012*, 2012, p. 7-9. This research covers both migrants and asylum seekers.

<sup>11</sup> Polly Nyiri, *A specialist clinic for destitute asylum seekers and refugees in London*, BJGP, November 2012.

<sup>12</sup> Health Protection Agency, *HIV in the United Kingdom*, 2011.

discovered that 18% had at least one serious communicable disease (five were HIV positive, six had acute hepatitis B, two were infectious for hepatitis C and three had active TB).<sup>13</sup>

#### d) 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.<sup>14</sup>

#### e) 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.

Most surveys will underestimate the number of people seeking asylum who have mental health issues because very few will report or admit to this type of problem. However, the Royal College of Psychiatrists noted that “The psychological health of refugees and asylum seekers currently worsens on contact with the UK asylum system”<sup>15</sup> and a survey of 115 destitute asylum seekers conducted in Scotland in 2012, identified that 23% of the survey group had mental health issues.<sup>16</sup>

Similarly, research in 2012 on the experiences of 67 women who had been refused asylum found that 97% were depressed and 63% said they had thought about killing themselves.<sup>17</sup> A survey of 20 destitute refused asylum seekers who were represented by the Asylum Support Appeals Project between July 2011 and January 2012 found that a total of 45% were suffering from mental or physical health problems.<sup>18</sup>

#### f) 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.”<sup>19</sup>

The **Immigration Bill**, brought before Parliament on the 10<sup>th</sup> October 2013, details a range of new legislative measures designed to restrict the access of migrants to a number of different public services. Proposals contained in the Bill 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.

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<sup>13</sup> Polly Nyiri, A specialist clinic for destitute asylum seekers and refugees in London, BJGP, November 2012.

<sup>14</sup> Centre for Maternal and Child Enquiries (CMACE), 2011, Perinatal Mortality 2009: United Kingdom, London: CMACE

<sup>15</sup> The Royal College of Psychiatrists (RCP), Improving services for refugees and asylum seekers: position statement, Summer 2007.

<sup>16</sup> Morag Gillespie, Trapped: Destitution and Asylum in Scotland, September 2012, page 41.

<sup>17</sup> Women for Refugee Women, Refused: the experiences of women denied asylum in the UK, May 2012.

<sup>18</sup> ASAP, UKBA decision making audit – One Year on, Still no Credibility, November 2012.

<sup>19</sup> Department of Health, 2012 Review of overseas visitors charging policy, Summary report, April 2012, para.21

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 vulnerable people being denied access to primary healthcare because they cannot prove entitlement, do not qualify, or are wrongly refused access by healthcare professionals. Many others, both with and without entitlement, will simply not access GPs because of the multiple barriers presented by the registration/ charging process.

As noted above, this has serious implications for both the physical and psychological health of individuals, and for public health at large. With delayed access to healthcare aiding the spread of communicable diseases, and limited access to immunisation programmes, the risk of epidemics rises. Such a scenario is also unlikely to be cost effective, as individuals will be forced to wait until their health deteriorates and then present in A&E, where it will be both more difficult and more expensive to treat them.

On 28 August 2013, Dr Mark Porter, the Chair of the BMA Council, described the proposals as “impractical, uneconomic and inefficient” and warned that they “could have an impact on the care all patients receive.”

On 30 December, the Department of Health announced how it intends to use the powers in the Bill for charging migrants and visitors for access to healthcare. While the announcement that GP consultations will remain free is welcome, it is still concerning that the Department of Health intends to introduce charges for some aspects of primary care and all A&E treatment.

Reviewing patients’ immigration status would be time consuming and frustrating for both patients and NHS staff. Such checks are also likely to undermine the doctor-patient relationship. In particular, it is likely to discourage vulnerable groups from accessing primary healthcare, because they are concerned about their immigration status or because they cannot afford to pay treatment recommended by their GP. Creating obstacles to primary health care fundamentally undermines the objective of providing an efficient and effective healthcare system.

Furthermore, clinicians will often need to be involved in deciding whether a chargeable non-EAA visitor who is unable to pay for care should still be treated because their condition requires immediately necessary or urgent care. Where this does not happen, the long term health of the individual is put at risk. Where it does take place it makes the charging system both inefficient and expensive, particularly where a clinician identifies symptoms which could be life threatening, undertakes tests, but then does not treat the problem because it has not yet reached the threshold of ‘urgent’ or ‘immediately necessary’. In this way, administrative and clinical time is wasted and the migrant is still likely to return to A&E when their health deteriorates, and the whole process will be repeated.

(See Appendix 2 for further information).

#### **g) 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. For example, when an asylum seeker is in poor health, their GP may contact the Home Office to request that their reporting requirements are reduced or temporarily suspended, they may also intervene if a person is experiencing severe mental health issues and are at risk of being detained.

As the providers of frontline services to refugees and people seeking asylum, GP's need to be very aware that their patient may be a victim of torture and take appropriate time and measures to assess this and make referrals to suitable services for specialist support.<sup>20</sup> Similarly, victims of domestic violence who are seeking permission to remain in the UK after the breakdown of a relationship with a partner who sponsored them (i.e. named them as a dependent in their application for asylum) also need evidence of that violence, which will usually come from a GP.

Destitute refused asylum seekers may be eligible for limited Section 4 support if they can obtain the appropriate medical verification that they are too sick to travel. Likewise, under section 21 of the National Assistance Act, 1948, the local authority has a duty to assess and provide accommodation and financial support to refused asylum seekers with NRPF (No Recourse to Public Funds), if the client is found to be in significant need of "care and attention" as framed by the ruling in *M v Slough* (2008). For children, if support is not available under Section 95 of the Immigration and Asylum Act 1999, then social services must provide support under section 17 of the Children Act 1989.

#### **h) 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.<sup>21</sup> 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.

#### **iii) 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

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<sup>20</sup> Medico-legal reports can make a substantive difference to a person's claim for refugee protection. A legal advocate must request the commission of Medico-legal reports.

<sup>21</sup> For example, Bevan Healthcare Cic in Bradford, The White House in Huddersfield, and the Mulberry Practice in Sheffield.

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.

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.<sup>22</sup> Advice on the questionnaire's structure was received from the Voluntary and Community Sector research specialist at GMCVO.<sup>23</sup> 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

<sup>22</sup> See: <http://www.gp-patient.co.uk/>

<sup>23</sup> See: <http://www.gmcvo.org.uk/researchnetwork>

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, as far as we are aware, yet taken place, nor is there a clear plan to undertake one. This research is not a substitute for that review.

## 4. Findings

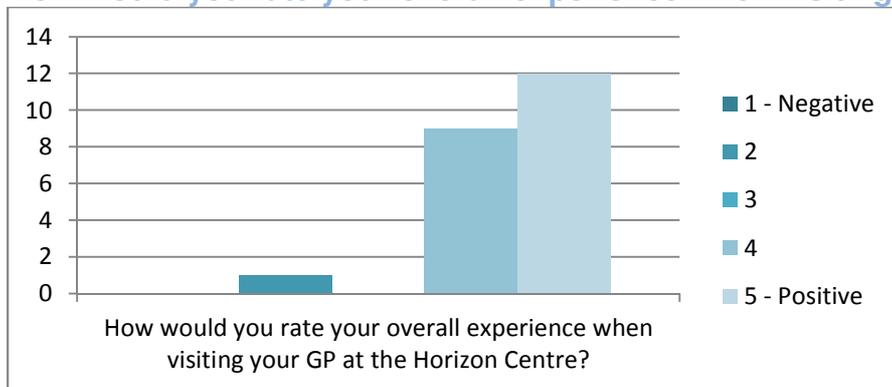
A total of 46 questionnaires were completed. Respondents can be split into two groups:

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.

### 4.1 What has changed since the Horizon Centre was closed?

To understand the overall experience of visiting the GP since the closure of the Horizon Centre, former Horizon Centre patients were asked 'How would you rate your overall experience when visiting your GP at the Horizon Centre?'

#### How would you rate your overall experience when visiting your GP at the Horizon Centre?



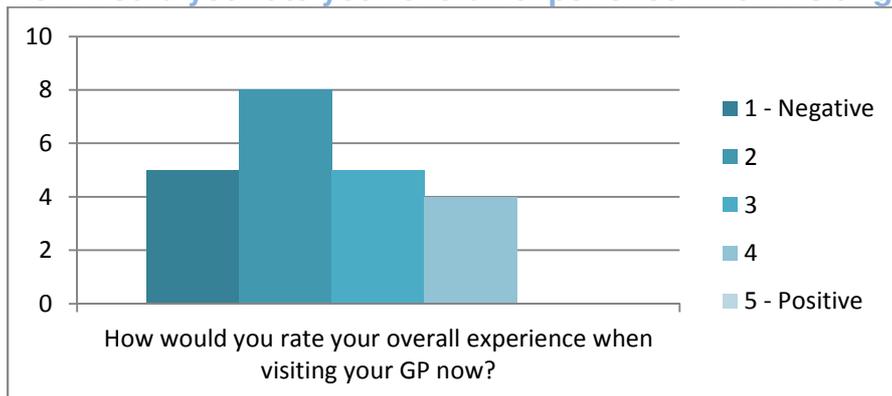
The vast majority of respondents (21 out of 22) rated their overall experience as positive (rated 4 or 5 on a scale where 5 is positive, and 1 is negative). Respondents commented on the high quality of service from all staff and in particular remarked on the fact that doctors displayed an understanding of their needs and gave them time.

*"Doctors had time to explain your ailment and making an appointment wasn't difficult. They were very good."*

*"They helped with two hands"*

This contrasts sharply with respondents' feelings about visiting their GP now.

### How would you rate your overall experience when visiting your GP now?



Responses to this question were mixed, with more than half of respondents (13 people) rating their experience negatively, and a small minority (4 people) rating it positively. The main reasons given were that the staff are unfriendly; people find it difficult to book an appointment, and that they are not given enough time.

*"Sometimes you don't get your calls returned for when you make appointments by telephone"*

*"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."*

*"They do not care about our health."*

*"Always Paracetamol and not listening to you."*

### What is the main difference between the service you received at the Horizon Centre and the service you receive now?

The main differences respondents identified were that Horizon Centre 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.

*"Horizon Centre used to give other advice and help with your case. They offered a good face to face interpreter."*

*"Horizon Centre were giving time to explain your problems."*

*"Horizon Centre had an expertise in asylum seekers and refugees health needs."*

*"I was a patient at Horizon Centre but now I'm registered in another place. This one is totally different and not helpful."*

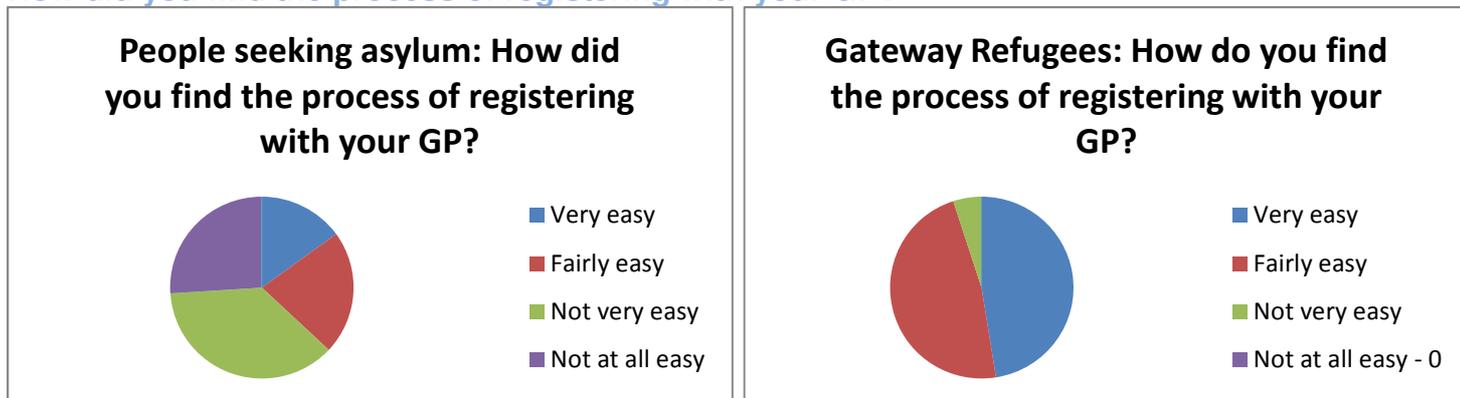
*"Looking after patients with care and love."*

*"The way they listen and care about you as human beings."*

## 4.2 Accessing GP services and making appointments

New arrivals experience challenges in orientating themselves within a new environment, and many have additional language needs. It was therefore important to understand any barriers to accessing GP services.

### How did you find the process of registering with your GP?



The majority of people seeking asylum (63%) said they found the process of registering with their GP not very easy or not at all easy (37% and 26% respectively), some found it fairly easy (22%). The main reasons for not finding it easy were difficulties in finding acceptable proof of address. After a year in Salford, one man has still not been able to register with a GP. Others said it was easy to register, but booking an appointment with their GP was more challenging.

This contrasts sharply with the experience of the Gateway Refugees, where 47% of respondents (9 out of 19 people) found the process of registering with their GP very easy, and an equal number (47%) found the process fairly easy. The reasons given for this were that people had access to an interpreter and had assistance from their caseworker.

### How do you find the process of booking a GP appointment?



The vast majority of people seeking asylum (73%) found the process of booking a GP appointment not very easy or not at all easy (47% and 27% respectively). Of those who found the process difficult, the most common reason was that the telephone booking service is difficult to use. Several respondents said this prevented them from having access to an interpreter. One respondent said that having no means of financing credit for their phone prevented them from booking an appointment, which is a serious concern. Several people said they were not confident that they would receive a call back from the GP. In one case, a receptionist had said the patients' condition was viral and recommended taking paracetamol. The respondent did not feel the receptionist was qualified to make this judgement.

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

*"Not very easy – you have to wait so that they can call you back."*

*"The receptionist tells you you don't need to see the doctor. How do they know?"*

*"Not very easy – you need credit in your phone to call them."*

There is again a contrast with the Gateway Refugees, but in this instance it is difficult to make comparisons as a number of respondents (47% or 9 people out of 19) said they had not tried to book an appointment because their development worker or another person did this on their behalf. Of those who *had* tried to book an appointment, 6 found it not very easy or not at all easy. Only one respondent found it very easy.

Positive comments focused on the fact that it is easy if your caseworker helps you book an appointment, and you have access to an interpreter. Negative comments focused on the fact that it is difficult to book an appointment without an interpreter. One respondent said he called to book an appointment but wasn't understood.

*"Fairly easy – surgery always has a Swahili interpreter"*

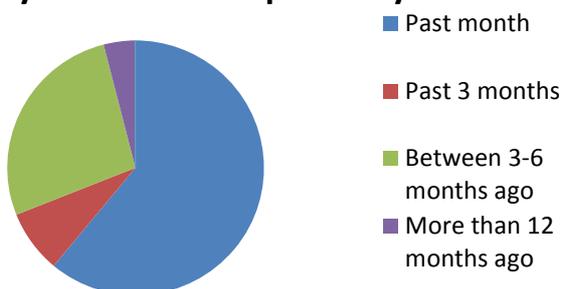
*"I can't speak English so it is difficult to book appointments"*

*"Not at all easy without an interpreter"*

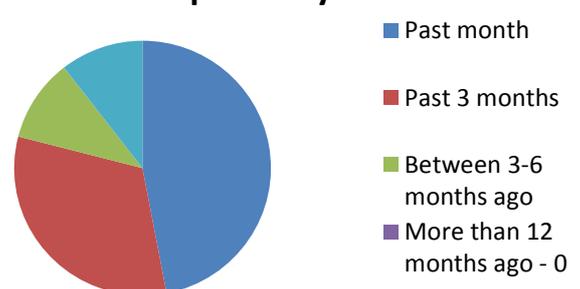
*"I have called with emergency appointments and have been misunderstood and given an appointment 4-5 days later"*

### When did you last see or speak to a GP from your surgery?

**People Seeking Asylum: When did you last see or speak to your GP?**



**Gateway Refugees: When did you last see or speak to your GP?**

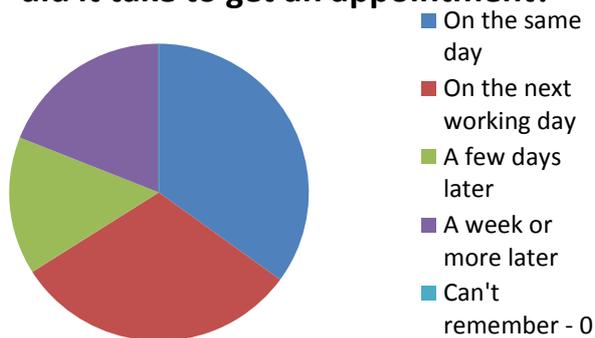


The majority asylum seeking respondents (61%) had seen their GP within the past month.

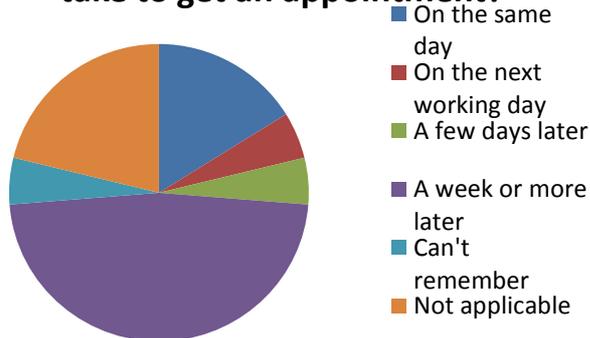
Nearly half of Gateway Refugee respondents (47% or 9 out of 19 people) had seen their GP in the past month. A further 32% (or 6 out of 19) had seen their GP in the past 3 months. Aside from their first appointment with their GP, 2 respondents had never seen a GP from their surgery.

## How long after initially contacting the surgery did you get an appointment?

### People Seeking Asylum: How long did it take to get an appointment?



### Gateway Refugees: How long did it take to get an appointment?



The majority of people seeking asylum (66%) got an appointment on the same day, or the next working day, though some (34%) received an appointment a few days later or a week or more later. Just over half of these said they felt this was not satisfactory. When asked why, 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.

*"Not satisfactory, because it takes long to give you appointment even when you are very sick"*

*"Not satisfactory because firstly appointment will not be booked and secondly if booked, Dr does not write any medication or referral"*

*"Conversation on phone only, did not meet him"*

*"Not satisfactory – the doctor does not listen to you"*

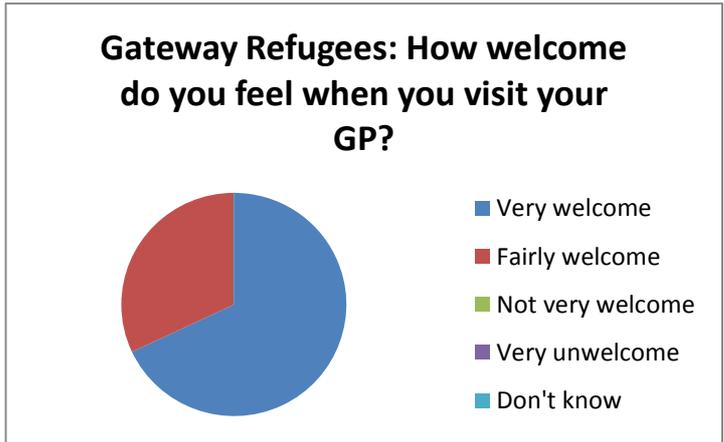
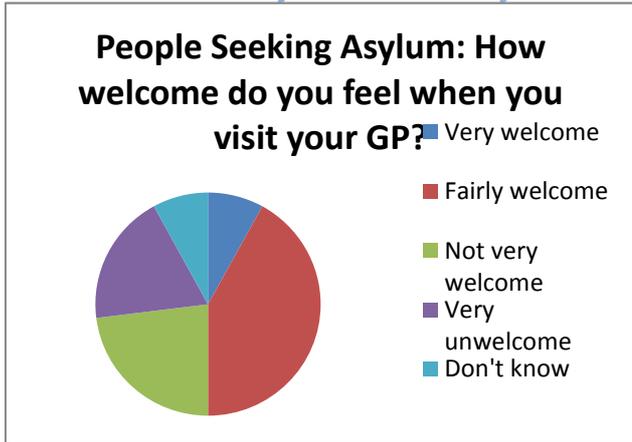
Just under half of Gateway Refugees (47% or 9 out of 19 people) were offered an appointment a week or more after initially contacting the surgery. The next largest group of respondents (4 out of 19 people) said this question wasn't applicable to them. This is more than likely because they have not tried to book an appointment after their initial consultation with their GP. 9 out of 19 of respondents said they felt the amount of time it took to get an appointment was satisfactory, while 6 out of 19 said this was not satisfactory.

*"I was ill and needed to be seen soon. Whilst I was waiting my symptoms worsened."*

*"Not satisfactory – I expect one or two days, three days at the most"*

**How welcome people feel when they visit their GP**

**How welcome do you feel when you visit your GP?**



42% of people seeking asylum felt welcome when visiting their GP, but an equal number felt not very welcome or very unwelcome (42% in total; 23% and 19% respectively). This suggests that the experience of visiting the doctor is not a positive one for a significant number of asylum seekers. When asked for more details, respondents commented on the unfriendliness of staff, the feeling that everyone is too busy to help, and not feeling cared for.

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

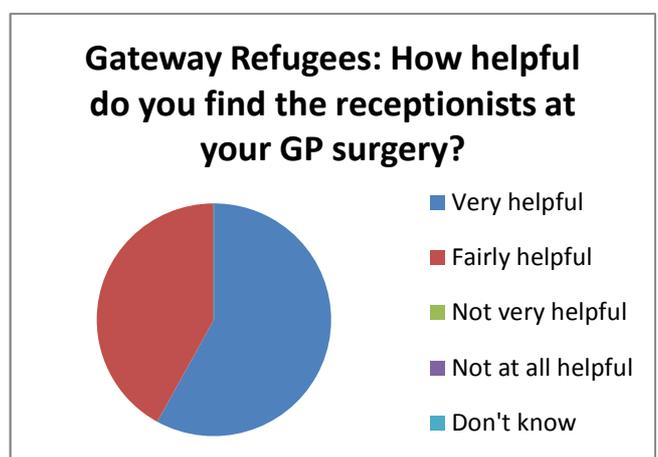
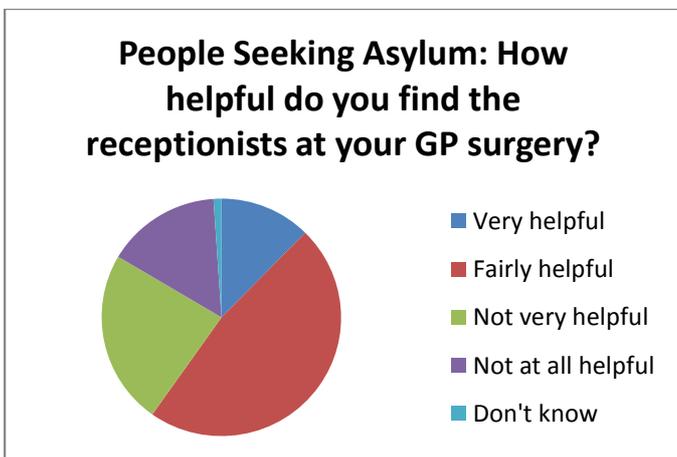
*“Not very welcome – the reason is unknown but I feel they look very angry on me without any reason.”*

This again contrasts with the experience of Gateway Refugees, where all respondents felt either very welcome (68% or 13 out of 19 people) or fairly welcome (32% or 6 out of 19 people). One respondent commented:

*“Very welcome – they ask me how I am.”*

**How helpful do you find the receptionists at your GP surgery?**

As the first point of contact within the surgery, people’s experiences of interacting with receptionists is often key to how welcome they feel.



Almost half of people seeking asylum who respondents (46%) said they found the receptionists at their surgery fairly helpful. However, it is important to note that 38% of people 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.

*"They laugh at you if you can't speak English"*

*"They are sometimes angry"*

*"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."*

This contrasts sharply with the experience of Gateway Refugees, where the majority of respondents (58% or 11 out of 19 people) said they found receptionists at the GP surgery very helpful. This was followed by 42% of respondents who found receptionists at the GP surgery fairly helpful. Positive comments included:

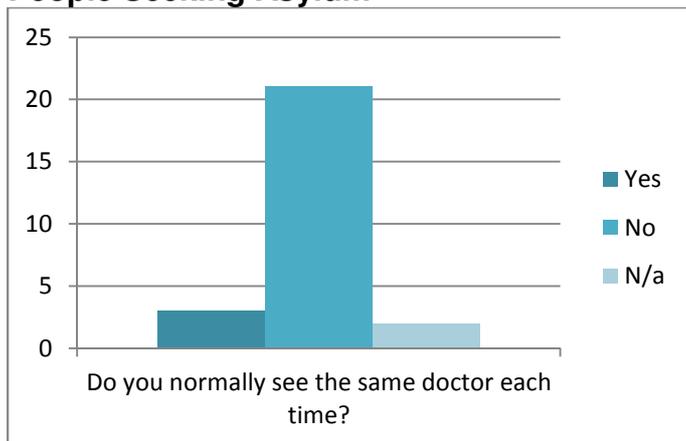
*"Very helpful – they always remember me personally"*

*"Very helpful – they arrange an interpreter and the service is quick"*

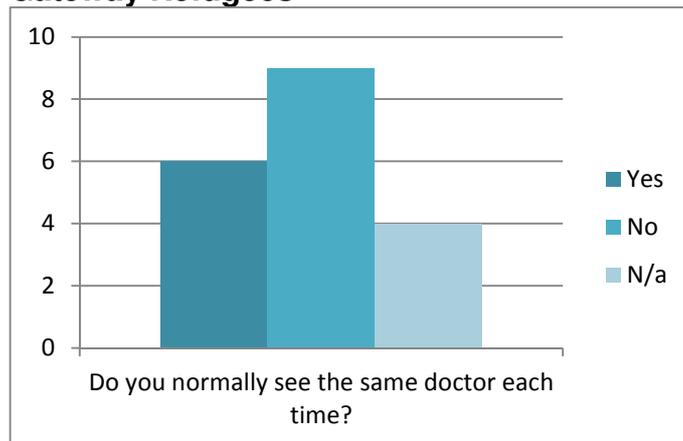
### Do you normally see the same doctor each time?

Respondents were asked whether they saw the same doctor each time, as it was anticipated that this could also affect how welcome they feel when visiting the surgery.

**People Seeking Asylum**



**Gateway Refugees**



The vast majority of people seeking asylum did not normally see the same doctor each time. While some respondents did not find this a concern, others simply said they would prefer to see the same doctor each time or went further, commenting:

*"It is a problem because I must every time explain what my problem is"*

*"Problem because every GP is different"*

*"The main male doctor does not write any medicine – he always advises me to buy paracetamol."*

While just under half of Gateway Refugees (9 out of 19) did not normally see the same doctor, none of these felt this was a problem for them. This may indicate that they feel the quality of care they receive is consistent across the different GPs in their practice.

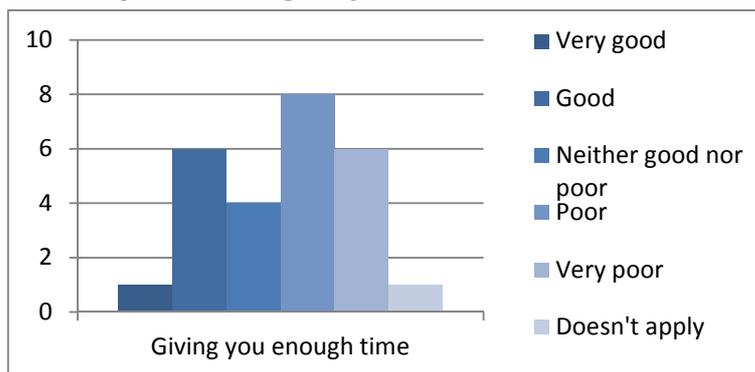
### 4.3 Your last GP appointment

In order to find out more about the care given by GPs to refugees and people seeking asylum, respondents were asked a series of more detailed questions about their last appointment.

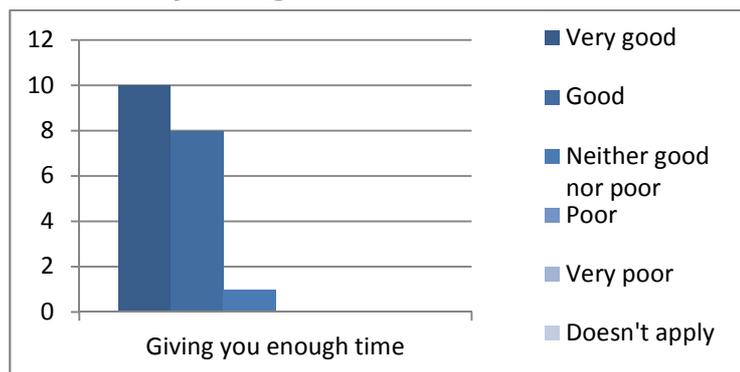
The last time you saw or spoke to your GP, how good was the GP at each of the following?

#### a. Giving you enough time

People Seeking Asylum



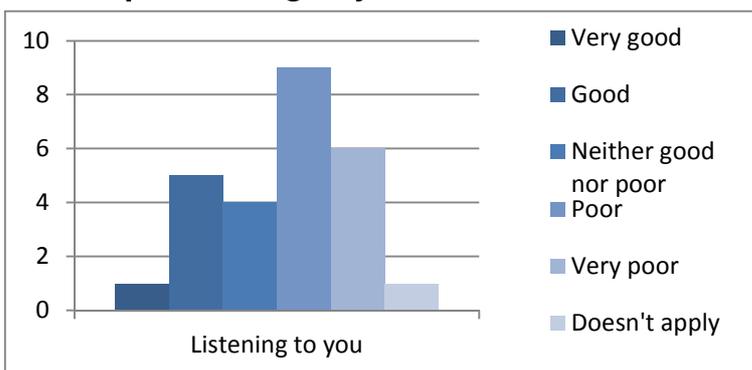
Gateway Refugees



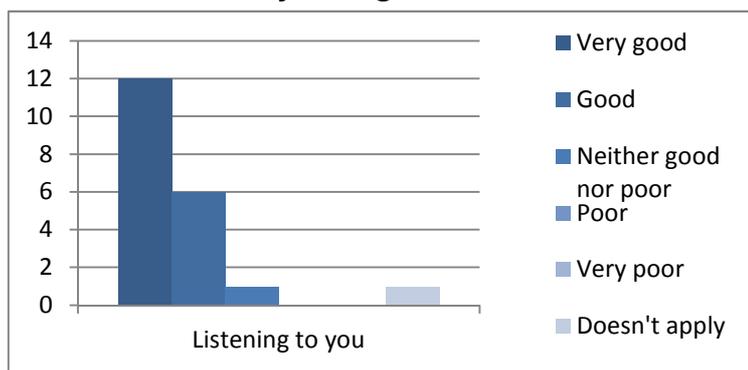
For people seeking asylum, the responses are fairly evenly split between people feeling that the doctor was good or poor at giving them enough time. The responses Gateway Refugees were different, with the vast majority feeling their doctor was either very good or good at giving them enough time (18 out of 19 people). Feedback from this group is more consistent with national ratings for GP Patient Satisfaction Surveys.

#### b. Listening to you

People Seeking Asylum



Gateway Refugees

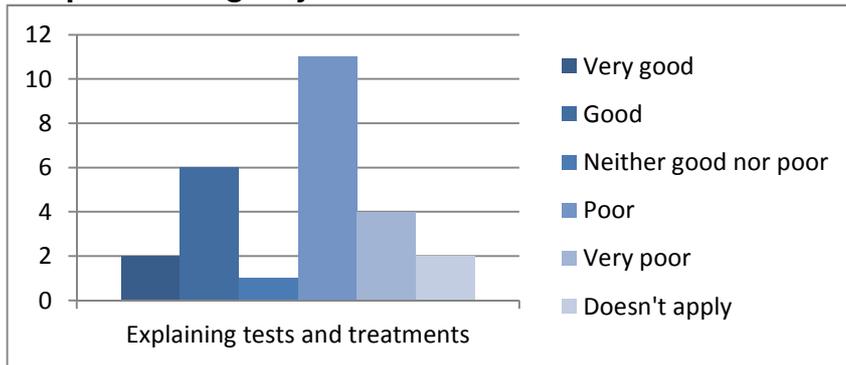


The responses from people seeking asylum were again fairly evenly spread. Almost half of people felt their doctor was either poor or very poor at listening to them (15 out of 27 respondents). This has potentially serious consequences, both in terms of patient safety in coming to an accurate diagnosis and in terms of the level of confidence people have in their GP.

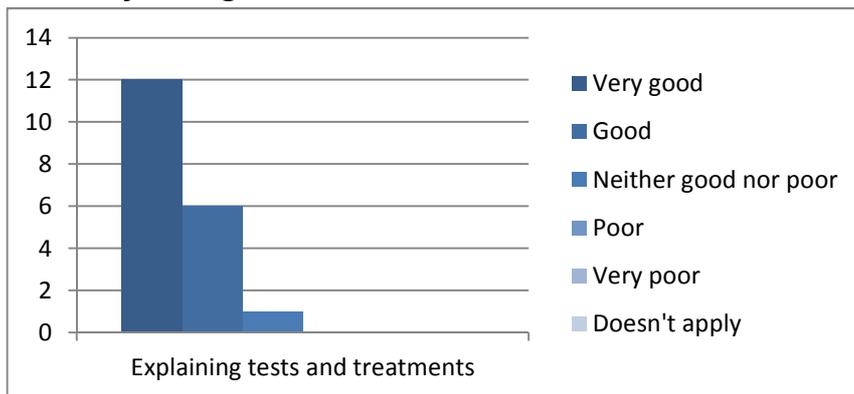
Again, Gateway Refugees were overwhelmingly positive about how much they felt their doctor listened to them (18 out of 19 people said their doctor was good or very good at listening to them). One respondent said she would prefer the doctor to ask about problems in more detail.

### c. Explaining tests and treatments

#### People Seeking Asylum



#### Gateway Refugees



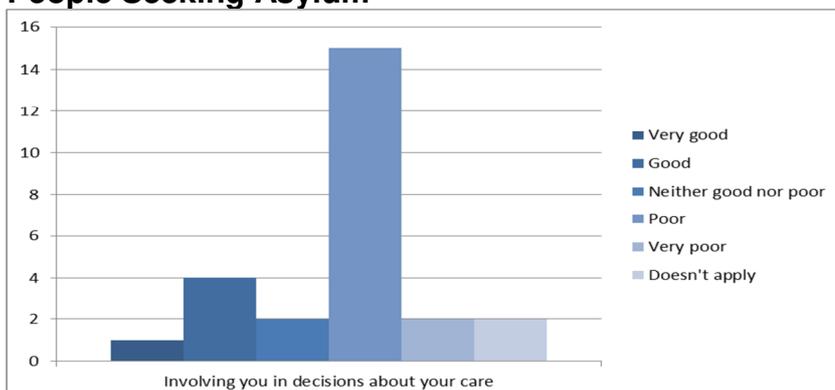
While several asylum seekers felt that their GP was good or very good at explaining tests and treatments to them (8 out of 26 people, combined), the largest group of respondents said they felt their GP was poor at explaining tests and treatments to them (11 out of 26 people). This is a concern as it 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 (18 out of 19 people). However, one respondent said

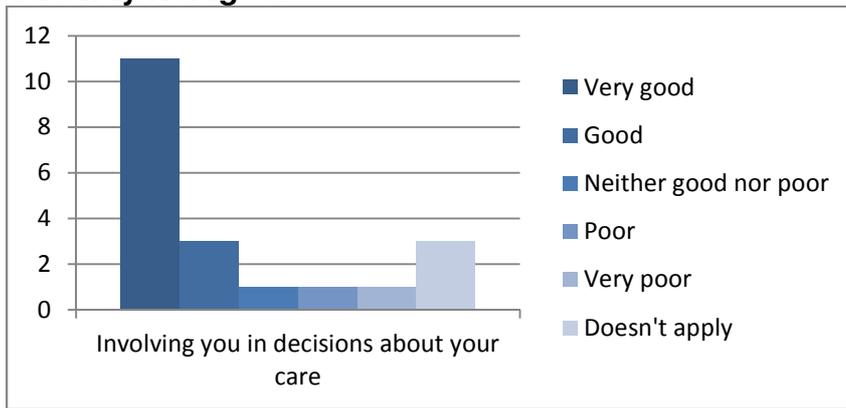
*"They don't explain in as much detail as expected"*

### d. Involving you in decisions about your care

#### People Seeking Asylum



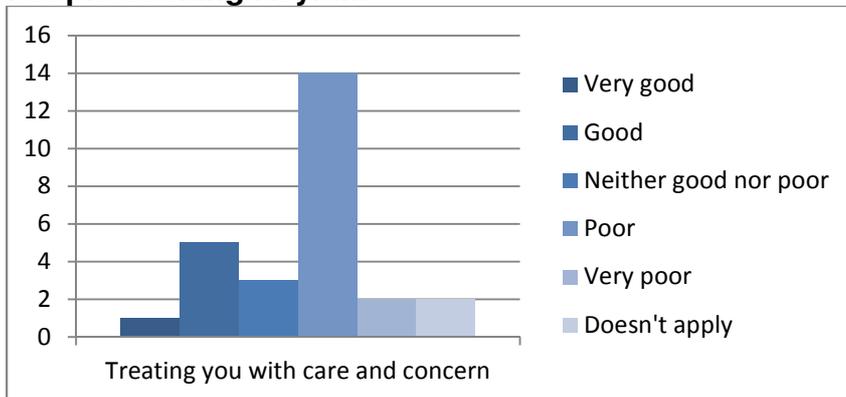
## Gateway Refugees



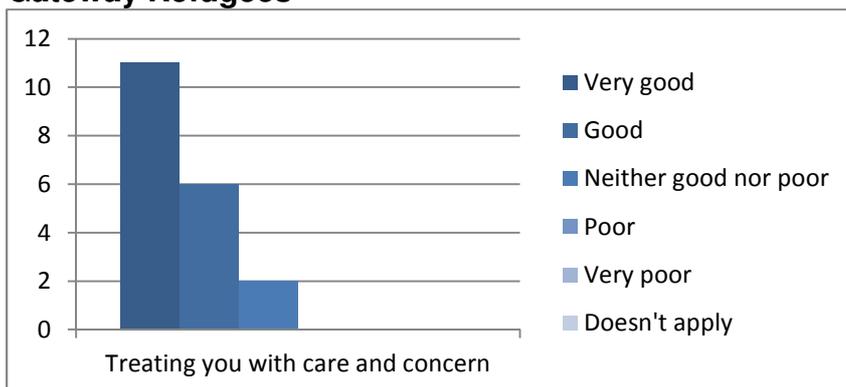
While over half of people seeking asylum (15 out of 26 people) felt their GP was poor at involving them in decisions about their care, this was reversed for Gateway Refugees, with more than half of respondents (11 out of 19 people) saying they felt their GP was very good at involving them in decisions about their care.

### e. Treating you with care and concern

#### People Seeking Asylum



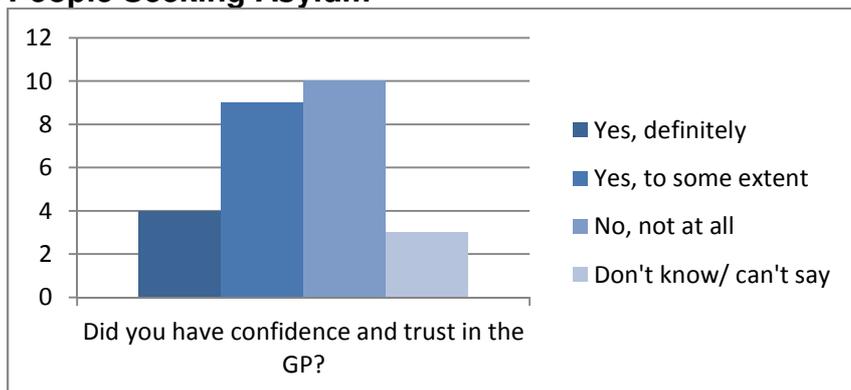
## Gateway Refugees



Over half of people seeking asylum (14 out of 26 people) said their GP was poor at treating them with care and concern. Again, this contrasts with Gateway Refugees, where the vast majority of respondents (17 out of 19 people, combined) felt their GP was good or very good at treating them with care and concern.

f. Did you have confidence and trust in the GP you saw or spoke to?

**People Seeking Asylum**



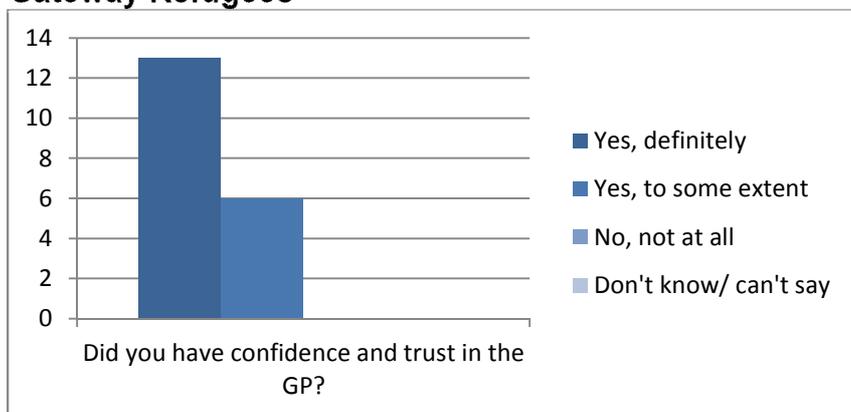
The majority of people seeking asylum commented that they had confidence in the GP they saw for their last appointment (either definitely, or to some extent). However, 10 out of 26 people responded 'no, not at all'. When asked why, respondents mentioned that the GP doesn't listen or give them enough time to explain. Of these responses, the most alarming is one where a respondent suggests their GP failed to diagnose their condition:

*"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."*

*"Because they don't want to listen to me, they just give me some medicine"*

*"If they don't understand and give you time to explain your problem how can you feel confident?"*

**Gateway Refugees**



Gateway Refugees all said they had confidence and trust in their GP, either definitely or to some extent. One respondent explained that he they only had confidence in their GP 'to some extent' because the interpreter was not able to translate properly in the appointment. A second respondent said:

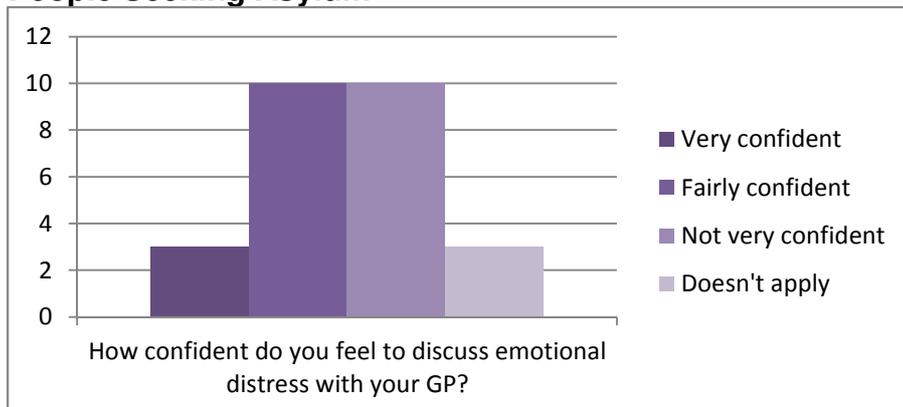
*"I feel the GP doesn't always take me seriously when I describe my pain"*

#### 4.4 Emotional Distress

Because of the mental health issues many people seeking asylum experience, the questionnaire explored how confident patients felt to discuss emotional distress with their GP.

##### How confident do you feel to discuss emotional distress with your GP?

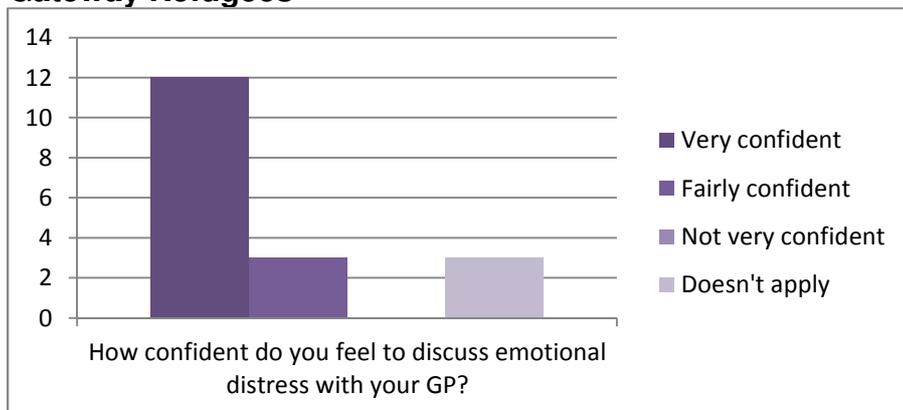
###### People Seeking Asylum



An equal number of respondents said they felt fairly confident discussing emotional distress with their GP (10 out of 26 people) as the number who said they felt not very confident. When asked why they felt 'not very confident', two respondents said this was because they did not feel the doctor listened to them. One respondent said:

*"I feel that I can't explain anything because of how they treat you"*

###### Gateway Refugees

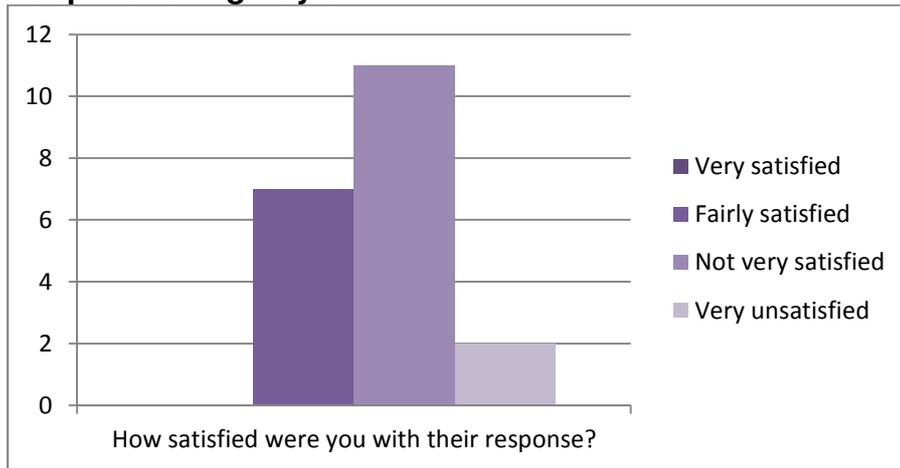


The majority of Gateway Refugees felt very confident about discussing emotional distress with their GP (12 out of 19 people). Two of the respondents who said they were fairly confident explained it would depend on whether they had a good interpreter. One respondent said they were fairly satisfied because they had been recommended counselling.

*"GP is always co-operative and listens".*

## If you told your GP you were experiencing emotional distress, how satisfied were you with their response?

### People Seeking Asylum



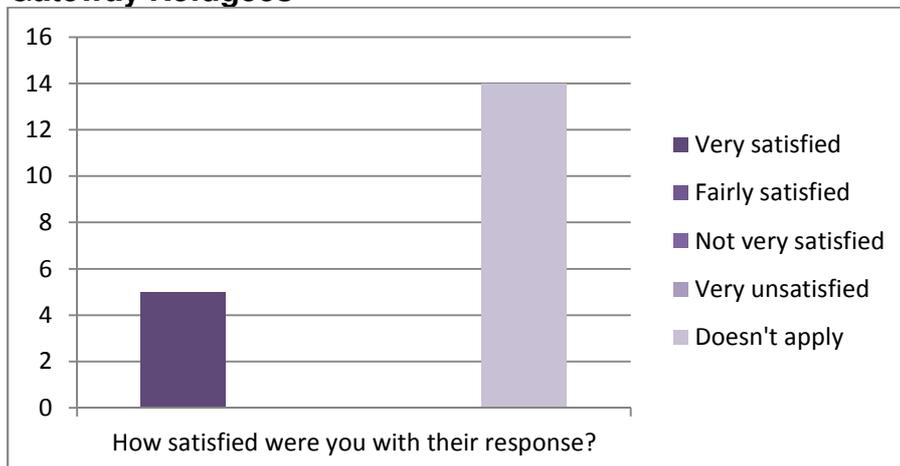
The majority of people seeking asylum who had told their GP they were experiencing emotional distress felt either not very satisfied or very unsatisfied with their GPs response (13 out of 20, combined). This is a worrying finding.

*"I have depression and I have stomach ache, but my doctor only gives me tablets for my stomach"*

*"Because they tell me all the time "take your tablets" and they don't explain how I can get better"*

*"They don't care about your emotion"*

### Gateway Refugees



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.

#### 4.5 Language needs

The use of an independent 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.

##### **Do you have additional language needs? Have you been offered an interpreter?**

54% of people seeking asylum (14 out of 26) said they have additional language needs. Of these, 64% (9 out of 14 people) respondents had been offered an interpreter, leaving 36% who had not. When asked for more information, 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.

*"Only offered telephone interpreter for first appointment so couldn't understand everything in second appointment. Prefer face to face"*

*"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"*

The vast majority of Gateway Refugees (17 out of 19 people) said they had language needs. 15 of these said they had been offered an interpreter for GP appointments. In some cases an interpreter wasn't necessary (two people were able to speak directly to their Arabic doctor), and most people said an interpreter is usually provided for them.

*"They ask me always I do not ask them"*

*"Yes, but the interpreter spoke French, not Swahili first time"*

*"My son can speak some English and he has to ask for one"*

*"During my pregnancy I needed an interpreter but one could not be found in time for any appointment"*

##### **Have you been offered a longer appointment?**

Of those people seeking asylum who responded to say they had additional language needs (14 out of 26), 79% had not been offered a longer appointment to facilitate interpretation. Just under half of respondents Gateway Refugees (9 out of 17) had been offered a longer appointment, while some said this wasn't necessary for them.

#### 4.6 GP Letters to the Home Office

These questions were only of relevance to people seeking asylum, as the status of Gateway Refugees is already confirmed.

##### **Have you ever asked your GP for a letter to the Home Office? Was your GP helpful in providing the information that was needed?**

Only 23% (6 people) of respondents 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. In some cases (e.g. Section 4 applications), a doctor's input can determine whether or not a person is eligible for financial support and housing, and can also affect how a person is treated at various points in the asylum process. It is of vital importance to vulnerable patients that GPs develop a better understanding of this.

#### **Did your GP ask you to pay for the letter(s)?**

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. Again, 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, when an adult who is seeking asylum receives just over £5 a day to pay for all basic necessities<sup>24</sup>, paying for GP letters is a huge expense that may mean that person is unable to eat properly that week. Those on section 4 support do not have access to cash<sup>25</sup> and so would struggle to pay for a letter. The situation is even more difficult for destitute people.

#### **4.7 Other issues affecting your health**

There are a wide range of factors affecting the health and wellbeing of refugees and people seeking asylum. For people who are still awaiting a decision from the Home Office, this may be exacerbated by a sense of anxiety and powerlessness over the outcome of their case; uncertainty over where they will be living (no choice dispersal accommodation) and separation from support networks, family and friends. Many receive a low level of financial support which is not sufficient to meet 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.

#### **Does your GP suggest other sources of support and advice?**

A key factor in improving the wellbeing of people seeking asylum and helping 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 key role in signposting and referring patients to ensure they receive more holistic support.<sup>26</sup>

When asked if their GP suggests other sources of support and advice, the vast majority of respondents (92% or 24 out of 26 people) said no. A more holistic approach to healthcare would help improve the general wellbeing of patients. This was something that many respondents valued about the service at the Horizon Centre.

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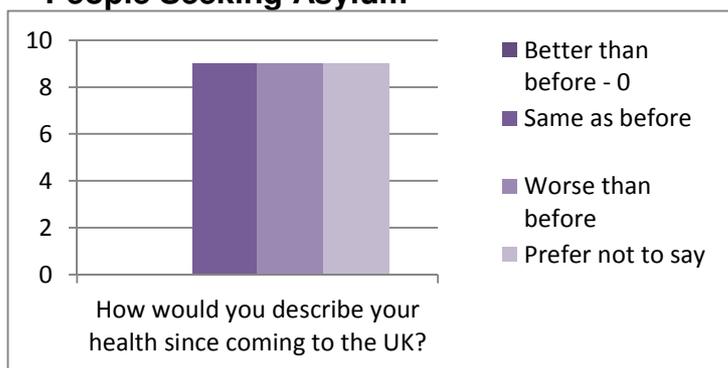
<sup>24</sup> Accommodation is covered separately

<sup>25</sup> This is delivered via a card (called the Azure card) which can be used in a limited number of shops.

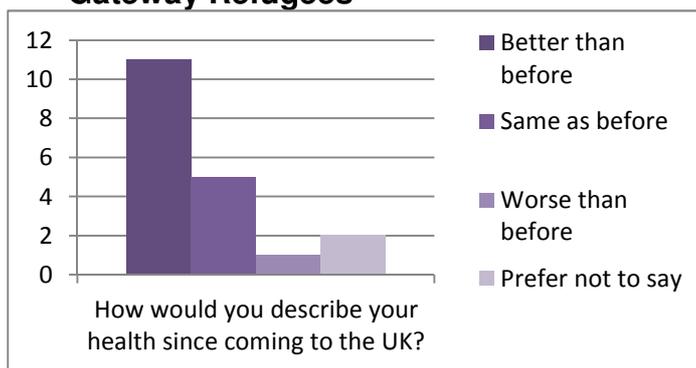
<sup>26</sup> For more information, contact United for Change.

## How would you describe your health since you made an asylum application to the UK/ entered the UK as a refugee?

### People Seeking Asylum



### Gateway Refugees



A number of people seeking asylum declined to answer this question (9 out of 27 people). Of those who did answer, responses were evenly split between those who felt their health was the same as before (9 out of 27 people), and those who felt it was worse than before (9 out of 27). None of the respondents in this group 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.

When asked for further details, one respondent commented that he had persistent problems with his teeth, but couldn't go to the dentist because he did not have proof of address. Another respondent commented that he discovered he was diabetic in the UK, so this was why he felt his health had got worse.

The majority of Gateway Refugees said their health is now better than before they came to the UK (11 out of 19 respondents), and the second largest group said their health was the same as before (5 out of 19). When asked to say why, respondents commented on how they now felt safer, and that the living conditions were better across the board. Only one respondent said their health was worse than before they came to the UK.

*"I lost weight because of stress and upheaval, but blood pressure is better now."*

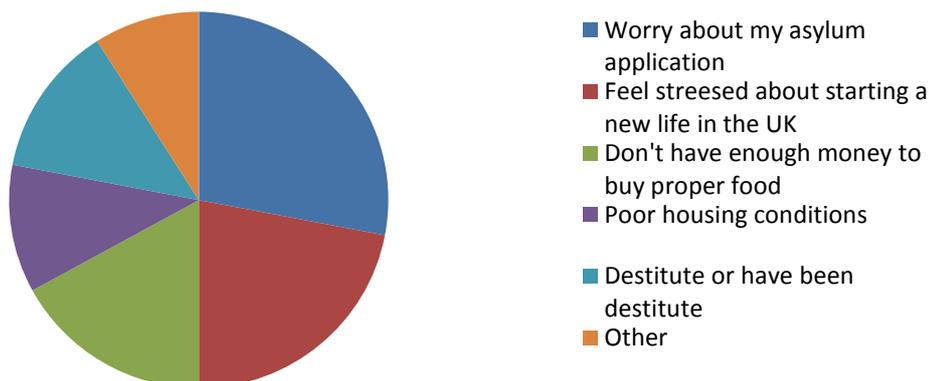
*"I feel safer here which improves my wellbeing"*

*"Less pollution, better drinking water. Good weather. Good housing"*

### Have you experienced any of the problems below during your stay in the UK?

To understand some of the wider determinants of health for refugees and people seeking asylum, respondents were asked whether they had experienced any problems such as poor housing conditions or feeling stressed about starting a new life in the UK. Participants were invited to tick all the problems that applied to them.

### People Seeking Asylum: Have you experienced any of these problems during your stay in the UK?



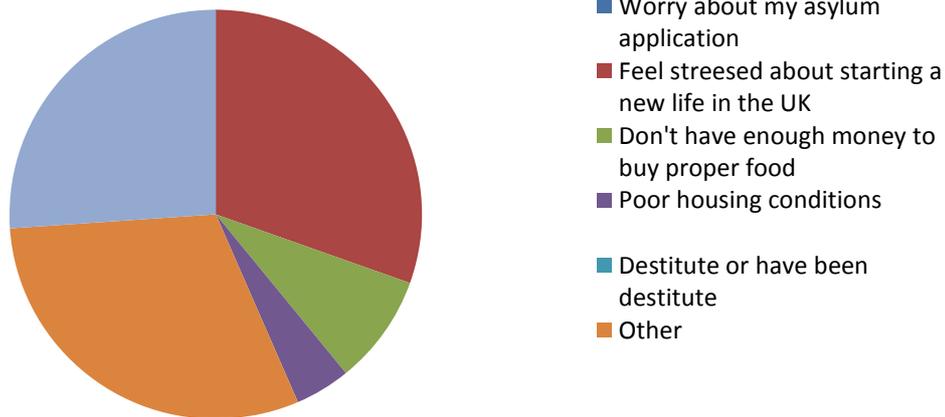
For people seeking asylum, of the 54 problems identified (participants were invited to tick all the problems that applied to them), the most common problem experienced by people seeking asylum was worry about their asylum application (28% of replies); feeling stressed about starting a new life in the UK (22%), and not having enough money to buy proper food (17%). This reflects the findings of the Royal College of Psychiatrists, who note that “The psychological health of refugees and asylum seekers currently worsens on contact with the UK asylum system.”<sup>27</sup>

Other common problems included being destitute - either now or in the past – (13%) and experiencing poor housing conditions (11%). Of those who mentioned poor housing conditions, the main problem noted was that the house was cold. Two respondents talked about worry their family back home.

*“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.”*

<sup>27</sup> The Royal College of Psychiatrists (RCP), Improving services for refugees and asylum seekers: position statement, Summer 2007.

### Gateway Refugees: Have you experienced any of these problems during your stay in the UK?



While a number of Gateway Refugees said ‘other’ (7 out of 23 replies), or ‘I haven’t experienced any particular problems’ (6 out of 23 replies) the main problem identified was ‘I feel stressed about starting a new life in the UK’ (7/ 23 replies). When asked for more details, respondents mentioned a range of issues, including concern for family back home, and the difficulties of finding interpreters or people who can help them.

*“Cannot always find interpreters so have to rebook appointments and wait for a long time. I find this very stressful”*

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

*“I have very poor health and cannot walk properly. The Home Office has given me a date of birth that is younger than I actually am. I am 82 not 72. This worries me.”*

## 5. Summary

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.

### *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.

### *Accessing GP services and making appointments*

**The majority** of people seeking asylum who took part in this research (63%) **find 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, find 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.

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**.

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**.

### *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 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 which led to kidney problems. **Gateway Refugees all said they had confidence and trust in their GP,** either definitely or to some extent.

### ***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.

### ***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.

### *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 before arrival in the UK. Only 23% (6 people) of respondents 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 helping 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 healthcare would help improve the general wellbeing of patients. This 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%).

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.

## 6. 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).

## 7. 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.