

Health Watch Gateshead – Scoping Paper

Access to GP services for Refugees with leave to remain

The issue Health Watch Gateshead (HWG) was recently contacted by [Action Foundation](#) (a North East charity providing housing, support and education to refugees and asylum seekers) on behalf of a refugee living in Gateshead who had been refused registration with their local GP. Discussions with [Regional Refugee Forum North East](#) (RRFNE), [Haref](#) and [GEM Arts](#) confirm that this is not an isolated instance and that other refugees have been refused registration too.

Government policy (including health policy) around what services and support refugees and asylum seekers are/not entitled to is complex and ever-changing. Interestingly, NHS England has produced a [leaflet](#) specifically for refugees, asylum seekers and migrants detailing how to register with a GP – the leaflet includes lengthy advice on what to do if your application is rejected which implies this is a wider problem than just Gateshead.

RRFNE suspects the problem is mainly one of inadequate (in terms of content and frequency) training of front-line staff, which may at times combine with, or mask, more overt discrimination. In Newcastle, Haref and RRFNE have recently co-produced a 'health access card' for refugees and asylum seekers which explains what general practice does and how to access it.

What we are seeking to achieve (our goal) To understand the experience of refugees and asylum seekers when they attempt to access GP services in Gateshead. To identify what barriers may exist and to identify any examples of good practice.

The change we want to see (outcomes) Refugees and asylum seekers have better information about how to access GP services. GP front-line staff are better prepared to welcome refugees and asylum seekers to their services.

Type of work There are three stages to this proposal:

1. Work with refugee community organisations (RCOs) to understand the recent (within the last two years) experiences of refugees and asylum seekers who have accessed / attempted to access GP services in Gateshead. Work with RRFNE, Haref and GemArts to reach out to the RCOs and offer small grants of around £500 to (up to six) RCOs to support their involvement in this stage. Listen carefully to RCOs knowledge and experience in this area, co-design focus group sessions and jointly deliver them. Identify where experiences have been poor and note any emerging themes. Also identify positive experiences. Collect anonymised 'case studies' to exemplify and bring to life the barriers and positive practice.
Two days a week of staff time over a six-month period.
2. Survey front-line staff in all Gateshead GPs to ascertain what training they receive on this issue, how often, delivered by who and how confident they feel in their understanding of this area. Talk to a couple of practice managers and seek their help in designing this short survey so it's asking the right questions.
One day a week of staff time over a two-month period.
3. Discuss findings from the first two stages with RCOs, RRFNE, Haref and Gem Arts. Identify recommendations e.g. better, more frequent training for front-line staff; better information for refugees and asylum seekers about how to access GP services.

Produce a report which includes both the experiences (positive and negative) of refugees and asylum seekers, and those of front-line staff (do they feel they have the information they need), alongside the recommendations. Also, where appropriate, include local partners (especially RCOs themselves) who can help with delivery of any recommendations e.g. who might be able to help review existing training provision and deliver a revised programme. Share the report with the CCG and GP practices. *Two days a week of staff time over three months.*

Resources required Total resources required include:

- One-two days of staff time a week over 11 months for stages 1-3
- Up to £3,000 in grants (£500 for six orgs) to support focus groups

Key collaborators / partners

- Local refugee community organisations
- RRFNE, Haref, Gem Arts
- Gateshead GP practices

Pros and cons of HWG undertaking this work

Pros:

- There is a clear role for HWG to amplify the voices of some vulnerable people and there are likely to be some very practical solutions which are relatively straightforward to implement.
- This piece of work would give HWG staff an opportunity work build bridges with some important partners, both the charities (RRFNE, Haref and Gem Arts) but also the RCOs who are closer still to their communities. Relationships forged through this piece of work could lead the way to better engagement with refugee communities in the future.

Cons:

- GP services may not want to engage or may be reluctant to identify any gaps in training/knowledge.

Demonstrating impact In the short-term, impact can be measured in changes to staff training and/or improvements to information provided to refugees and asylum seekers. In the medium term, HWG staff and RCOs can monitor if this issue continues to be a problem.

Recommendation to committee To pursue this work with a view to producing a report and recommendations by March 2022.

Cullagh Warnock - April 2021

Note on original scoping topic: the impact on disadvantaged communities access to health and care literacy and information in an increasingly digitised world.

I spoke to a number of organisations on this issue and the overwhelming response was 'yes, increasing digitisation is significantly disadvantaging some groups'. However, [IPPR North](#) (an influential and respected think tank) is currently undertaking a study on digital exclusion in the North East. The study (on which several local organisations, including

RRFNE and VONNE are collaborating) will be published in August/September 2021 and will include recommendations for all sectors, alongside an analysis of the different pillars of digital exclusion (technology, connectivity, skills and accessibility). Access to health and social care will definitely be highlighted as a key area where digital exclusion is having a significant negative impact.

The Board is recommended to put this issue on the 'watch list' and see what next steps and activities might flow from the IPPR North report in the summer.