NHS Education for Scotland

Healthcare for asylum seekers and other migrants in Scotland:

Implications for GP training

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Background

https://www.nrscotland.gov.uk/files//statistics/nrs-visual/mid-17-pop-est/mid-year-pop-est-17-info.pdf

- Migration to Scotland has been increasing
- Proportion in Scotland born outside UK increased from 3.8% to 7% 2001 - 2011
- 1999 Immigration Act – dispersal policy – increased numbers of asylum seekers to Scotland
- 10% of UK's asylum population – all to Glasgow
- Syrian refugees placed in 31 of 32 local authorities across Scotland

Migration & health

- Diverse population, “healthy migrant” effect
- Vulnerable / marginalised groups
  – complex health problems, social disadvantage, stressful asylum process *(ScotPHN 2016)*

- Access to healthcare
  - No restrictions or charges for access to primary care
  - In Scotland – no charges for secondary care for refused asylum seekers
  - Asylum Health Bridging Team
  - “the staff don’t know the rules” *(EHRC 2018)*

- RCGP: GPs should “develop the knowledge and skills required to provide high quality care to groups of patients who may have needs that require you to adapt you clinical approach. Such groups include… migrants, refugees and asylum-seekers; people of different ethnicities and cultures”

New Scots
Refugee Integration Strategy
2018 - 2022

COSLA
Scottish Government
Riaghaltas na h-Alba
gov.scot

- New Scots: “ensure sufficient guidance & training for health & social care staff on the issues faced by asylum seekers”

- CPD need of GPs at the “Deep End”: “how to meet effectively the health needs of migrants including people seeking asylum and refugees”

- Existing training meeting needs?

- Objective: To explore the perspectives of GP trainers and GP trainees in Scotland regarding:

  - Their experiences of providing healthcare to migrants, including asylum seekers and refugees, and any challenges;

  - The knowledge and skills required to deliver effective healthcare to these groups;

  - How training could be expanded / adapted to meet needs

Method

- West of Scotland Feb – July 2018, total 29 participants

- Interviews with 9 GP trainers and 5 trainees, 20-45min
  - 7 practices - 5 inner city & 2 town
  - 3 “Deep End”
  - 3 signed up to Asylum Seeker LES

- 2 focus groups with a total of 15 GP trainees, 30-40min
  - NE Glasgow – inner city & suburban
  - Lanarkshire – town & rural

- Transcription & thematic analysis

Results

1) Practices face several challenges in providing effective care for migrants

2) What GPs need to be/have in order to provide effective care

3) What educational bodies could do to help

1) Challenges for practices

- Language barriers

“80% of our appointments here are same-day and you can't get interpreters here same-day so they don’t have equal access to healthcare because they always need to book their appointments in advance” (ST3 d, inner-city)

“So Mrs K from Romania has been referred to the gynaecologist, she gets an opt-in letter, she can’t read it, she might not even be able to read..” (GPT1, inner-city)

- Understanding/navigating diverse cultures and health systems

“…sometimes it’s hard to know what their expectations are because obviously they come from a very diverse group of places” (ST3 d, inner-city)

“…they don’t always actually necessarily know how to negotiate the path they don’t know what the normal way is to organise healthcare” (GPT 2, inner-city)

- Time

“…so if you had a 20 minute appointment, 2 DNAs, that’s 40 minutes wasted out of a 2 hour surgery. We can’t afford it…..You’re already waiting a week at least for a GP appointment usually about here, usually. 7 or 8 years ago we just cut it down to normal ones” (GPT 1, inner-city)

- Linking / communicating with other services

“sometimes what comes the information that comes with, it is very variable, I think they do have some kind of assessment when they enter the country but that is not always transferred to us” (GPT 4, inner-city)

“We had a links worker who has finished now but they were very good and they actually educated a lot of our practice on different things like the red cross and migrant help migrant UK” (ST3 s, focus group 2)

- Training for whole practice, “front of house” issues

“I had a conversation with our secretary recently because I wanted her to phone a patient and you can do that obviously through language line but she didn’t feel comfortable doing that” (ST3 s, focus group 2)

“I think, patients registering are all asked for ID and proof of address maybe, I don’t know if they'll differentiate in any way” (GPT 4, inner-city)

“…we are strict that we only take them on if they are in our catchment area.. and that is for me sometimes an ethical.. because we know that we exclude illegal migrants, because they don’t have proof of address…. we signpost them to another practice nearby” (GPT 3, inner-city)

2) What GPs need

- A basic knowledge / awareness, and how to find out more

"I think every GP should know roughly what they would need to learn and put in place to be able to cope with it so that basic knowledge should be there for all of us but maybe more in-depth knowledge for people that have to do it." (GPT 9, town)

"You might have the odd one or two patients that come through just like how my practice took on the Syrian family all the staff and everyone was like how do you manage it" (ST3 o, focus group 1)

"…there was a person who was an illegal immigrant who was when I was working in the hospital came in with a heart attack and it was kind of a case of well the police have to be informed when he is discharged…..you want to make sure the patient people have got good access and they don't feel they're em they're maybe jeopardised by coming and seeking medical help then" (ST3 k, focus group 1)

- Experience

"…they [GP trainees] see the way we work and just get on with it" (GPT 1, inner-city)

"I think there's probably issues with training in an affluent practice in that you miss out on a lot of its not just the migrant issues" (ST3 d, inner-city)

"when you are further on in your career you are used to dealing with the unknown medical uncertainly" (GPT 6, town)

- Skills – communication, managing complexity

"I think good communication skills are essential. I think GPs tend to be good at that anyway but for trainees, all the trainees who come through do recognise that it is a different way of communicating" (GPT 8, inner-city)

"I think talking and asking about trauma um it's not really something we've ever done" (ST3 p, focus group 2)

"sometimes teasing out the difficulties of what is... so they can present with physical problems that can be more likely to be actually sort of have a psychological sort of underlay" (GPT 2, inner-city)

- Attitudes – non-judgemental, empathetic, culturally competent

“I don’t think you can say this is how we can teach somebody to deal with Roma, this is how we’ll teach them to deal with Pakistanis, Bangladeshis, whatever because every patient is different. I just think you have to be open minded, non-judgemental and listen to the patient.” (GPT 1, inner-city)

“it's something I think is very important in medicine I don’t think it is just about migration I think there are cultural barriers between us and it might be to do with class or ethnicity…. and all of that plays a part and it influences the way we connect with patients and deliver care” (GPT 9, town)

- Addressing feelings of being disempowered / constrained by the system

“I think GPs tend to feel maybe powerless is the right word to use to try and help” (GPT 8, inner-city)

“I am not sure how much our standard management for distressed patients is helpful for that because a huge part of it is the asylum seeking process that we cannot change” (GPT 4, inner-city)

3) Educational bodies

- Training for trainers

“We go to the annual trainers conference that they hold and I don’t think it is something that has ever been mentioned at that” (GPT 4, inner-city)

- Education sessions for trainees

“But I think it’s when you do it as well like I did that in GPST1 and I couldn’t remember any of it” (ST3 i, focus group 1)

“…because then you could then find out what's useful to you locally rather than just a general kind of module on something” (ST3 b, town)

- Online resource

"…you know where everything is collected in one place that you can look it up and then can go further"(GPT 3, inner-city)

"What I would like is a point of contact…..someone who has the experience that you could phone up and say this is the scenario" (GPT 6, town)

- Trainee experience

"it is a very short period of time where they can do practice exchange and they might come here for a week and not happen to see anything particularly relevant." (GPT 4, inner-city)

"I don't know if you can get any patients involved in educating GPs, you know patients who have been through this asylum process, the refugee process and explain what it is like. Because I think until you have met someone who is dealing with it you can't understand" (GPT 8, inner-city)

- Nationally – curriculum statements, training structure, exams

“I think there was mention last year maybe of trying to include something like that [cultural competence] in the GPST professional competencies….it hasn't been incorporated, it was not received well really among trainers because it was thought that the ST3 curriculum is really broad already and huge and you know it's a packed year for trainees” (GPT 8, inner-city)

“I think it’s very very difficult because, training is not long enough to get all the skills” (GPT 3, inner-city)

Main Messages

- Limited study - small sample, perspectives of other staff and patients?
- GPs will tend to learn on the job and “get by” – but worry about not providing best care
- Limitation to what can be achieved with training, but basic knowledge / awareness required
- Easy access to support and further information important
- **Confusion about rights and entitlements**

NHS Circular: PCA(M)(2018) 10

PATIENT REGISTRATION

A GUIDE FOR HEALTHCARE PROVIDERS OF GENERAL MEDICAL SERVICES IN SCOTLAND

SEPTEMBER 2018

No documents are required to register with a GP. The inability by a patient to provide identification or proof of address is not considered reasonable grounds to refuse or delay registering a patient.

Anybody in Scotland may access primary care services at a GP practice without charge.

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