

Asylum seeker and refugee health

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Agenda

- Definitions
- Trust
- Asylum seeker journey
- Health concerns in population
- IAC health checks
- Clinical pathways
- Issues
- Tackling organisational neglect
- Resources



Definitions



- Refugee – someone who has fled beyond the borders of their country and is unable or unwilling to return owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.
- Asylum seeker – fled their country and made an application to be recognised as a refugee, but who has not yet been granted this status.
- ALL able to receive free primary and secondary care in any nation in the UK.

Trust

- Home Office using information held in Primary care records to track down migrants.
- Policy has changed for primary care, however data-sharing can still take place if patients access secondary.



Granted leave to remain

Granted refugee status or humanitarian protection.

Permitted to remain in UK for 5 years. Then able to apply for permanent status free of charge and exempt from knowledge and language test.

Must leave Home Office provided accommodation within 28 days. Financial support also ends after 28 days.

Eligible to work and for mainstream benefits immediately, but may not be in place within 28 days.

Documents proving entitlement and right to work are often delayed.

Newly recognised refugees are at high risk of homelessness and destitution.

Refused asylum seekers

Over two thirds of all asylum claims are refused.

Nearly 40% of appeals are successful but process can be lengthy.

Refused asylum seekers are expected to leave the UK.

Refused asylum seekers move in and out of entitlement to support, and are at high risk of homelessness and destitution.

Remain in UK as undocumented migrants.

Detained in immigration centres until removal.

Receive Home Office or local authority support if destitute, vulnerable or have dependent children until able to leave UK.

Common health challenges of refugees and asylum seekers

Poorly controlled chronic conditions

Hypertension, diabetes, epilepsy, badly healed injuries, out of medication



Mental health and specialist support

Depression, isolation, PTSD, torture, FGM, sexual and gender-based violence



Language translation needs

Do you need an interpreter?

What language/dialect?

What gender?

Any cultural needs?



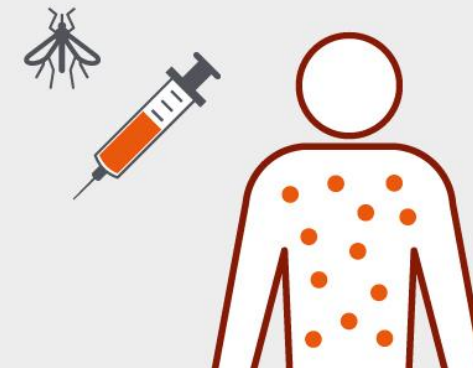
Maternity care

Late presentation, FGM complications, trauma, poverty, malnutrition, holistic support



Untreated communicable diseases

TB, HIV/STIs, parasitic infections, missing vaccines



Initial accommodation centre (IAC) health checks

NHS Outcomes Framework Domains & Indicators

- Preventing premature death.
- Enhancing Quality of life.
- Help people recover from ill-health / following injury.
- Positive experience of care.
- Safe environments and protection from avoidable harm.
- Full (permanent) GP registration support access to other mainstream NHS services.
- Comprehensive health check
- Minimise duplication as individuals moved.

Clinical pathways

- Clinical pathway for Adults and Children over 5 years old.
- Ardens template “Asylum Seekers and Marginalised Group”.
- Several SNOMED codes are embedded into template.

Marginalised group

Ethnic category

Country of birth

Place of origin

Text

Religion

Mode of entry / journey details to UK

Text

Date of entry to United Kingdom

Text

Date of arrival at current accommodation

Text

Signposting to Refugee Council

Text

Language and Interpreter requirements

Please record details of the patient's main spoken and written language below:

Main spoken language

Refusal by patient to provide information about spoken language

Text

Preferred written language

If the patient requires an interpreter, please indicate this below:

Interpreter needed

Interpreter not needed

If there are additional contact requirements (such as for patients with information accessibility requirements), please use the Communication Preferences and this.

Sexuality

Sexual orientation can be recorded if the patient chooses to share this:

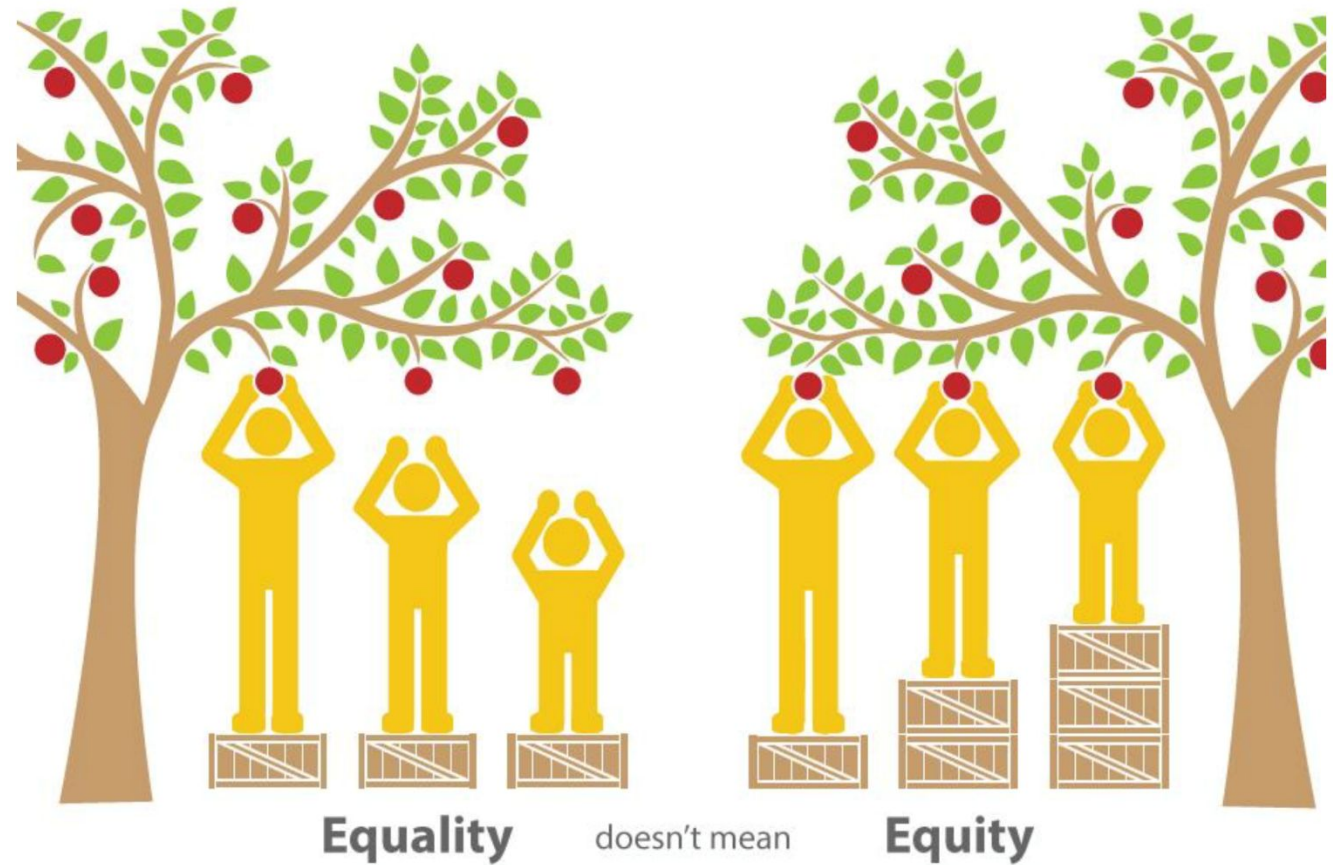
Sexual orientation (if disclosed)

- TRANSMI
- Asylum se
- Template in
- Background
- Ukraine Nati
- Administrati
- Medical info
- Medications
- Social histor
- Lifestyle
- Alcohol scre
- GPPAQ
- QRISK2
- Examination
- Screening
- Infectious d
- Contracepti
- Immunisatio
- Safeguardin
- Resources
- Learning po
- Latest Contac

- OS
- PROXY
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- 06-Jul-1999
- 09-Feb-2004
- 09-Feb-2005
- 09-Jan-2007
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Issues

- Core offer funding
- Latent TB testing
- Finances
- Mental health
- Language barriers
- Staff awareness
- Stigma



Tackling orga

- Training for staff
- Education for patient
- Interpreter feedback
- Data driven approach
- Discussions with ICB
- Engaging with the po
- Strong link

COME ALONG, TALK, MEET PEOPLE, EXERCISE, PLAY,
EVERYONE WELCOME, ALL AGES, ALL LANGUAGES

STAYCITY COMMUNITY WELLBEING

Waldron Health centre (downstairs), SE14 6LD,

28th March

11th April

19th April

4th May

10:30am - 3:30pm

first activity 10:30-12:00

Pilates 12:00-12:40

third activity 13:00-15:30



insist on proof of
ss documents

insist on proof of identification

ask to see a visa or
of immigration status

at you can to protect
t information

n interpreter, if needed

y posters to reassure patients
our surgery is a safe space

wer frontline staff with training
n inclusive registration policy

Resources

- <https://www.doctorsoftheworld.org.uk/>
- <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit>
- https://www.nwlondonccg.nhs.uk/application/files/2216/5063/5140/Health_Safeguarding_Migrant_Refugees_and_People_Seeking_Asylum_Rapid_Read_March_22_one_page_v0.8_002_1.pdf
- <https://www.england.nhs.uk/wp-content/uploads/2022/06/B1604-meeting-the-initial-health-needs-of-people-arriving-in-the-uk-from-ukraine-140622.pdf>
- <https://www.e-lfh.org.uk/programmes/all-our-health/>
- <https://www.refugeecouncil.org.uk/>