DOCTORS OF THE WORLD UK

Lucy Jones, UK Programme Manager

Holly Royston-Ward, Nurse Volunteer
MÉDECINS DU MONDE

PROVIDING ACCESS TO HEALTHCARE FOR EXCLUDED PEOPLE ALL OVER THE WORLD
355 programmes in 82 countries.

INTERNATIONAL PROGRAMMES
Ebola response in Sierra Leone, healthcare along refugee routes in Europe.

DOMESTIC PROGRAMMES
Healthcare to migrants, homeless people, drug users, sex workers, and Roma.
DOCTORS OF THE WORLD IN THE UK

DOTW HAS RUN A CLINIC IN EAST LONDON FOR 10 YEARS

• Provides basic short-term medical care, GP registration advocacy and information to vulnerable and excluded people across the UK.
SERVICE USERS

- **PHILIPPINES 12.6%**
- **BANGLADESH 11.6%**
- **INDIA 11.6%**
- **UGANDA 9%**
- **CHINA 8.3%**

**IMMIGRATION STATUS**
- 15% Asylum Seekers
- 58% Undocumented
- 27% Other/Undefined

73% had been involved in an asylum application
34% required interpreters

**AGE OF PATIENTS**
- Less than 10 years old 1%
- From 10 to 19 years old 3%
- From 20 to 29 years old 22%
- From 30 to 39 years old 33%
- From 40 to 49 years old 24%
- Over 50 years old 20%

**6.5 YEARS**
- The average length of time foreign nationals had been living in the UK before accessing our service
- 36% were living in unstable accommodation
- 77% were living in poverty

**RESIDENTIAL STATUS**
IMMIGRATION STATUS: THREE WAYS TO COME TO THE UK

1. AS A EEA NATIONALS EXERCISING EU TREATY RIGHTS
   *Directive 2004/38/EC:* Citizens of the Union and their family members have the right to move and reside freely within the territory of the Member States.

2. ON A VISA
   To visit, work, study or join a family member or partner in the UK.

3. AS A REFUGEE
## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Asylum seeker</strong></td>
<td>Someone whose entry into or presence in a country contravenes immigration laws. This may include people who have: overstayed their visas; entered the country without declaring themselves; or been trafficked.</td>
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<td><strong>Refugee</strong></td>
<td>A person whose asylum application has been unsuccessful and who has no other claim for protection awaiting a decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical for them to return until conditions in their country change.</td>
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<tr>
<td><strong>Refused asylum seeker</strong></td>
<td>Someone whose asylum application has been successful; the Government recognises that: “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...” Article 1, The 1951 Convention Relating to the Status of Refugees</td>
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<td><strong>Undocumented migrant</strong></td>
<td>A person who has left their country of origin and formally applied for asylum in another country on the basis of the Refugee Convention or Article 3 of the European Convention on Human Rights but whose application has not yet been concluded.</td>
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WHY DO PEOPLE LEAVE THEIR COUNTRY OF ORIGIN / COME TO THE UK?

- War / conflict / genocide
- Persecution (race, religion, nationality, social group, political opinion, sexuality)
- Poverty
- Drought / famine / climate change
- Abuse: FGM, domestic abuse
- Forced marriage / abusive marriage
- Trafficking / modern day slavery
- To join family members (spouse visa or family reunion)
- To work / employment opportunities

2014 UK ASYLUM APPLICATIONS BY NATIONALITY: Eritrea, Pakistan, Syria, Iran, Albania, Sudan, Sri Lanka, Afghanistan, Nigeria and Bangladesh

FIRST 3 QUARTERS OF 2015 SHOWS AN INCREASE IN APPLICATIONS FROM IRAQ

1. HEALTH CONDITIONS AS A RESULT OF POOR LIVING CONDITIONS DURING MIGRATION:
- Exposure > hypothermia
- Lack of access to clean water and sanitation > dehydration, gastroenteritis, skin conditions
- Poor nutrition
- Fires / cooking equipment > respiratory illness

2. PHYSICAL INJURIES
- Dangerous transport (unseaworthy boats, jumping on lorries/over fences)
- Long journeys on foot with poor footwear
- Smugglers transport people in trucks > dehydration and exposure to fumes
- Injuries from police brutality (being hit, rubber bullets, sprayed with tear gas)
- Untreated injuries from war and torture
3. LONG-TERM HEALTHCARE NEGLECT AND POOR MANAGEMENT OF CHRONIC CONDITIONS
• e.g diabetes mellitus, cardiovascular disease, respiratory disease, cancer.
• Medication run out or lost it along the journey
• Dental issues (as a result of poor dental hygiene)

4. DISRUPTION TO HEALTHCARE SYSTEMS AND VACCINE PROGRAMMES OR POOR HEALTHCARE IN COUNTRY OF ORIGIN
• Return of polio to Syria after 14 years, vaccination coverage declined from 99% to 52%.
• DOTW staff in Greece observed worst general health amongst Iraqis than Syrians
IMPACT OF JOURNEY ON HEALTH

5. MENTAL HEALTH

‘DOTW have found significant prevalence of psychological and psychiatric suffering in the migrant population of Calais, including post-traumatic stress disorder, addictions, stress, anxiety, sleep disturbance and somatisation.’ Birmingham University report

WITNESSED AND / OR EXPERIENCED WAR / VIOLENCE / ABUSE

SEXUAL VIOLENCE IN REFUGEE CAMPS AND WHEN DESTITUTE

LOST / SEPARATED FROM FAMILY MEMBERS AND FRIENDS

IMPRISONMENT, DETENTION AND TORTURE
SYRIAN VULNERABLE PERSON RESETTLEMENT PROGRAMME

JANUARY 2014, UK GOVERNMENT LAUNCHED RESETTLEMENT PROGRAMME

GRANTED FIVE YEARS HUMANITARIAN PROTECTION

• Able to work and access mainstream welfare services.
• Once in the UK local authority and NGO partners provide 12 months integration assistance: housing, welfare benefits, access to health services, employment, volunteering, education, banking services.
HEALTHCARE ENTITLEMENT IN THE UK: PRIMARY CARE

EVERYONE IN THE UK IS ENTITLED TO FREE PRIMARY CARE

NHS ENGLAND STANDARD OPERATING PRINCIPLES ON GP REGISTRATION STATE:

Immigration status is not relevant.

GP practices should not withhold registration and appointments because a patient does not have the necessary proof of residence or personal identification.  

1NHS England, Patient Registration Standard Operating Principles for Primary Medical Care (General Practice), 2015
BARRIERS TO HEALTHCARE: GP REGISTRATION
Tavish, 28, Sri Lanka

“\text{I have a lot of pain on the body and I am not sleeping well, I have really bad dreams}”

“I think a lot, reliving things.”
Semira, 28, Eritrea

“The first thing they said is ‘What is your address?’”

I told them ‘I don’t have an address’, so they took back the registration form.”
PEOPLE WHO ARE NOT ORDINARILY RESIDENT ARE CHARGED FOR SECONDARY CARE

ORDINARILY RESIDENT

Those with indefinite leave to remain (i.e. 5 years after being granted refugee status).

150% NHS tariff.

EXEMPTIONS

• A&E, certain infectious diseases, family planning.
• Asylum seekers, refugees, those granted humanitarian protection and some a refused asylum seekers (receiving S.4/95 support).
• Victims of trafficking or modern day slavery.
• Victims of violence: domestic violence, sexual violence, torture and FGM)- for treatment relating to their vulnerability only.
• Children under the care of a local authority and treatment under the Mental Health Act.
IMMEDIATELY NECESSARY AND URGENT CARE

• Must be given regardless of someone’s ability to pay.
• Patients should not be discouraged from accessing it.
• Patients should not have their treatment delayed to determine chargeability.
• It must be provided and then billed afterwards.

Only clinicians can make an assessment as to whether a patient’s need for treatment is immediately necessary, urgent or non-urgent.

All maternity services, including routine antenatal care, are immediately necessary.
In November 2015, we were contacted by the friend of a 32-year-old Sri Lankan asylum seeker, who had been admitted to hospital in London and diagnosed with end-stage colon cancer. His doctor advised he needed palliative chemotherapy but, because the Home Office had given the Overseas Visitor Manager (OVM) incorrect information on his immigration status, the referral could not be made unless he paid in advance. After we made a number of calls to the OVM the asylum seeker’s status was clarified and the hospital referred him for the care he needed.
One Woman’s story
HUMAN TRAFFICKING AND MODERN-DAY SLAVERY

• The recruitment, transportation, transfer, harbouring or receipt of persons,
• by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits
• to achieve the consent of a person having control over another person,
• for the purpose of exploitation \(^{(\text{UNTOC})}\)

FOR CHILDREN UNDER 18 YEARS

• The recruitment, transportation, transfer, harbouring or receipt of persons, for the purpose of exploitation

2014 UK Government estimates 10000 -13000 victims.
1 in 4 victims of trafficking are children \(^{(\text{SOCA & UKHTC, 2012})}\)
2nd most profitable criminal industry \(^{(\text{US Dept of State, 2010})}\)

REASONS FOR TRAFFICKING
Sexual exploitation (31%); Forced labour inc. agricultural, construction, food processing, hospitality industries, in factories (22%); Criminal activity inc. cannabis cultivation, street crime, forced begging, benefit fraud (17%); Domestic servitude (11%); and Organ harvesting (<1%)
**IS SHE ENTITLED TO PRIMARY CARE?**
Everyone is entitled to healthcare regardless of nationality or immigration status.

**WHAT BARRIERS MAY SHE EXPERIENCE WHEN ACCESSING PRIMARY CARE?**
- Controlled by traffickers (their fear of authorities)
- Her fear of authorities
- Presumed not entitled
- Lack of proof of address / ID
- Immigration status / no visa
- Language
- Fear of charges

**WHY IS HER ACCESS TO HEALTHCARE IMPORTANT?**
- Individual health
- Sexual health screen
- Safeguarding / identifying victims.
STUDY ON HEALTH CONSEQUENCES OF TRAFFICKING FOUND:

• Victims often exposed to high levels of physical and sexual abuse and serious work-related health risks.
• Women and children particularly likely to experience sexual violence.
• Symptoms of depression, post-traumatic stress disorder, and anxiety are prevalent.
• Victims often presented with large variety of health complaints, such as headaches, back pain, dizziness and memory problems.
• Studies show >50% of victims had encountered a healthcare professional while in a situation of trafficking, yet none were identified as a victim.

HEALTHCARE WORKERS ARE IN A UNIQUE POSITION TO RECOGNISE VICTIMS

• **Minister for Public Health:** 'The NHS may be the one public agency to which a victim can turn for assistance.'
• **Home Office guidance:** ‘Pregnancy is one of the possible indicators of sexual exploitation and maternity service therefore a key place of identification.’
RECOGNISING POSSIBLE VICTIMS

In situations where there appears to be an element of control (such as presence of a minder, someone speaking on behalf of patient), trafficking must be considered.

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<th>RED FLAGS</th>
<th>PHYSICAL SIGNS</th>
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<td>Inconsistent or scripted history</td>
<td>Signs of physical trauma, including old injuries</td>
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<td>Unable to give address or doesn’t know current city</td>
<td>Unusual infections such as TB or Immunisable diseases</td>
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<tr>
<td>Very poor English (considering length of time in UK)</td>
<td>Multiple sexually transmitted infections</td>
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<td>Late presentation</td>
<td>Several somatic symptoms arising from stress</td>
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<td>Carrying large amount of cash</td>
<td>Malnutrition, dehydration</td>
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<tr>
<td>Appearance younger/older than stated age</td>
<td>Multiple pregnancies or abortions</td>
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<td>General physical neglect</td>
<td>Unusual occupational injuries</td>
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<td>Children who express interest in, or may already be in, relationships with adults</td>
<td>Branding tattoos or other types of branding (cutting, burning)</td>
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<tr>
<td>Unusually high number of sexual partners</td>
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<td>Drug/Alcohol Addiction, especially in children</td>
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<td>Lack of documents</td>
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<td>Child, they have an unclear relationship with the accompanying adult</td>
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WHEN SHE SAW A GP THEY REFERRED HER ONTO SECONDARY ACRE FOR A CHEST X-RAY.

**IS SHE ENTITLED TO FREE SECONDARY CARE?**

- Secondary care is chargeable for undocumented migrants
  But victims of trafficking are exempt from healthcare charges

- However, this depends on:
  - A healthcare professional recognising that she is a victim of trafficking
  - Her being accepted onto the National Referral Mechanism (NRM)
Volunteering as a nurse in our clinic
Cynthia, 48, Zambia

A 48 yr old woman came to the UK on a student visa in 2005.

Discovered children who were with her ex-husband in Zambia were being physically abused, and so brought them to UK - could not afford childcare and so was unable to continue her studies - evicted from their flat and became homeless.

Had been registered with a GP but was de-registered when she became homeless, tried to register again with her children but denied as she no longer had any proof of address.

Presenting problems:
1. Feeling generally unwell and ‘stressed’

“She was cachectic, anxious, emotional, and clearly very unwell. She was breathless on minimal exertion, and had a cough. Her pulse was racing, her blood pressure was high, and it was clear she needed emergency medical care.” Dr Emma Preston

Action taken
1. Seen by DOTW clinician and sent to A+E, she was admitted to hospital and diagnosed with thyrotoxic crisis
2. Assisted register with GP for her and her children

“A person’s health is the most important thing, no matter what other troubles you have.”
Lucy, 21, Greece

A 21 year woman born in Greece but with Sierra Leone passport, mother from Sierra Leone
Suffered physical and sexual abuse as a child, mother alcoholic

Mother left when she was 19 and she was left destitute and homeless, was taken in by a woman who forced her into sex work

Fled Greece aged 21, travelled to the UK via the Netherlands. Did not think she was eligible to register with a GP.

Presenting problems:
1. Heavy prolonged painful periods, bleeding almost every day
2. Symptomatic anaemia - feeling dizzy, tired and SOB

A friend had gone to her own GP and complained of similar symptoms in order to get her some medication – was prescribed tranexamic acid and co-codamol

Action taken
1. Assisted to register with GP
2. Advised to see GP for further Ix and treatment of menorrhagia, given letter to take with her
3. Given information for local sexual health clinic
4. Signposted Lewisham IAPT and given info on how to self refer for psychological support and where to seek help in crisis
5. Booked in for mobile TB screening
6. Signposted to Praxis for immigration advice
DOTW’S POLICY RECOMMENDATIONS

• Full access to free primary, emergency and other essential care for everyone living in the UK.
• Exemptions from healthcare charges for children and pregnant women living in the UK.
• NHS information should not be shared with the Home Office, accessing treatment should never be used as a means of immigration enforcement.
• Health professionals should be supported to take care of all patients regardless of their administrative status.
THANK YOU
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