

<b>Committee</b> Health Scrutiny Panel	<b>Date</b> 19th April 2011	<b>Classification</b> Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Report of:</b> New Residents and Refugee Forum  <b>Originating Officer:</b> Vaughan Jones, Vice Chair		<b>Title:</b> New Residents and Refugee Forum – Health report  <b>Ward(s) affected:</b> All		

**1. Summary**

- 1.1 This report sets out the background of the Tower Hamlets New Residents and Refugee Forum and sets out the findings of its work with residents looking at access to healthcare services.

**2. Recommendations**

- 2.1 The Health Scrutiny Panel is asked to comment on the findings and the recommendations of the Tower Hamlets New Residents and Refugee Forum.

## **Tower Hamlets New Resident and Refugee Forum Recommendations from Health Seminar, December 2009**

The Tower Hamlets New Residents and Refugee Forum (NRRF) is a multi-agency forum which comprises of members drawn from the local authority, statutory services, third sector organisations (including faith and cultural groups) as well as direct community representatives. The NRRF convenes to allow members of new communities to have a voice within local services and policy areas.

In late December 2009 the focus of the NRRF was 'Access to Healthcare for New Residents'; over 70 participants attended to share their experiences of accessing healthcare and their views on current provision in the Borough. Key issues raised at the forum were then the focus of a Working Group in April, which met to outline next steps in improving services for these community members.

Included below are some specific proposals from the forum which we believe would contribute to direct improvement in the experiences of Tower Hamlets residents in accessing healthcare as well as sustaining costs savings by reducing the number of people who have to access healthcare inappropriately, such as through Accident and Emergency because it is their only alternative. The NRRF request the Health Scrutiny Panel note these key issues emerging from the Health seminar and consider ways it can support the NRRF to take forward these strategic recommendations.

### **Background**

Major barriers in accessing healthcare exist for new residents and refugees who are often the most vulnerable members of our community. Some people do not know how to access NHS services. Others lack information in their own language and are unable to understand how the NHS works or how to register with a GP. Similarly, some are not clear about their rights to NHS treatment whilst some NHS staff are unclear about eligibility or entitlements to healthcare. Some GP surgeries, unaware of the discretion they are entitled to use have turned away new community members on the basis of immigration status incorrectly. If people are barred access to GPs, they will be left with no other choice than to seek care at A&E centres<sup>1</sup>.

Race Equality Foundation (REF), provided a keynote speaker at the forum who outlined the regional policy context:

Stereotypes continue to prevail and BME communities continue to be perceived in a particular light. Ethnicity has both risk and protective factors, for example older people from BME communities have a stronger state of mental well being, and kin relationships constitute a protective hub for community members. At a community level, research shows that poor young males are more likely to be murdered if they live in a high crime area which should therefore be considered as a health factor/risk. Risk factors exist for those escaping war but health access can be improved if community members have access to education.

Evidence suggests that there are significant improvements but racism persists. Infant mortality continues to be present as an issue for the Pakistani and Caribbean community. Appropriate and accessible healthcare can and do transform healthcare experiences and improved services for BME communities translates into an improved service for all underlining the false misconception that BME communities are unfairly given too much attention in the tailoring of services.

Evidence must drive the tailoring of services – such an approach has seen improvements in smoking cessation amongst Bangladeshi men and a reduction in Prostate Cancer for

Caribbean men. Such an evidence based approach can lead to effective engagement; address access issues and; help to develop appropriate services.

Doctors of the World UK (formally Medecins du Monde) gave further insight into the experience and issues faced by new migrant in relation to accessing healthcare:

Doctors of the World's "Project London" is a Tower Hamlets based advocacy service for vulnerable communities including new and established migrant communities. Doctors of the World UK records the issues faced by vulnerable communities to further their advocacy work, and have highlighted the top five barriers to accessing healthcare which include (1) administrative difficulties, (2) knowledge of systems, (3) language barriers which leads to further problems in diagnosing and prescribing, (4) fear of reporting to the UKBA who have recently been writing to GPs/PCT requesting information on their patients, and (5) refusing to provide care.

The fact that Doctors of the World UK is needed to provide a service like Project London highlights the shortcomings of the NHS. Patients should only be turned away from GPs for 2 reasons; (1) the patient lives outside the GP catchment area and (2) the registration list is closed. There are high risks in people not being able to access healthcare, highlighted by the rise in measles due to people not accessing injections. A further risk lies in people accessing healthcare elsewhere. Apart from being unlawful (please see attached slides), refusing people healthcare is also uneconomic with the cost of a GP representing a quarter of the cost of A&E and also impeding national targets of seeing 4 patients an hour.

## **Findings and recommendations**

### **1. Guidelines and Training for front-line staff**

The first concern to new residents and those working alongside these communities is the lack of clarity which exists at the front line service provider level, particularly within GP practises, in relation to new communities and their entitlement and eligibility for primary care. Forum members shared experiences of secondary care rules being implemented at a primary care level. This was further substantiated by third sector advocates, particularly Doctors of the World UK who provide health advocacy to those unable to access healthcare services.

Although no definitive figures exist which quantify the number of people unable to access primary healthcare due to the often irregular and hidden nature of the most vulnerable community members, a recent Freedom of Information request revealed that the number of persons admitted to the Accident and Emergency department at The Royal London Hospital who were not registered with an NHS GP was 18,847 in the year 2008 and 17,075 in 2009<sup>ii</sup>. Please find attached anonymous case studies which point to current practise.

The forum recommends that simple guidelines which provide clarity be provided to front-line staff. Currently, confusion and misunderstanding cause people to be refused registration and treatment incorrectly. We are aware that such practises are creating misgivings and fear amongst the communities with an obvious impact on their health. Please find attached guidance produced by Doctors of the World UK, which may act as a guide and would constitute a step forward in tackling this issue. The forum also recommends this is complemented by training to all front line staff as part of their induction and to become a regular feature of any ongoing training programmes.

### **2. Enforcement of written confirmation of refusal to register**

A second concern was raised in relation to community members being refused GP registration without a letter being issued to confirm the reason addressing why they could not register. This

should be standard practice, and whilst it is not put into practice the London Borough of Tower Hamlets is unable to keep track of the number of people who are being refused primary healthcare access. The forum hopes you will be able to take a lead to ensure all GP practices are fulfilling this statutory duty.

Other recommendations include providing GP registration forms in languages which reflect our diverse borough, and finding some measure of GP registration practises within the Quality and Outcomes Framework Assessment to ensure best practice is always implemented.

Representatives of the forum greatly appreciate the opportunity to come and discuss these concerns and recommendations with the Health Scrutiny Panel in further detail.

---

<sup>i</sup> Médecins du Monde UK Annual Report 2007

<sup>ii</sup> It should be noted that this figure also includes those who had no 'valid GP code' entered.