

# Migrant Health Care Needs

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# Why do people come to the UK?

Immigration statistics for the year ending June 2020

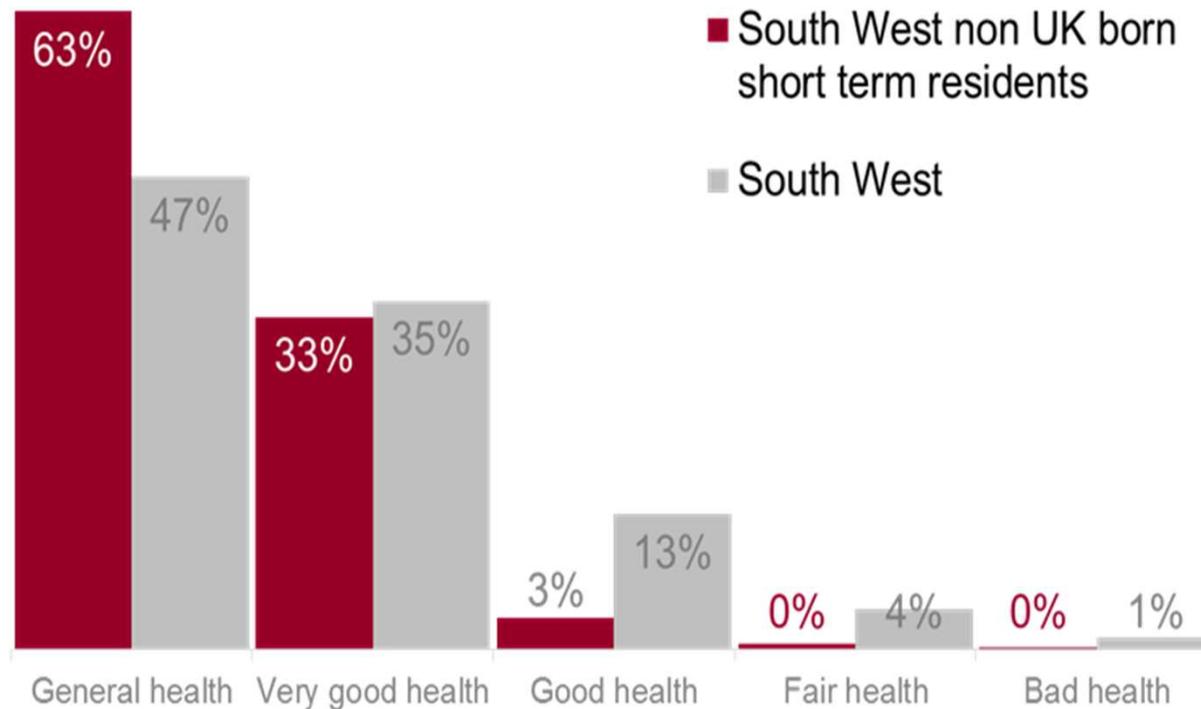
- **Work**- There were 144,938 work-related visas granted
- **Study** - 255,776 Sponsored study (Tier 4) visas granted
- **Protection** - There were 32,423 asylum applications, 53% of applications, at initial decision, resulted in grants of asylum, humanitarian protection or alternative forms of leave
- **Resettlement** The Vulnerable Person Resettlement Scheme (VPRS) resettled 19,768 refugees in the UK from 2015-June 2020.

# How many refugees and asylum seekers live in Bristol

- Each quarter, about 225 asylum seekers are housed in dispersed accommodation and about 20 people receive subsistence support
- Additional 116 asylum seekers into city centre accommodation
- In any one year, there are at least 259 people eligible for a 'within one year of status' service from the Bristol Red Cross.
- From March 2016 – March 2020 VPRS resettled 381 people. .

# Different levels of needs across groups

Census 2011, South West



[www.nomisweb.co.uk/census/2011/uk\\_migration](http://www.nomisweb.co.uk/census/2011/uk_migration)

# Inclusion and Accessibility

<b>Good practice Information, Advice and Guidance</b>	<b>Good practice Advocacy</b>
<p>In Bristol, all asylum seekers and refugees (AS&amp;R) can be referred to the Haven, who will register AS&amp;Rs with a GP and undertake initial checks for physical and mental health needs and immunisations.</p> <p>The Traumatic Stress Service commissioned translated videos explaining mental health pathways in Bristol and the service provides interpreters.</p>	<p>The Vulnerable Person's Resettlement Scheme (VPRS) offers support workers for each resettled family who support the family for five years.</p> <p>Barnardo's befrienders can support unaccompanied asylum seeking young people to support them to have their health needs met.</p>

# Advocacy

- Case study 1 :
- A 67 year old refugee who arrived in the UK in March 2020 had three hospital admissions for breathlessness and heart palpitations. In September 2020, his support worker asked the GP surgery for a referral for an OT assessment and wheelchair services. The surgery refused a GP appointment, referring the refugee to the Red Cross for a wheelchair

## Case Study 2 :

A child with acute disseminated encephalomyelitis has seven consultants

An adult with tetraplegia is supported by a specialist unit in Salisbury, an OT and three consultants.

An adult with liver failure has 3 consultants

Parents of a child with kidney failure need to learn how to deliver home dialysis

# Dentistry

Case Study 3. A refugee had tooth ache for 2 weeks and then asked to see a dentist.

- Day 1 – Support worker phoned 111 @8.00am and had four way conversation the client and organised for an interpreter to be on the line. Awaiting triage from local dentist
- Day 5 – Triage/Local dentist phoned the refugee and used telephone interpreting.
- Day 6 – Refugee took a taxi to the emergency appointment at Charlotte keel(organised by triage). At this appointment necrotic pulp was identified and the dentist prescribed antibiotics and pain meds
- Day 10 - The refugee took a taxi to South Bristol Hospital for a tooth extraction

# Charging

- Over a third of Doctors of the World patients affected by NHS hospital charging have been deterred from getting care, including heavily pregnant women and people suffering from cancer, diabetes and kidney failure, according to new studies. Research, conducted by post-graduate students at Kings College London reports NHS patients being charged up to £80,000 for their treatment. This often left vulnerable people with debts they were unable to clear, even years later.

# Charging

## Case Study 4

- All refugees on the VPRS arrived in the UK with national insurance numbers and ID cards evidencing their refugee status and entitlement to free health services. However every family has received at least one charging letter. These letters are extremely upsetting; the bills are often for thousands of pounds

## Case Study 5:

- The BCC Asylum Team support people with no recourse to public funds who have rights under the Children Act or Care Act. Their clients receive very large bills which are written off because the clients have no ability to pay as they receive subsistence from the local authority.

# Recommendations

<b>1</b>	<p>For public health to set up a task and finish group to develop</p> <ul style="list-style-type: none"><li>• information for professionals and supporters including information on needs in the JSNA</li><li>• good translated information explaining how primary care services work</li><li>• Provide ESOL for Health courses</li><li>• to support the use of community champions and ambassadors to assist with sharing public health messages to specific refugee communities</li><li>• Organise Community Health Workshops for migrants to learn about specific health issues, e.g Vitamin D deficiency, managing diabetes</li></ul>
<b>2</b>	<p>To develop a shared policy between Bristol's NHS Trusts in regards to migrant healthcare charging which would include have data sharing agreement to prevent the production of charging letters to people who are not required to pay for health services</p>
<b>3</b>	<p>For the Board to engage with national-level campaigns which are advocating for a change in the rules on migrant healthcare charging.</p>
<b>4</b>	<p>For the CCG to purchase</p> <ul style="list-style-type: none"><li>• sufficient trauma informed psychological support to AS&amp;R children living with their families</li><li>• sufficient halal flu vaccinations as an alternative to the nasal spray flu vaccination</li></ul>