

Providing access
to healthcare for
refugees arriving
in the UK, mental
health crisis
support, and
meeting IASC
Guidelines



Dr Peter Gough

Family Doctor

Volunteer and Trustee Doctors of the World, UK



Refugees, Asylum Seekers and Undocumented Migrants

- **WHY** a Doctors of the World in the UK?
- **BARRIERS** to accessing healthcare in the UK
- **HOW** does Doctors of the World respond?
- Important **SPECIFIC CONSIDERATIONS**
- An **APPROACH** to address the issues
- **LOOKING AFTER OURSELVES AND COLLEAGUES**



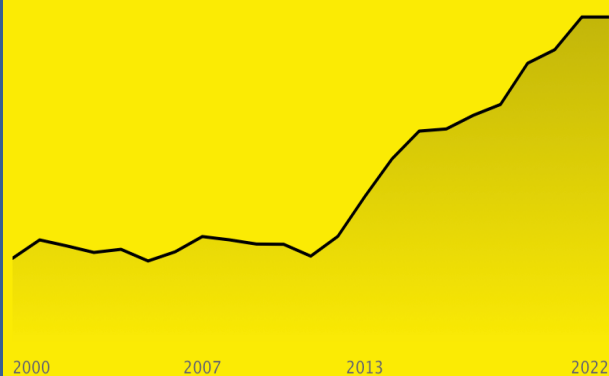
The Context



103 MILLION

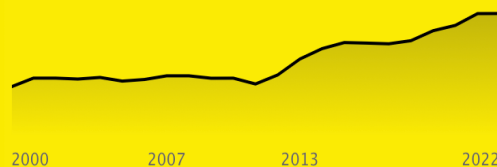
Forcibly displaced people worldwide

While a full picture is yet to be established, UNHCR estimates that global forced displacement has reached 103 million at mid-2022.



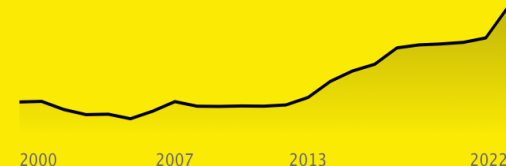
53.2 MILLION

are internally displaced people (Source: IDMC, as of end-2021)



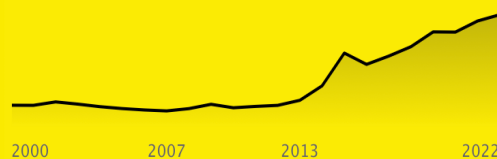
32.5 MILLION

are refugees (as of mid-2022)



4.9 MILLION

are asylum-seekers (as of mid-2022)



5.3 MILLION

are other people in need of international protection (as of mid-2022)



Millions of individual journeys and stories



**Just some of the
people I have met in
the Doctors of the
World Clinic in
London....**

Afia, the wrong sort of Christian



- In her 30s
- Came in with headaches and tummy aches
- Nothing physical to find
- Explored:
- Imprisoned in Eritrea for being a Pentecostal Christian
- Escaped
- Lorry to Europe
- Not believed by Home Office because speaks Amharic (family moved to Eritrea from Ethiopia when she was 15)
- Spending her nights on London buses to stay safe.



Dembe a lesbian from Uganda

Dembe

- 32 years old
- Came with 6 months old baby, miserable with a cold and temperature
- Baby: Viral URTI
- Mum still looked troubled....
- Age 15 parents found her with girlfriend.
- Pulled out of school
- Forced to marry
- 4 children in violent relationship
- Last year found with girlfriend.
- Both arrested and imprisoned.
- Raped by police
- Escaped and managed to get to UK
- Now presents with policeman's baby and unable to see her other 4 children.....
- Understandably severely depressed



Samuel tortured in the Democratic Republic of Congo

- 26year old man
- Tortured for his political views
- Escaped and migrated to Europe hoping to be granted asylum
- Now sleeping in a park and suffering from PTSD as well as abuse from passers by



**Faith, from West
Africa.
Undocumented
and developed
breast lump after
she got to UK**

- 36 years old
- Came to the UK 3 years ago
- Undocumented.
- Developed a breast lump 18 months ago but too frightened to see a doctor.
- Now presents because breast fungating, weeping and infected.
- Having to apply frequent dressings
- When she walked in, we thought she had a baby under her cardigan



Esther, undocumented and suffering Domestic Violence

- 28 years old
- Came to the UK 5 years ago on student visa and stayed
- Undocumented.
- Presents with broken teeth
- Recent bruising on limbs, with evidence of finger marks
- Multiple cigarette burn scars
- Living with European man in provincial town who is documented and knows she cannot go to the police
- Similar problems seen frequently amongst trafficked women



Ahmad, an age-disputed child requiring surgery

- 15 years old
- Arrived in UK 1 year ago after being smuggled
- As an Unaccompanied asylum-seeking child (UASC), has been fostered and in mainstream school.
- Settled in. Keen cricketer and beginning to deal with the traumas he has experienced.
- Has a surgical problem requiring an operation and is on an NHS waiting list
- Teacher disputes age, claiming that he is in his 20s
 - Taken out of school.
 - Removed from foster parents.
 - Now with a variety of hosts
 - Taken off NHS waiting list.
- Now classed as undocumented.
- Brought to Doctors of the World for GP to reassess the need for surgery
- GP, who has had 4 sons himself, feels that he is clearly 15 years old.....



**Hammad,
Suffering from
severe
depression and
discharged from
detention centre
with no
medicines.**

- 33 years old
- Worked in IT job for his country's Government
- Stood up to them when he was asked to use his skills to spy on individuals
- Imprisoned: in solitary confinement in a cell with no windows for 6 months.
- Escaped.
- Suffered from severe depression and poor sleep and was getting medication by post from India during his migration to the UK.
- On arrival, not believed and put into detention
- Now released and no medication; still suffering from severe depression, poor sleep and probable PTSD



Pregnant and too frightened to access NHS care

- Very common situation
- Fear of authorities
- Fear of cost
- Late presentation and therefore inadequate antenatal care
- One women came to our clinic in labour....



UNDOCUMENTED

Healthcare for the hidden

The presenting issues
in **GENERAL
PRACTICE** are the tip
of the iceberg and an
OPPORTUNITY for
holistic assessment and
help



Vulnerable people fearful of accessing this help



Arrest, detention, deportation resulting from NHS data sharing and charging debts

Health stigma affecting asylum process: HIV, Mental Health

Trust in health professionals (pre-migratory experiences)



Rose from Nigeria “tried so many times to get registered with a GP, but kept getting refused”

“I felt insulted.

I felt nobody would help me.

Nobody would let me see a doctor.

I had given up believing I could access medical care”

DOCTORS OF THE WORLD

in f t e s g+

NEWS ARTICLE

MY STORY – SURVIVING ABUSE AND BECOMING A HUMAN RIGHTS ADVOCATE

Recent News

Published 25th November 2022

Content warning: mention of child abuse, neglect, suicidal thoughts.

The look on the doctor's face said it all. The patronising tone confirmed it. The GP practice was going to turn me away and stop me registering.

They made me feel less than human. It wasn't the first time this had happened. I'd tried so many times to get registered with a GP, but kept getting refused. I **felt insulted. I felt like nobody would help me. Nobody would let me see a doctor. I had given up believing I could access medical care.**



Barriers to accessing the NHS

LACK OF KNOWLEDGE amongst those working in NHS

FEAR amongst Migrants



EVERYONE IN THE UK IS ENTITLED TO FREE NHS PRIMARY CARE

‘...all asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice’

NHS England, Primary Medical Care Policy and Guidance Manual (PGM) (v3) February 2021

EVERYONE IN THE UK IS ENTITLED TO FREE NHS PRIMARY CARE



NHS



Primary Medical Care Policy and Guidance Manual (PGM) (v3)

NHS
England



Patient Registration

Standard Operating Principles for Primary
Medical Care (General Practice)

Health professionals lacking knowledge on rights and entitlements

- Difficulties registering with GP
- Eligibility checks for free Secondary Care
- Delayed treatment
- Treatment incorrectly refused.



Equality and
Human Rights
Commission





Despite DOTW advocacy many GP practices refused to register patients

20% of practices refused

Reasons given:

Lack of photo ID (34%)

No proof of address (33%)

Immigration status

REGISTRATION REFUSED

A study on
access to GP
registration in
England

Update 2017



Worrying inequities in access to primary care for
homeless, asylum seekers, undocumented migrants
and survivors of modern slavery and trafficking



How does Doctors of
the World respond?

Doctors of the World clinic in London

- Volunteer doctors, nurses and caseworkers
- Provide essential care and support to men, women and children
 - FLED CONFLICT AND DISCRIMINATION
 - ESCAPED TORTURE, EXPLOITATION AND POVERTY
- Many still under the radar and struggle to survive
- Often homeless or in unstable accommodation and living below the poverty line





CHALLENGES VULNERABLE MIGRANTS FACE WHEN ACCESSING CARE IN THE UK

- Lack of **understanding** of the functioning of the **NHS** and how to access various services (GP, dentist, secondary care)
- **Cultural differences in healthcare** (e.g. GP system, access to medications, secondary care referrals)
- **Language** barriers/ lack of interpreting provision
- Initial lack of **documentation**
- Fear of being **arrested**





HC1 (SC)

NHS

Claim for help with health costs

Do you find it difficult to pay for:

- NHS prescriptions;
- NHS dental treatment;
- NHS wigs and fabric supports;
- sight tests, glasses or contact lenses; or
- travel to receive NHS treatment if referred by a doctor (GP or hospital doctor) or dentist?

You might be entitled to help with these health costs through the NHS Low Income Scheme

Note - If you are getting Income Support, Pension Credit Guarantee Credit, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Universal Credit or have a Tax Credit Exemption Certificate you are already entitled to full help with these health costs, you don't need to fill in this form - when you get treatment tell the practitioner which benefit / credit you are getting. You may be asked for evidence.

- **We aim to FIND EVERYONE A GP**
- **HELP WITH HEALTH COSTS for people not eligible for benefits**
- **FOLLOW-UP the most vulnerable**
- **ADVOCAY FOR INDIVIDUALS: Hospital access and costs**
- **ADVOCACY THROUGH EVIDENCE-gathering (Expert Consortium)**
- **POLITICAL ADVOCAY. Campaigning for a pause in charging in order to gather evidence**



Women and Children's Clinic

- Help accessing services
- Explain NHS charging
 - Very complex for pregnant women ineligible for NHS care
 - Often extremely vulnerable
 - Can't afford the bills
- Reassured to access antenatal care as that in their and child's best interests
- Children average age 7 years
- Arrange registration with a GP
- Encourage UK childhood immunisation programme

Two Mobile Clinics

”Pop-up” Clinics

- Hackney Migrant Centre
- Voice of Domestic Workers
- Lewisham Refugee and Migrant Network
- Gipsy Roma Traveller Communities
- Rough sleepers in City of London and Haringey

Care for the most vulnerable who would not be able to access east London clinic

Birmingham





Alex Malet, *Homeless Health Nurse* at Doctors of the World UK





Resources For Medics

Clinic

Contact Us

Search ...



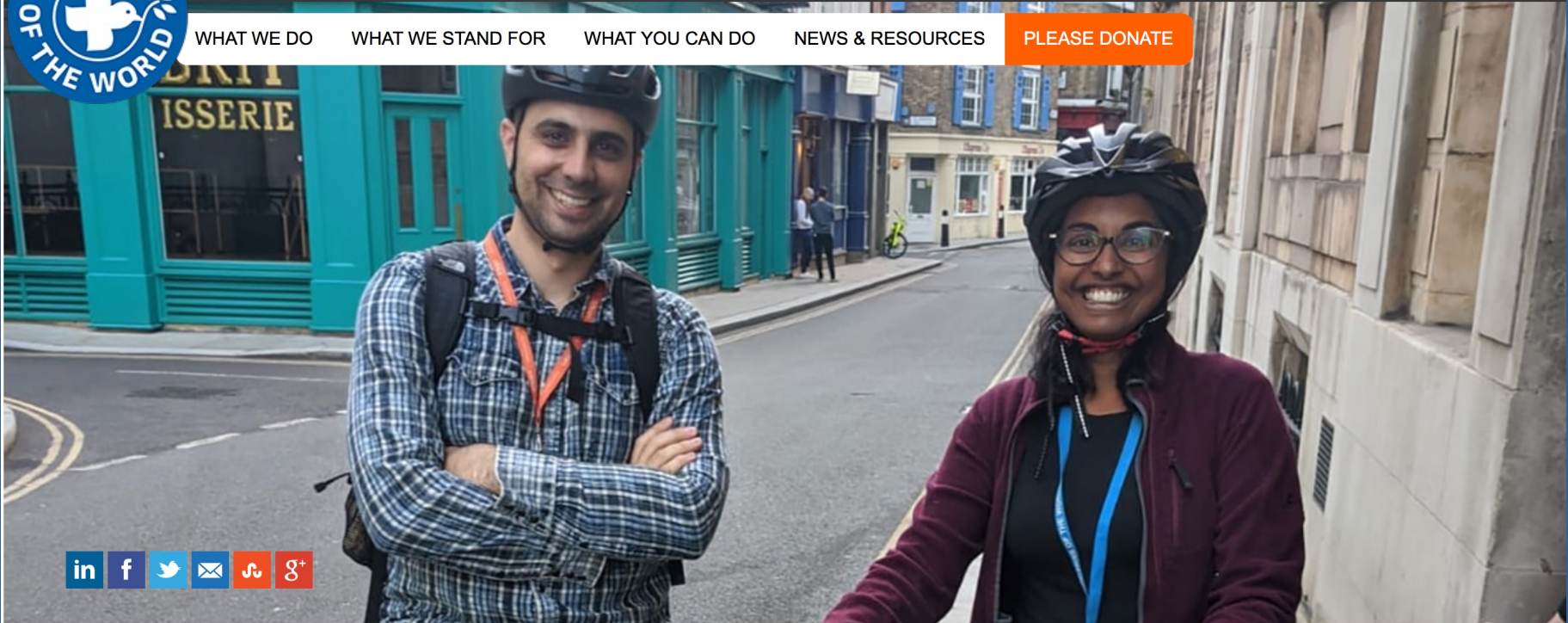
WHAT WE DO

WHAT WE STAND FOR

WHAT YOU CAN DO

NEWS & RESOURCES

PLEASE DONATE



NEWS ARTICLE

PART 2: HOW I'M HELPING ROUGH SLEEPERS IN LONDON ACCESS HEALTHCARE

Published 14th August 2020

Continued from [Part 1](#).

Recent News



Dr Durga Sivasathiaseelan, NHS GP and Mobile Clinic Coordinator, on the City of London pilot project



[Resources For Medics](#)

[Clinic](#)

[Contact Us](#)

Search ...



[WHAT WE DO](#)

[WHAT WE STAND FOR](#)

[WHAT YOU CAN DO](#)

[NEWS & RESOURCES](#)

[PLEASE DONATE](#)

Coronavirus advice

Latest government guidance
Translated into 60 languages



[CORONAVIRUS INFORMATION](#)

**DOTW online
COVID-19
advice**

COVID-19

- Remote consultations and “Online Team”
- Written and video information in 80 languages


Latest update: 20/07/20 12:00

MIGRANTS' RIGHTS TO HEALTHCARE

- Do you know YOUR rights? -

Reference: GOV.UK, 2014 (Updated 2020). NHS entitlements: migrant health guide [online]. Website: <https://www.gov.uk/guidance/nhs-and-emergency-services-migrant-health-guide-for-arriving>

FREE registration and consultation with a GP – you DO NOT need to prove your identity or immigration status at this point



NHS services which are FREE for everyone, regardless of immigration status

- Diagnosis of infectious diseases, including HIV and tuberculosis
- Family planning services
- Palliative care services provided by a charity or private provider
- NHS 111 advice service
- Accident and Emergency services
- Any treatment due to sexual or domestic abuse, FGM, and torture

ANY services which are **NOT** covered above may require additional charges unless **YOU** belong to **ONE** of the following **GROUPS**:


- Children looked after by a local authority
- Refugees, asylum seekers' and dependents of refugees and asylum seekers
- Immigration detainees
- People treated under the Mental Health Act
- Refused asylum seekers receiving "Section 95" & "Section 4(2)" support
- Survivors of trafficking

To **RECEIVE** this exemption, your immigration status may be checked.

COVID-19 TEST AND TREATMENT


Being tested and treated for COVID-19 is FREE for everyone

If you are experiencing **ONE** of these symptoms:



Fever Continuous dry cough Loss of sense of smell or taste

Please use any of these **FREE** services related to COVID-19 including:



- Getting advice from a GP
- Getting advice from NHS 111 helpline
- COVID-19 diagnostic swab test
- Hospital treatment if COVID-19 positive

NO immigration checks are needed if you **ONLY** have testing or treatment for COVID-19

If you **DON'T** have a GP, contact **DOTW UK** for free support:
0808 1647 686 or clinic@doctorsoftheworld.org.uk



Six ways to improve your wellbeing

It's OK to not feel OK during challenging times.

Lots of people are feeling anxious about the current situation and may be worried about friends and family in other parts of the world. These are challenging and uncertain times for everyone, but some people are finding it harder than others because of their personal circumstances.

Some of us are feeling confused and uncertain about our future here, and many of us are feeling lonely and finding it difficult being far away from our loved ones. It's normal to feel these things, because none of us are superhuman.

p1



COVID-19 Online Videos

No immigration checks
are **required** to receive a test



These are available in 11 priority languages:
Bengali, Bulgarian, English, Kurdish Sorani, Polish,
Portuguese, Romanian, Spanish, Traditional Chinese, Turkish
and Vietnamese.



Doctors of the World **Safe Surgeries Network**



WE LAUNCH SAFE SURGERIES NETWORK AS RESEARCH SHOWS EXTENT OF WRONGFUL GP REGISTRATION REFUSALS

www.doctorsoftheworld.org.uk/safe-surgeries

If you are interested email:

[**SafeSurgeries@doctorsoftheworld.org.uk**](mailto:SafeSurgeries@doctorsoftheworld.org.uk)



Where do you
begin?



Listen Bear witness

Be prepared to *“swim with the sharks”*

You don't have to fix it



Interpreters

PROFESSIONAL
(ideally
understanding
medical terminology)

COLLEAGUES in the
clinic

Informal *ad hoc*
(Family/community)
AVOIDED

- Safety (possibly trafficked)
- Confidentiality
- Quality



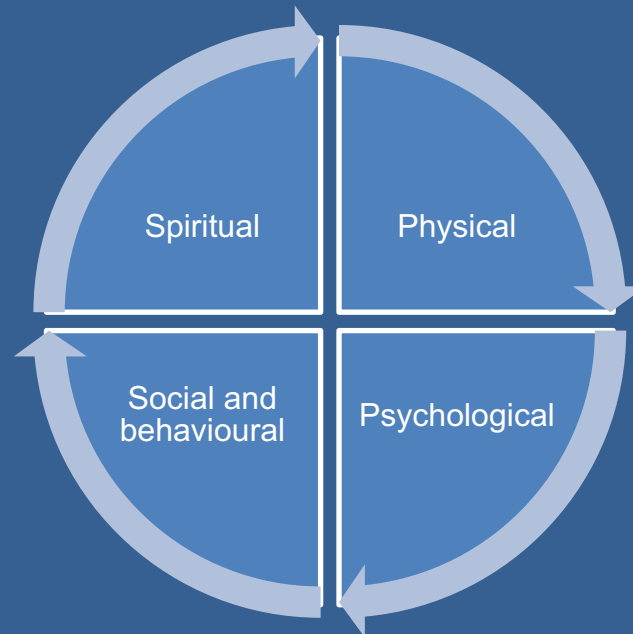
DOTW Clinic patients:

PSYCHOLOGICAL HEALTH

25% reported it as BAD or VERY BAD

Mental Health Disorders and Psychosocial Distress among those who have experienced conflict

We need to consider:



Mental Health Disorders and Psychosocial Distress among those who have experienced conflict

Physical

Fatigue
Poor sleep
Reduced appetite
Medically unexplained symptoms

Psychological

Sadness
Grief
Fear
Frustration
Anxiety
Anger
Despair
Loss of control
Helplessness
Worry
Ruminations
Boredom
Guilt

Social and Behavioural

Withdrawal
Aggression
Interpersonal Difficulties





Mental Health and Psychosocial Support for Refugees

Learning from the Syrian experience

Some of the mental health disorders seen in refugees and migrants

Depression

Prolonged
Grief Disorder

PTSD

Anxiety

Psychosis

- Admissions of Syrians to largest psychiatric hospital in Lebanon went up after the mass migration
- More severe Psychopathology and Suicidality



Violence and Displacement in Syrian Conflict

Multiple rights violations and abuses

Massacres

Murder

Execution
(without due process)

Torture

Hostage Taking

Enforced
disappearance

Rape

Sexual Violence

Recruiting and
using children in
hostile
situations

Indiscriminate
bombing

Sieges

Potential concerns of Refugees

Losses and Separations

Family

Friends

Witnessed

Violence

Killings

Guilt

Shame

Responsibility for

What has happened

Leaving conflict

TV News

Torture

Rape

Obsessed by updates



Assad bombs starving children in rebel-held Eastern Ghouta suburb of Damascus

Hannah Lucinda Smith, Istanbul

December 1 2017, 12:01am,
The Times

Global politics



A child wounded in an attack on Eastern Ghouta, which has been under siege for four years
MOHAMMED BADRA/EPA

For the people of the last rebel-held suburb of Damascus, days begin with a desperate hunt for food and end with burials for those slaughtered.

Eastern Ghouta, a besieged district northeast of the Syrian capital, has been pummelled by 247 airstrikes and 1,200 artillery shells since mid-November as President Assad's forces and their Iranian and Russian allies try to score a decisive victory in one of the opposition's longest-surviving bastions.

The food crisis is the most severe of the war. Several babies have died recently of starvation and Unicef said the rate of child malnutrition was the worst since the start of the Syrian conflict, almost seven years ago.



Potential concerns of Refugees

- Violence
- Terror
- Persecution-
by other human beings

May protect
professionals from
details leading to a
**COLLUSION OF
AVOIDANCE**



Individuals coping with Psychosocial Distress

Positive

Praying

Music

TV (Not news!)

Drawing

Social Activities

Keeping busy

Negative

Withdrawal

Watching/obsessed by NEWS

Ruminating

Smoking

Sleeping

Crying

Getting ANGRY (especially men - helpless and unable to fulfill cultural norm)



Potential issues to be aware of

Political Activist

- Lost Hope and Identity
- Shame and Guilt
- Political Cause
- Family

Innocent Bystander

- Lost homes
- Survivor Guilt and Shame





There is inevitably a “Cultural Transition”

Migrants who feel “at sea” in
alien culture cling more firmly
to own culture

Inhabit at least TWO
CULTURES

One left behind and the
One in which they have
arrived

In this transition, it is
important to maintain
CULTURAL CONTINUITY

Cultural Transition and Cultural Continuity

- Establish COMMON GROUND and MEANING
- Avoid Simplistic Myths and Projections about other cultures

Need understanding of our own culture and what we see as “normal”





STIGMA associated with Psychological Distress and Mental Illness

MEDICALISING emotional suffering can cause

Shame:

Psychological impact can be seen as “*weakness*”

Embarrassment:

Worried about being thought of as “*crazy*”

Avoid Psychiatric labelling

“Depression” “Anxiety” “Disorder”

Cultural Safety and Cultural Competence

Culturally safe environment

- Non-Medical setting such as community centres
- General clinic rather than “Department of Psychiatry”
- Safe Spaces

Broadening social support networks

Build Social Capital

Enable the discussion of intimate issues

Life Changes

Emotions

Domestic Violence



GENDER ROLES AND MENTAL HEALTH



WOMEN

May become providers

Husband absent
wounded
disabled
dead

Stress

New tasks in addition to caregiving

May feel inappropriate
Paid menial work
(some empowered by this)

MEN

Provider role disrupted

Worry about safety of family

Unemployed

Depressed and ashamed

Unable to pursue education
Jobs low paid and harsh

Exacerbates family tensions

Domestic violence has increased

Cultural Safety and Cultural Competence



PRESENTATIONS OF DISTRESS

CULTURAL FRAMEWORKS OF MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Be receptive to

- Cultural idioms of distress
- Explanatory models

INDIRECT:

“I’m tired”

“My psyche is tired”

PHYSICAL COMPLAINTS:

Burden or weight on chest

Abdominal pain

Sleep disturbance

METAPHORS, PROVERBS:

May be misunderstood as:

“Resistance” or


Psychosis

Sexual and Gender Based Violence

BBC News header with navigation links: Home, News, Sport, Weather.

NEWS

Home | Cost of Living | War in Ukraine | Coronavirus | Climate | UK | World | World | Africa | Asia | Australia | Europe | Latin America | Middle East | US &



Ukraine: Women share evidence of Russian soldiers raping and killing civilians

Warning: This report contains graphic descriptions of sexual violence, and civilian casualties.

The BBC has uncovered first-hand evidence of Russian soldiers raping and killing civilians in a village west of Kyiv.

One woman told the BBC's Yvonne Limaye she was taken from her home and raped by a Russian soldier, and returned home to find her husband shot. He died two days later.

11 April - BBC News - Europe

BBC News header with navigation links: Home, News, Sport, Weather, iPlayer.

NEWS

Home | Cost of Living | War in Ukraine | Coronavirus | Climate | UK | World | Business | World | Africa | Asia | Australia | Europe | Latin America | Middle East | US & Canada

Ethiopia using rape as a strategy in Tigray war - Amnesty

11 August 2021



Very few of the women who have been sexually assaulted have been able to get help

By Vivienne Nunez
BBC News, Africa correspondent

The Guardian logo

Syrian women in Jordan at risk of sexual exploitation at refugee camps

Vulnerable young Syrian women are being sold into marriage, trafficked and exploited by predatory men, say aid workers



▲ Syrian refugees wait for medical treatment outside a women's clinic at the Zaatari camp, Jordan. Photograph: Muhammad Hamed/Reuters



Sexual and Gender Based Violence

SGBV

Causes

CONFLICT-
related violence

Breakdown of
LAW and
ORDER in
conflict zone

POVERTY

Lack of BASIC
NEEDS and
services

SEPARATION

Traditional
SOCIAL
NETWORKS
disrupted

Effects

- **DOMESTIC violence** (more common and aggressive since conflict)
- **SEXUAL violence**
- **EARLY MARRIAGE** (prompted by poverty and insecurity)
- **HARRASSMENT**
- **ISOLATION**
- **EXPLOITATION**
- **SURVIVAL SEX**



Psychological “Fallout”

Create rapport

Bear Witness

Validate

Individualise the horror

Create meaning for life

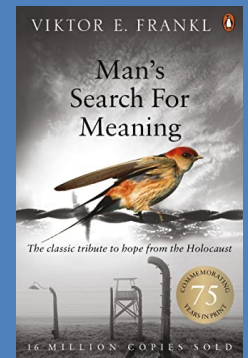
What can we do?

“It’s the
relationship
that heals”

Yalom 1980

“He who has a
why to live for can
bear almost any
how”

Fredrich Nietzsche





“Trapped by the need to
remember what they only wish
to forget”

Sabbadini 1996

IASC Pyramid: Safe. Socially Appropriate. Protect dignity

IASC Inter-Agency
Standing Committee

Clinical Services

Complex **PSYCHOLOGICAL, PSYCHIATRIC** or **SOCIAL** interventions

Focused Psychological Supports

TARGETED programmes by trained persons for **SPECIFIC** issues

Strengthening Community and Family Support

Resuming **EXISTING** social practices or support **NEW** ones

Social Considerations
Basic services and security

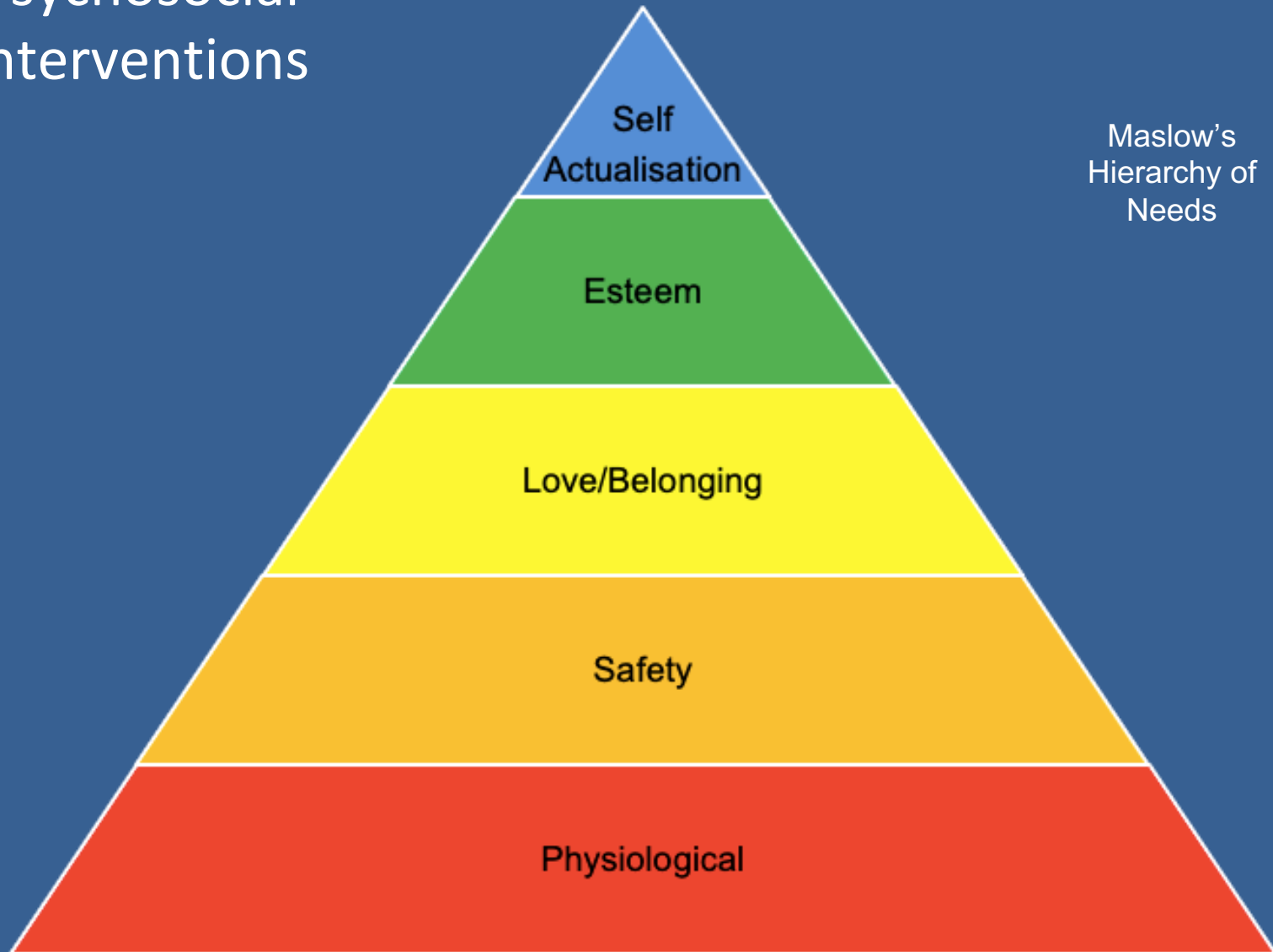
Support: Practical needs addressed to **ENHANCE WELLBEING**



Mental Health and Psychosocial Interventions



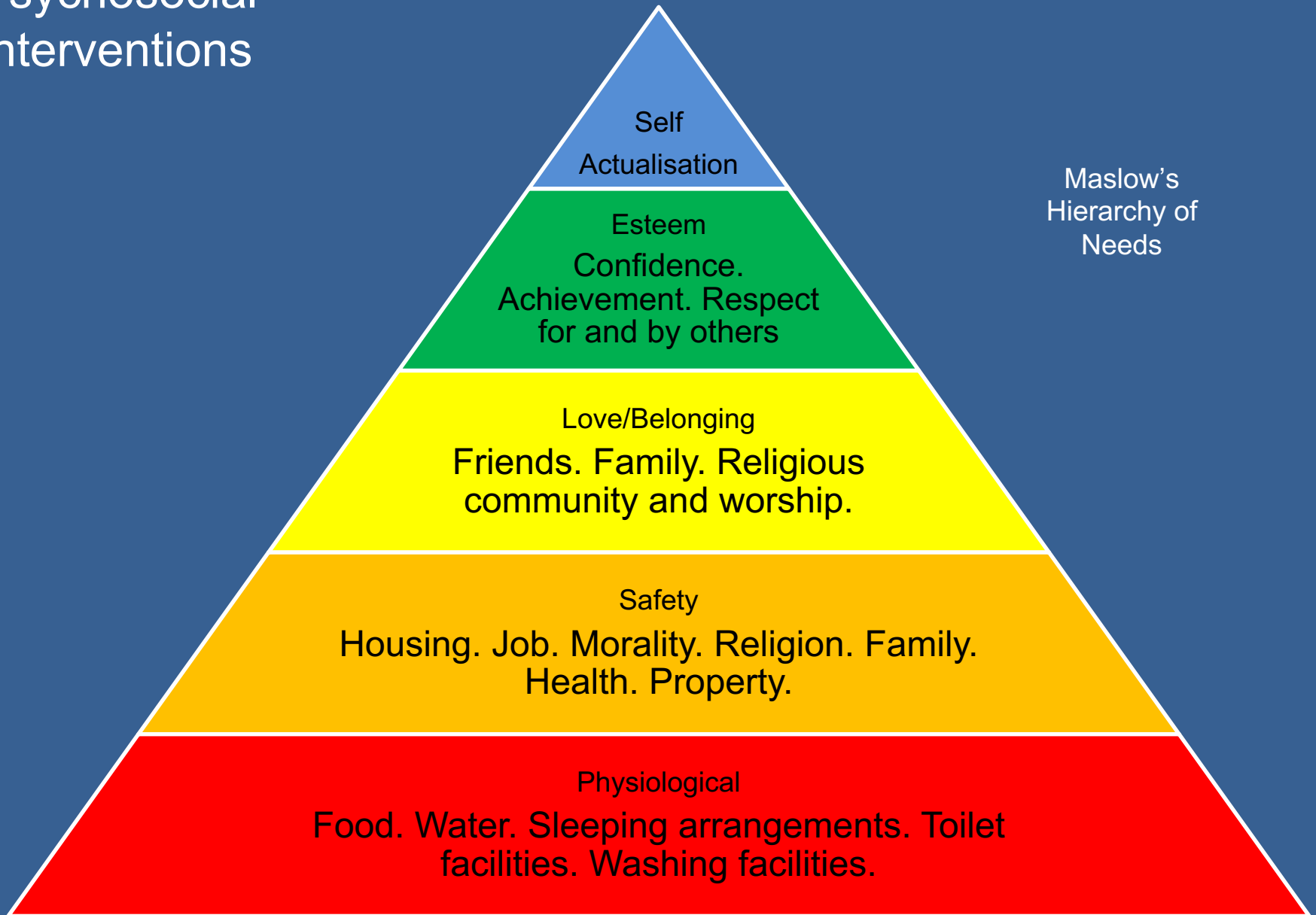
Maslow's
Hierarchy of
Needs



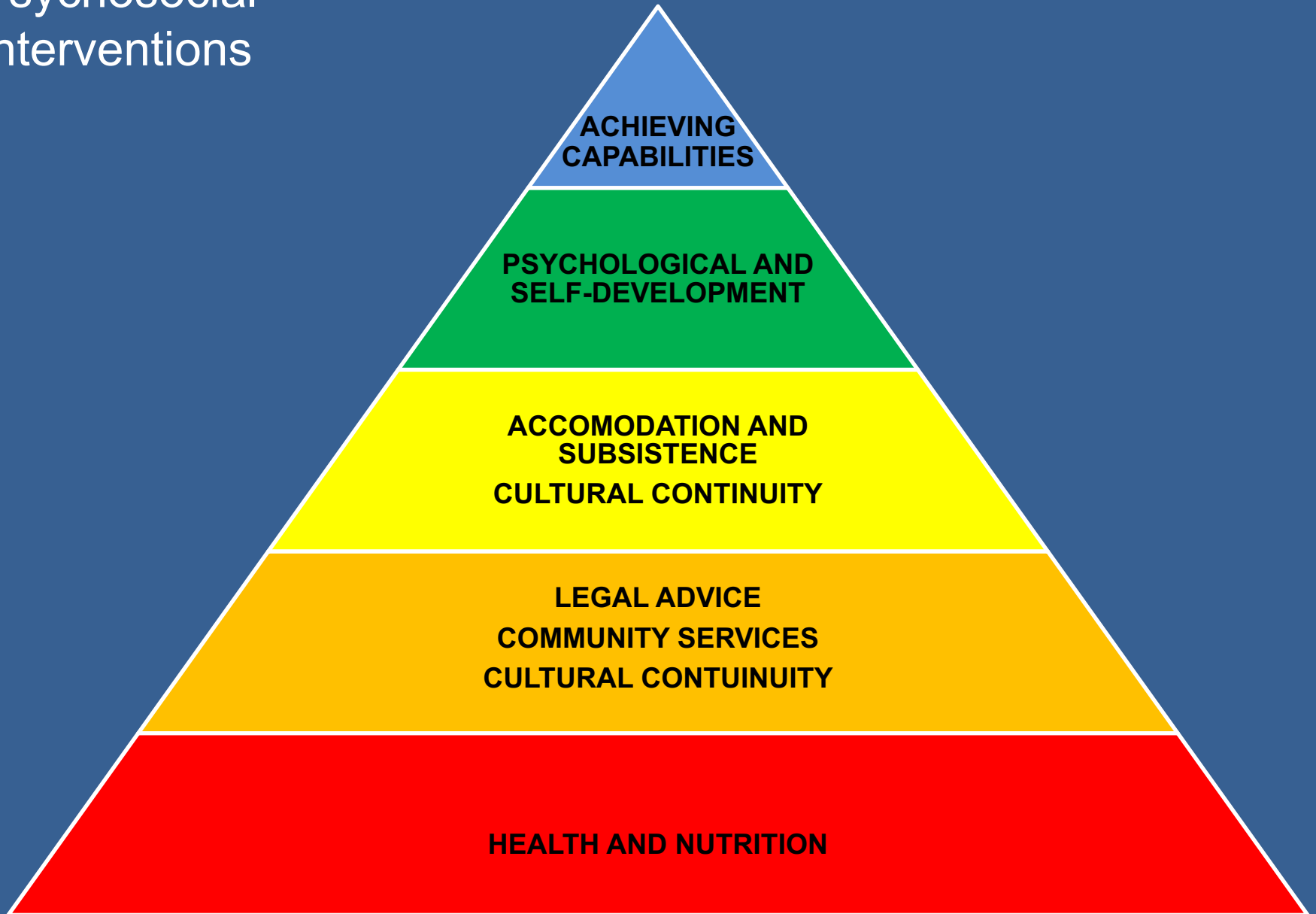
Mental Health and Psychosocial Interventions



Maslow's
Hierarchy of
Needs



Mental Health and Psychosocial Interventions





HEALTH AND NUTRITION

POST ARRIVAL— Identifying key needs and opportunities for health prevention & preventative interventions

INITIAL HEALTHCARE ASSESSMENT POST-ARRIVAL

Why is it important?

- Holistic assessment of someone in a complex situation
- Opportunity to explore the impacts of violence and trauma in a safe space
- Check that vaccinations and screening are up to date
- Act early on any health issues
- Explain the NHS health system (particularly the function of primary care)





Mary Ward Legal Centre



People's rights have no meaning without
the means to enforce them



**LEGAL ADVICE
COMMUNITY SERVICES
CULTURAL CONTINUITY**

ACCOMODATION AND SUBSISTENCE

Navigating the

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

LEGAL ADVICE
COMMUNITY SERVICES
CULTURAL CONTINUITY



PSYCHOLOGICAL AND SELF DEVELOPMENT

So what can we do?

Conceptual Framework is to strengthen Mental Health and Psychosocial Support for Refugees and IDPs

Old Emphasis

New Emphasis

Vulnerability-based
Framework



Resilience and Recovery-
based approaches

UNHCR, 2015



Conceptual Framework is to strengthen Mental Health and Psychosocial Support for Refugees and IDPs

Old Emphasis

New Emphasis

Vulnerability-based Framework



Resilience and Recovery-based approaches

Active agents in their lives in the face of adversity

UNHCR, 2015



Conceptual Framework is to strengthen Mental Health and Psychosocial Support for Refugees and IDPs

Old Emphasis

New Emphasis

Vulnerability-based Framework



Resilience and Recovery-based approaches

Active agents in their lives in the face of adversity

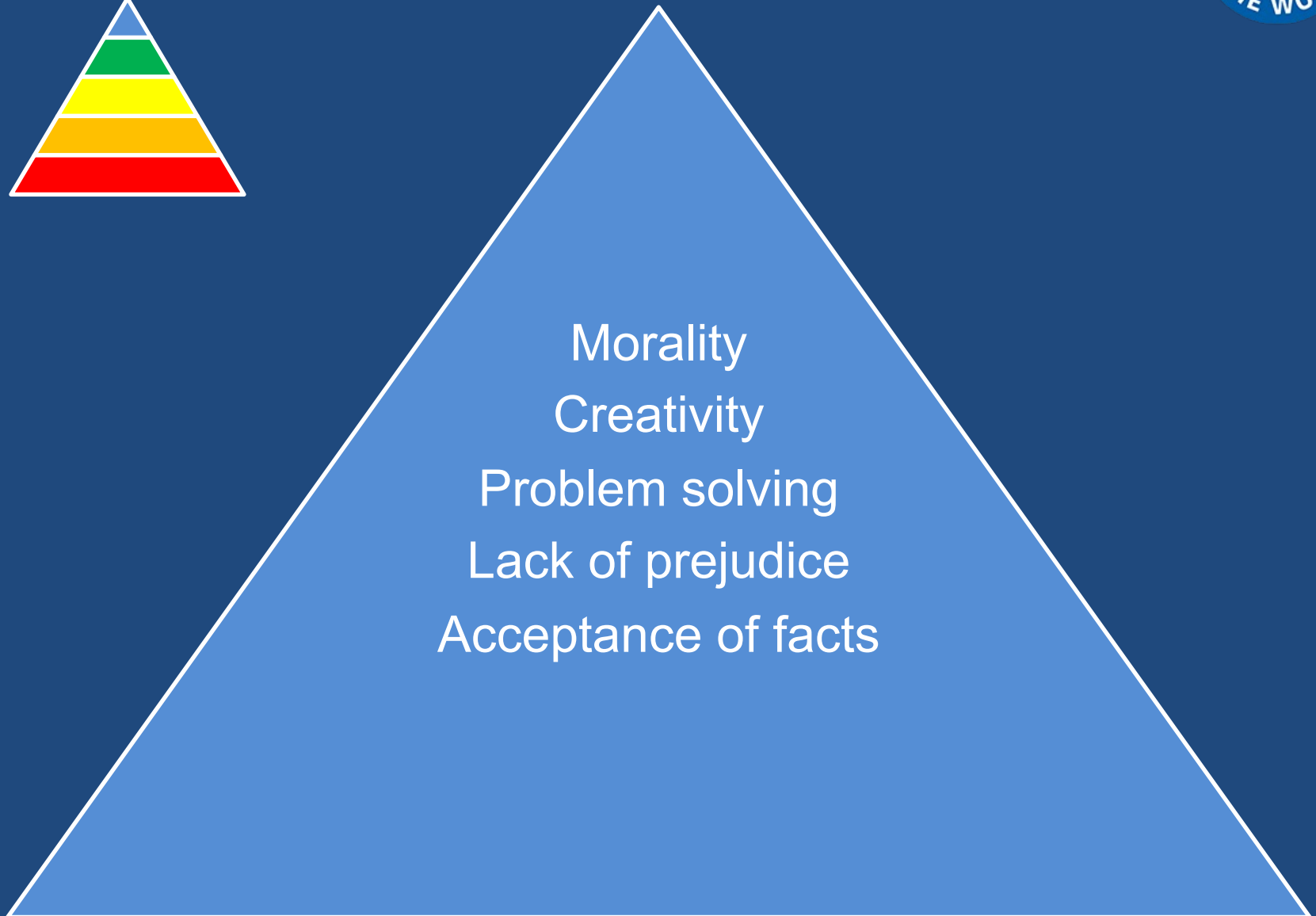
“Wounded victim to scarred survivor”

Sabbadini, A. (1996)

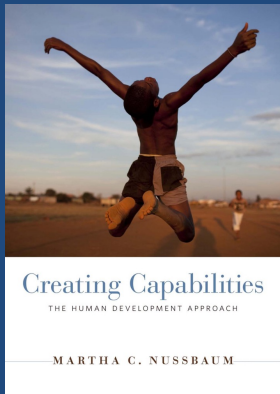
UNHCR, 2015



Creating Capabilities

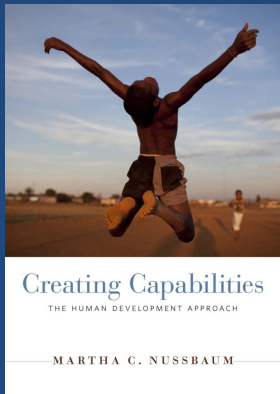


Creating Capabilities



Morality
Creativity
Problem solving
Lack of prejudice
Acceptance of facts

Creating Capabilities



Morality
Creativity
Problem solving
Lack of prejudice
Acceptance of facts

A Must See!!



Anne

Doctors of the World
National Health Advisor

Morality
Creativity
Problem solving
Lack of prejudice
Acceptance of facts

YouTube GB Search

FEAR FREEDOM by Anne

Mafwa Theatre 8 subscribers

Subscribed

1 Like

Share

Clip

Save

0:03 / 6:38

<https://youtu.be/4PtxMceckZ4>



And finally...
Look after each other

Vicarious Trauma

- High stress situations
- Particularly when witnessing suffering

The “flip side” of Empathy



Vicarious Trauma



Post-Clinic debrief on every patient

Supportive

Excellent follow-up when needed

Coping with uncertainty

Workshops

Workshops on self care and vicarious trauma for volunteers

Facilitated by an experienced art therapist and psychologist

Self awareness

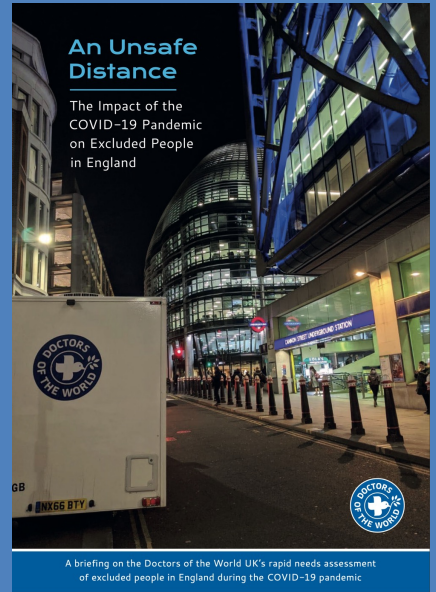
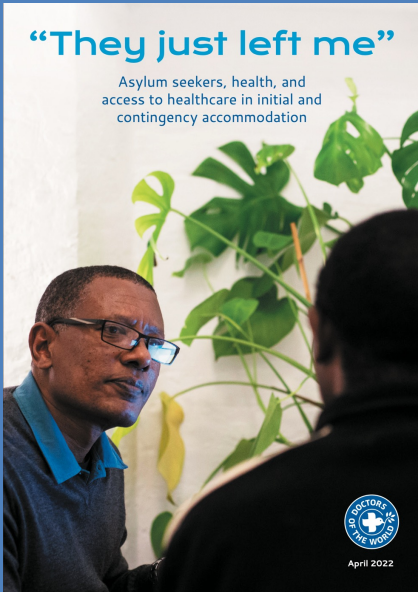
Self care

Coping strategies

Mindfulness

Reflective writing

TALK ABOUT IT!



Thank you for listening

www.doctorsoftheworld.org.uk



ENTITLEMENT TO SECONDARY CARE

- **Based on the concept of 'ORDINARY RESIDENCE':**
- “To be considered ordinarily resident....LIVING IN THE UK ON A LAWFUL AND PROPERLY SETTLED BASIS FOR THE TIME BEING”
- "HOSPITAL TREATMENT IS FREE OF CHARGE FOR PEOPLE WHO ARE ORDINARILY RESIDENT IN THE UK. ...does not depend on nationality, payment of UK taxes, National Insurance contributions, being registered with a GP, having an NHS number, or owning a property in the UK.”
- NON-EEA NATIONALS who are subject to immigration control must have the immigration status of INDEFINITE LEAVE TO REMAIN AT THE TIME OF TREATMENT AND BE PROPERLY SETTLED, to be considered ordinarily resident.”
Also applies to “EEA and Swiss nationals on or after 1 January 2021.”
(Will need EHIC and applies to medically necessary treatment arising while visiting)
- **In practice:**
- **UK citizens residing in the UK**
- **EEA citizens with EHIC (medically necessary treatment arising while visiting)**
- **Non-EEA citizens with indefinite leave to remain**
- **Those who have paid NHS Surcharge (Eligible for this if resident in UK 6 months or more)**



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Groups Exempted from Secondary Care Charges

- Refugees
- Asylum Seekers (and refused Asylum Seekers if ongoing treatment)
- Receiving support under Immigration Act 1999, National Assistance Act 1948, Care Act 1948
- “Looked after” children by Local Authority
- Victims and suspected victims of
Modern Slavery or
Human Trafficking
- Compulsory Treatment under Court Order
- Prisoners and Immigration Detainees
- Humanitarian reasons (Secretary of State)
- EHIC or Immigration Surcharge may be exempt



Exempted Categories of Treatment cont'd



- Accident and Emergency Services (including walk-in centres, Urgent Care Centres)
- A number of Communicable Diseases including HIV, TB, MERS and COVID-19 (Diagnosis and Treatment)
- Sexually Transmitted infections (Diagnosis and Treatment)
- Family Planning (Not TOP or Infertility Treatments)
- Physical or mental conditions resulting from:

Torture

FGM

Domestic Violence

Sexual Violence



(though not if they were the reasons for coming to UK)

- Palliative Care services provided by palliative care charity or Community Interest Company
- Services provided by NHS111

NHS Charging



Important Categories of Treatment



IMMEDIATELY NECESSARY

- Life saving
- Prevents a condition becoming life-threatening
- Prevents permanent serious damage.

URGENT

- Cannot wait until return to country of residence
- Should take into account:
 - Pain
 - Disability
 - Risk of the delay exacerbating

NHS Charging



**IMMEDIATELY NECESSARY
or
URGENT**



“Where **CLINICIANS** consider the patient’s need to be **immediately necessary or urgent**, treatment will be provided even if the patient has not paid in advance, in which case **payment will be sought from the patient afterwards.**”

NHS Charging



IMMEDIATELY NECESSARY
or
URGENT



Treat before charging

Maternity Care is considered
Immediately Necessary

But there is a hefty bill
postnatally

NHS entitlements: migrant health guide
www.gov.uk

NHS Charging for Treatment

NON-URGENT

Charged Upfront



Cancer patient died after NHS demanded £30,000 for treatment

Elfreda Spencer was denied care for inability to pay upfront charges for overseas citizens



▲ Elfreda Spencer died when she was denied treatment by the NHS. Photograph: Family Photo

In early 2016, a few months after Elfreda Spencer, a 71-year-old Jamaican widow, came to London to visit her daughter, Barbara Wright, and her grandchildren, she started to feel breathless and tired.

When Spencer complained of a nagging pain, Wright took her to the GP.

“They said it’s cancer,” said Wright. “I’m there thinking, ‘oh my god’.”

Her mother was referred to Hammersmith hospital. It was June 2016. Spencer’s six-month tourist visa was just expiring; Wright had been applying to have it extended. Imperial College Healthcare NHS Trust, which runs Hammersmith hospital, sent Spencer’s family bills for £5,404 to cover the cost of running various tests, and demanded £150 upfront for a blood transfusion. The treatment was delayed while Wright borrowed the money from a friend.

Cancer treatment often not
seen as Urgent

NHS entitlements: migrant health guide
www.gov.uk



2013/14	
	Total to be charged £
Non complex pregnancy (normal or assisted delivery without complications, up to 2 days stay, 2 scans, 4 outpatients appointments)	5,176
Complex pregnancy (normal or assisted delivery with complications, up to 5 days stay, 2 scans, 4 outpatients appointments)	9,233
Booking visit only - no scan	771
Out patients visit only - no scan	402
Per Scan	160
Less than 12 hours admission (non-delivery stay)	953
Less than 24 hours admission (non-delivery stay)	1,139
Non complex delivery - includes up to 3 nights stay	4,078
Complex delivery - includes up to 4 nights stay	8,135
Per night in addition to any of the above (delivery or non-delivery)	559
Caesarian delivery with complications - includes 4 nights stay	9,793

Impact of an NHS debt

- **Debts > £500** unpaid for two months from the date of issue
Must be **reported to the Home Office**
Home Office can use to deny someone regularisation of their status
- **If payment plan** in place with the hospital (within the two months) the hospital should not contact the Home Office