Refugee and asylum seeker usage of primary care: audit of two South London GP practices

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# Context

Refugees and asylum seekers in the UK face a double bind: they routinely experience difficulty in accessing healthcare, yet are also frequently blamed for placing a burden on the NHS. A number of barriers to access have been identified for refugees and asylum seekers in primary care, including language barriers and lack of interpreters, concerns over immigration status and information sharing, and stigma attached to refugee status or specific health problems.[1] Lack of understanding and information is a key barrier, both for healthcare professionals who may not understand the asylum process and healthcare entitlement, and refugees and asylum seekers themselves who do not understand how the NHS works.[2] Refugee and asylum seeking populations also frequently present with complex physical, psychological and social needs. Greater understanding of patterns of healthcare usage among refugees and asylum seekers is crucial for GP training, service planning and commissioning. It is also important for medical school curricula, especially given the gaps which have been identified in how medical students are trained to work in areas of socio-economic deprivation.[3]

# Project aim

To undertake an audit of GP practice data and investigate:

1. How often do refugees and asylum seekers consult primary care doctors?
2. What do refugees and asylum seekers consult primary care doctors about?
3. How many secondary care referrals are made? Where are they referred and do they attend?

# Description

An audit was performed using EMIS data from two GP practices in South London. Patients who were coded as refugees or asylum seekers were identified (n=35) and the following data extracted:

1. Date of registration at the practice
2. Number of appointments in the first 12 months from registration
3. Reason for appointment
4. Secondary care referrals and whether they attended their secondary care referral appointment
5. Demographic data (age, sex and ethnicity).

# Outcomes

## Demographic data

Of the 35 patients, 20 were male. The mean age was 32 (range of 9 to 71). Thirty-five percent of patients (12 of 35) were recorded as Black African ethnicity, the most common category.

## Number of appointments

The mean number of appointments in the 12 months following registration was 5.8 (Figure 1). However, only 40% of the sample attended 6 or more times.

## Reason for appointment

The cohort had 202 appointments in the period studied. The most common presenting complaints were psychiatric (19%), musculoskeletal or rheumatological (10%), and dermatological (10%).

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| **Table 1: Reasons for 202 GP consultations by 35 refugees and asylum seekers in the 12 months since registration at their practice** |
| **Reason for consultation** | **No. of appointments** | **Reason for consultation** | **No. of appointments** |
| Psychiatry | 38 | Neurology | 10 |
| New patient health check | 23 | Medication/vaccination | 9 |
| Musculoskeletal/Rheumatology | 20 | Travel advice | 7 |
| Dermatology | 20 | Endocrine | 6 |
| Obstetrics and gynaecology | 19 | Ophthalmology | 5 |
| Ear, nose and throat | 15 | Palliative care | 2 |
| Unknown or unspecified | 13 | Cardiology | 1 |
| Urology | 13 | Plastics | 1 |
| Respiratory | 12 | Trauma | 1 |
| Gastrointestinal | 10 |  |  |

## Secondary care referrals

Of 35 patients, 18 (51%) had a secondary care referral. The most common were radiology (including ultrasound and X-ray), for which 9 referrals (25%) were made; musculoskeletal and physiotherapy (8 referrals, 22%) and ophthalmology (4 referrals, 11%). Despite the prevalence of psychiatric symptoms, only three referrals were made to services such as Improving Access to Psychological Therapies (IAPT). Of the 38 appointments due to psychiatric symptoms, only 8% resulted in a secondary care referral. Seventy-two per cent of secondary care referrals were attended.

# Conclusion

This study suggests that uptake of primary care among refugees and asylum seekers was similar to the general population: the mean number of appointments in 12 months was close to UK-wide data showing an average of 6 appointments per year.[4] However, there was under-utilisation of secondary care resources among the audit cohort, with only 75% of secondary care referrals attended, compared to overall NHS activity data for 2017-18 showing that 91% of secondary care referrals were attended.[5] It appears that there is still more work to be done in identifying and overcoming barriers to access. The dearth of referrals to IAPT is striking in the context of the preponderance of psychiatric symptoms and may warrant further analysis.

The results also suggest that the audit cohort have complex health needs: psychiatric symptoms were the most common presenting complaint, whereas across England and Wales they are the tenth most common.[6] Other than psychiatric symptoms, the most common reasons for presentation were broadly similar to those across England and Wales, with a predominance of musculoskeletal, dermatological and respiratory complaints. This highlights the need to take into account the unique needs of this population when planning and commissioning services, and in training GPs who will be working with people from refugee and asylum-seeking backgrounds.

The main limitations were the small sample size and the relatively young audit cohort, which may not be representative. In addition, the audit relied on refugees and asylum seekers being consistently coded as such on EMIS.

# Reflections

This project gave me valuable experience of designing and conducting an audit. However, the most significant lesson I drew from the project was the way in which GPs work with a broad range of social groups and the holistic approach they must bring to their work, considering medical, psychological and social factors.

# Acknowledgements

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# Disclosure statement

No potential conflict of interest.

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