

**BMA**



# BMA refugee and asylum seeker health resource



British Medical Association  
bma.org.uk

# Refugee and asylum seeker health

A resource by the British Medical Association

**This resource is a publication from the BMA international committee.**

**Membership for 2018-19 was:**

Dr Terry John (chair)  
Professor Andrew Rowland (vice chair)  
Mr Asim Abbas  
Dr J S Bamrah  
Professor Peter Dangerfield  
Dr John Firth  
Dr Mary McCarthy  
Dr Ellen McCourt  
Dr Kitty Mohan  
Dr Chandra Mohan Kanneganti  
Dr Ujjwala Mohite  
Dr Andrew Mowat  
Dr Bharat Pankhania  
Professor Raanan Gillon  
Dr Bethan Roberts  
Dr Nathalie Rodríguez McCullough

## **Ex officio members**

Dr Trevor Pickersgill, Interim treasurer  
Dr Helena McKeown, Interim chair of the representative body  
Dr Chaand Nagpaul, Chair of council  
Professor Dinesh Bhugra CBE, President

## **Resource written by:**

Arielle Nylander, Senior policy advisor (global health)

## **Acknowledgments:**

The BMA would like to thank the many individual members and organisations who provided advice and information during the preparation of this report and who commented on earlier drafts.

For further information please contact:

## **BMA international department**

[info.international@bma.org.uk](mailto:info.international@bma.org.uk)

International department  
British Medical Association  
BMA House  
Tavistock square  
London WC1H 9JP

## Introduction

This guidance is for doctors who may be uncertain about the specific health needs and entitlement to different types of care of patients who are refugees and asylum seekers. It may also be helpful to other healthcare professionals and staff.

If you have patients who are refugees and asylum seekers, you may find background information on common aspects of their journeys to the UK and their personal circumstances after arrival useful. This can support a holistic and person-centred approach.

The following sections provide information on:

- background information on who refugees and asylum seekers are
- the experience of claiming asylum in the UK
- entitlements to NHS care for refugees, asylum seekers and refused asylum seekers
- the unique health challenges faced by refugees and asylum seekers
- common barriers to accessing care and ways to address them
- managing language and literacy barriers
- links to useful resources, including information, organisations and tools.

## Who are refugees?

The world is experiencing unprecedented high rates of global migration. The reasons for this are complex and include both positive and negative factors, such as opportunity and freedom as well as poverty and violence.

In recent years, long-term conflicts, climate change, disease outbreaks and food insecurity have led to an increase in the number of people forced to migrate under duress. In some situations, people who have fled their home country and cannot go back are able to apply for asylum in another country (see box 1).

### Box 1: Definitions

**Refugee:** A refugee is defined by the [1951 UN Convention Relating to the Status of Refugees](#) as someone who has fled beyond the borders of their country and is unable or unwilling to return owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

**Asylum seeker:** A person who has fled their country and made an application in another country to be recognised as a refugee under the 1951 Convention, but who has not yet been granted this status. In the UK, asylum seekers make an application to the Home Office.

National and international law gives certain rights and protections to refugees and asylum seekers. However, many people have difficulty providing evidence to support their asylum claim.

This can be because they have fled without documents, such as passports, or made undocumented border crossings. They may also be reluctant to give full details of their experiences or be physically examined, as this can bring up experiences of trauma.

The ability to access good quality medical care, and to build trust with medical and other professionals, can be critical to gathering sufficient evidence to gain refugee status or other forms of international protection.

You can find up to date facts and figures on refugees and asylum seekers [worldwide](#) and in the [UK](#) on the UNHCR (UN Refugee Agency) website.

## Claiming asylum in the UK

There are two main ways that refugees and asylum seekers come to the UK:

1. The majority of asylum seekers travel independently to the UK and make an 'in-country' application for asylum. People who claim asylum in the UK may initially enter the country in a variety of ways, both documented and undocumented.
2. Some refugees are resettled through UK government schemes linked to the UNHCR (UN Refugee Agency). This option is only available to a limited number of people who are deemed particularly vulnerable or at risk. They usually come from refugee camps in low-resource countries.

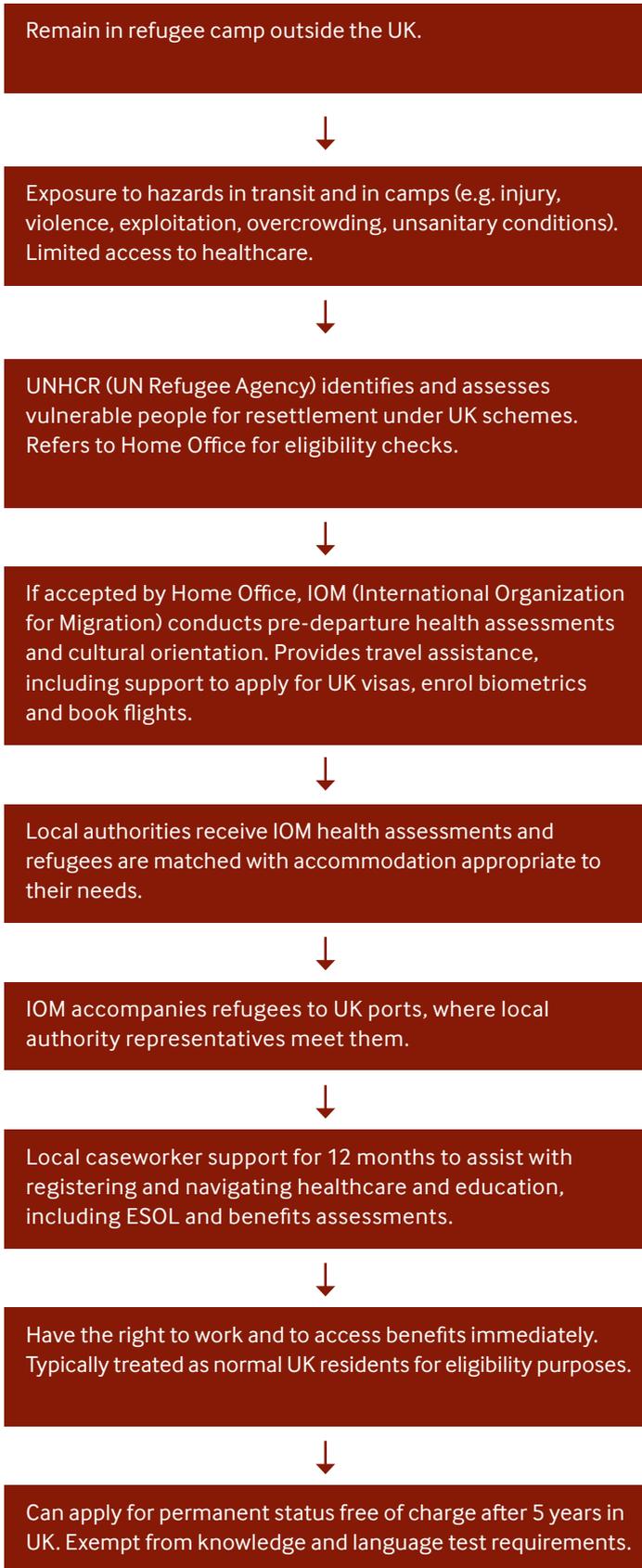
**Figure 1** sets out key points, including administrative stages, health hazards and sources of support, in the journeys of asylum seekers and resettled refugees.

**Figure 2** gives an overview of the process for deciding an in-country asylum claim.

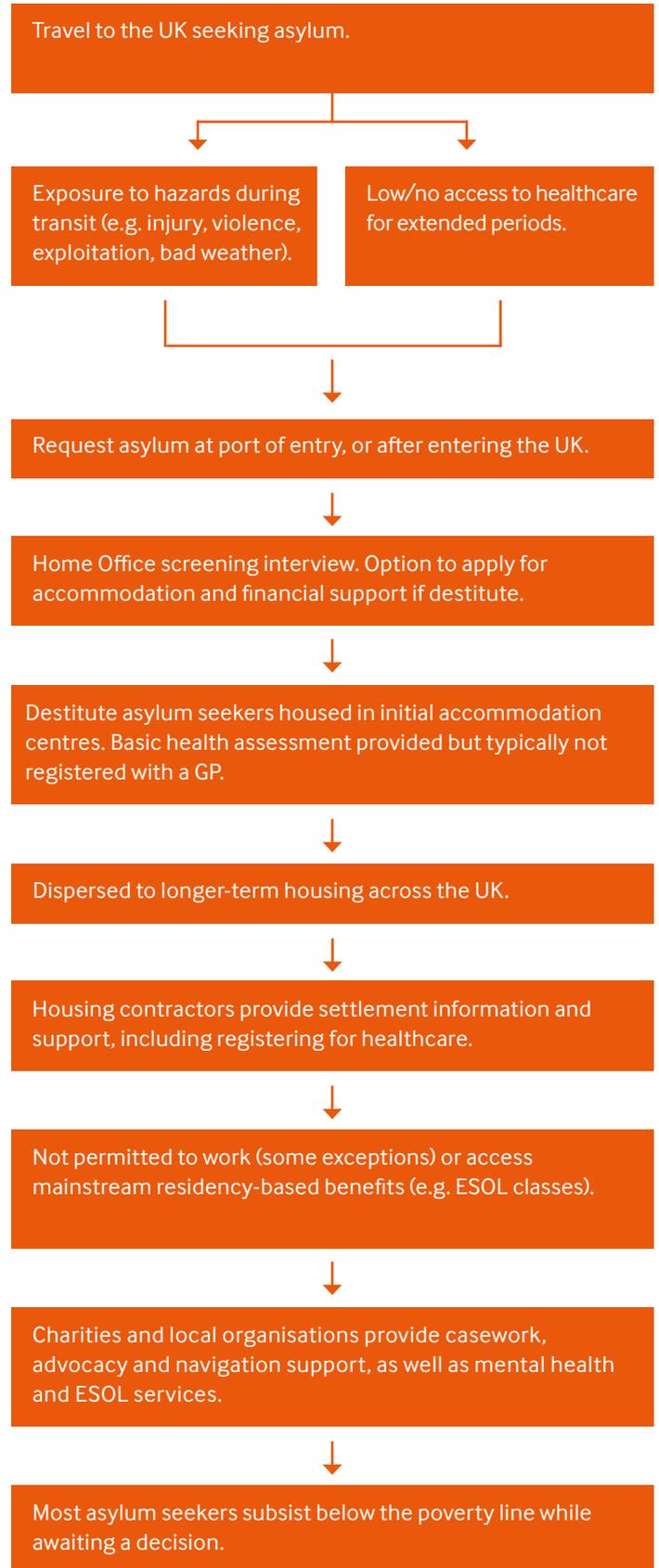
Figure 1: The refugee journey – resettled refugees and asylum seekers

Leave native country and are unable or unwilling to return owing to a well-founded fear of persecution.

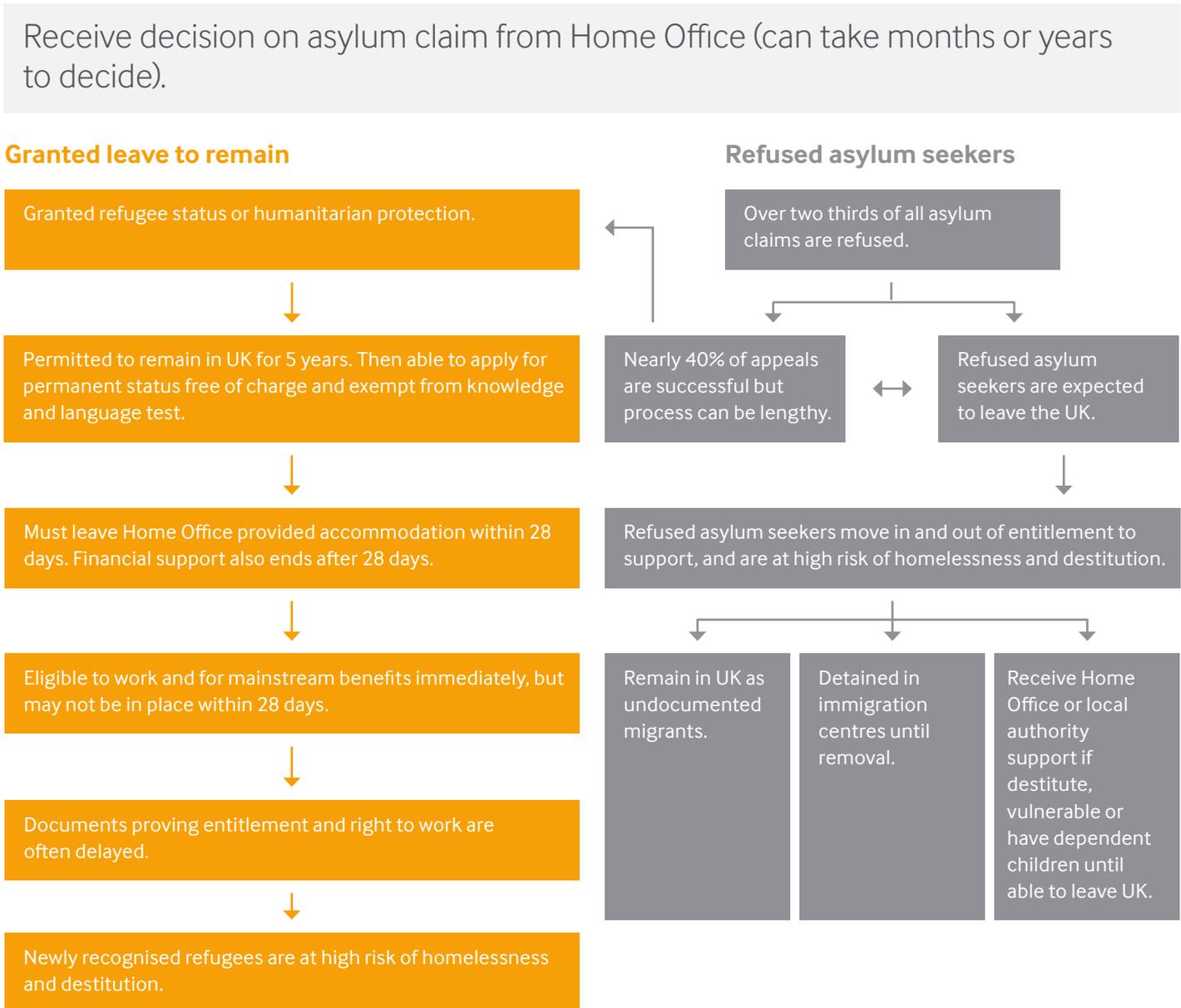
**Resettled refugees**



**Asylum seekers**



**Figure 2: The refugee journey – decisions on in-country asylum claims**



## Refugee journeys

Refugees and asylum seekers coming to the UK by any route may have experienced significant periods of deprivation with little or no access to healthcare.

This can be in their own country, other countries they have passed through or in refugee camps. Refugee camps, **including in Europe**, can be over-crowded with living conditions that contribute to poor physical and mental health.

Understanding your patient's journey, the risks they may have been exposed to and their narrative of any traumatic experiences can help you to diagnose any complaints they present with, screen for other conditions and make referrals for specialist care, if appropriate.

## Resettled refugees

Refugees who come to the UK through one of the Government's formal resettlement programmes do not need to make an application for asylum when they arrive in the UK.

They are given a relatively high level of formal support, including help to register with a GP. Despite this, they may experience barriers to accessing healthcare.

Resettled refugees receive a full health assessment before coming to the UK, but records may not be available to GPs.

## Asylum seekers

Although some asylum seekers arrive in the UK by air, many travel over land or by sea for long periods before reaching the UK.

There are very few legal ways for people to openly come into the UK as asylum seekers and, in many cases, they may initially enter the country illegally.

Individual circumstances can vary widely. For example, people may enter the UK on a valid visa but later be unable return due to political changes in their home country, or they may be trafficked into the UK against their will.

Asylum applications can take months or even years to decide.

Asylum seekers may only have access to an allowance of £5.39 a day per person from the Home Office while awaiting a decision, often in the form of vouchers or on a pre-paid card. This can make it difficult to manage every-day demands such as food, prescriptions, sanitary products, transportation to appointments, fees for medical letters and phone credit.

During this period asylum seekers are at risk of health problems linked to poverty, such as malnutrition. Extended periods of stress and uncertainty can also lead to declines in mental health, including among patients who arrived in the UK in good mental health or who had no previous history of mental health problems.

Asylum seekers are able to register with a local GP at any point in the course of their claim. However, in practice, they often have difficulty accessing services.

## Refused asylum seekers

**More than two thirds** of asylum seekers (67%) have their first asylum application refused. This can be due to difficulty in providing sufficient evidence to support their asylum claim.

Refused asylum seekers can appeal the decision, particularly if they have new evidence, including medical evidence. Many appeals are ultimately successful.

### Immigration detention

In some cases, asylum seekers may be detained and held in IRCs (immigration removal centres). Although this is more likely for refused asylum seekers, it can occur at any stage.

Caring for and meeting the health needs of detained asylum seekers poses particular challenges. Part four of our report [Locked up, locked out](#) provides information for doctors and other health professionals working in these settings.

### Refugees granted asylum or other Leave to Remain in the UK

Many refugees face a very difficult period just after their application is approved. Organisations that support refugees say their mental health often gets worse at this time.

Home Office accommodation and financial support ends 28 days after an asylum claim is approved. Local Authorities are responsible for housing new refugees. However, there are often delays to getting on mainstream benefits and new refugees are at high risk of being made homeless.

Refugees can have difficulty getting back to work due to lack of UK work experience and deskilling in the case of some professions.

The BMA provides support to help refugee doctors get back into practice through our [Refugee Doctor Initiative](#).

## Entitlement to NHS care

**In all four nations of the UK, refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care.** The situation for refused asylum seekers is more complicated and is not the same across all nations.

Assessing entitlement to free NHS care can be complex. As a doctor, it is not your role to determine whether patients are eligible for free NHS treatment. However, you will play a key role in identifying when a patient requires care which cannot be delayed, or which is exempt from charge.

Further information on how these considerations apply in primary and secondary care, and differences across nations, is provided below.

### Primary care

**Refugees, asylum seekers and refused asylum seekers can register for and receive primary care free of charge in the same way as any other patient in any nation of the UK.**

In [England](#), [Scotland](#) and [Wales](#), this is because immigration and residency status have no bearing on a patient's entitlement to register with a GP practice.

In [Northern Ireland](#), entitlement to NHS care, including primary care, is generally based on ordinary residence. However, refugees and those who have made a claim for asylum, including refused asylum seekers, have a [specific exemption](#).

### Secondary care

**All refugees and asylum seekers with an active application or appeal can access the full range of secondary care services free of charge in any nation of the UK.**

In [Northern Ireland](#), [Scotland](#) and [Wales](#), any person who has previously made a formal application for asylum, regardless of the outcome, is entitled to access secondary care free of charge.

### Refused asylum seekers in England

In England, refused asylum seekers are not necessarily entitled to secondary NHS care free of charge.

Their ability to access care depends on:

- whether the care is immediately necessary/urgent or non-urgent
- whether specific exemptions apply

Information on the factors that doctors should consider when making a judgment about the urgency of a patient's treatment, exempt services and persons who are exempt from charging is available in our guidance on [Access to healthcare for overseas visitors](#).

### Immediately necessary, urgent and non-urgent treatment

**Refused asylum seekers must always receive immediately necessary and urgent treatment regardless of their chargeable status or ability to pay.** The patient may be billed at a later date.

For non-urgent care, NHS Trusts and some community services are required to charge refused asylum seekers who are not exempt before providing the care.

Making a judgement about the urgency of a patient's clinical needs is your responsibility as a doctor.

**People who are exempt from charging**

Refused asylum seekers who are supported by the Home Office are exempt from charges for NHS treatment. Some people may be exempt from charges for other reasons, for example if they have been victims or suspected victims of trafficking or modern slavery.

Refused asylum seekers' entitlement to NHS care can change during the course of treatment. Patients who become chargeable during a specific course of treatment are able to complete the course free of charge.

It is the role of the Trust, not doctors, to identify these patients and assess their eligibility.

**Services exempt from charging**

Refused asylum seekers are able to receive some services free of charge regardless of their overall entitlement to NHS care.

This includes treatment in an accident and emergency department, for many communicable diseases and for conditions caused by certain types of violence, such as torture, domestic violence or sexual violence.

## Unique health challenges faced by refugees and asylum seekers

Refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK. Holistic and person-centred care is essential to support resilience and help them adapt to life in the UK.

Common health challenges include:

- untreated communicable diseases
- poorly controlled chronic conditions
- maternity care
- mental health and specialist support needs.

Despite this, there is no evidence that refugees and asylum seekers use a disproportionate share of NHS resources, and migrants in the UK and elsewhere in Europe **tend to use fewer services** than native populations.

If you frequently treat patients who are refugees or asylum seekers, it may be helpful to develop links with specialist patient support organisations locally. See our section on '**Useful resources and organisations**' for further information.

### Common health challenges of refugees and asylum seekers

#### Poorly controlled chronic conditions

Hypertension, diabetes, epilepsy, badly healed injuries, out of medication



#### Mental health and specialist support

Depression, isolation, PTSD, torture, FGM, sexual and gender-based violence



#### Language translation needs

Do you need an interpreter?

What language/dialect?

What gender?

Any cultural needs?



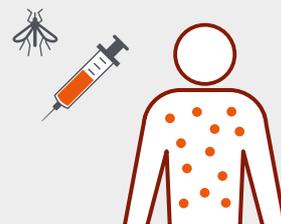
#### Maternity care

Late presentation, FGM complications, trauma, poverty, malnutrition, holistic support



#### Untreated communicable diseases

TB, HIV/STIs, parasitic infections, missing vaccines



## Communicable diseases

### Screening

If you treat refugees and asylum seekers, particularly if you are a GP, it is important to offer screening for infectious diseases that are common in the countries where your patients have spent time before coming to the UK. You may also identify symptoms of communicable diseases when patients present with other routine issues.

In some countries, screening programmes for infectious diseases, such as HIV and hepatitis, may not be easily accessible, or people may not seek testing due to fear of stigma or lack of treatment options.

You should discuss the possibility of receiving a positive result in advance with patients from countries with high rates of certain diseases. PHE's (Public Health England) [Migrant Health Guide](#) includes a section on common communicable diseases and other health issues by [country](#).

### Vaccinations

You should also find out what vaccinations refugees and asylum seekers have received. Any missing vaccinations should be offered to children and adults based on the latest [UK immunisation schedule](#).

PHE has developed a practical [one-page summary](#) on the best approach to catch-up patients with uncertain or incomplete vaccinations.

### Informing patients

As with other patients, you need to inform refugees and asylum seekers about any testing, treatment or vaccinations offered to them.

You may need to take extra care in explaining their rights to confidentiality. For example, you may need to reassure them that a positive result will not negatively affect any asylum application, and that this information is not shared with the Home Office.

Some patients may need additional health education in an appropriate language to understand their options.

You may be able to do this in a consultation using an interpreter, or it may be appropriate to give the patient information leaflets in their language to take away, depending on their literacy level. Specialist patient support organisations may also be able to assist.

Read the section on [managing language and literacy barriers](#) for more information.

### Resources in other languages

The [NHS website](#) provides links to trusted sources of health information in alternative languages. Some NHS Trusts have developed their own range of leaflets in other languages, which may be [searchable online](#).

The Migrant Health Guide also links to leaflets in other languages from specific health topic pages.

### Chronic conditions

Refugees and asylum seekers may arrive in the UK with poorly controlled chronic conditions, such as diabetes and hypertension. This is usually the result of long periods without access to regular care, either in their home countries or during their journeys to the UK.

Some patients may have old injuries that have not healed properly. These can cause chronic pain or disability. Untreated dental and eye issues may also cause discomfort or impairment.

### Appropriate management

Some conditions may require referrals to secondary care while others will be best managed in primary care.

Many refugees and asylum seekers will be unfamiliar with the way healthcare is organised in the UK. For example, they may expect to be referred to hospital, or be able to self-refer to a specialist, for issues which are normally treated by a GP.

You may need to explain the strength of the UK's primary care system and the GP's role in coordinating care.

### Maternity care

Pregnancy is often the first significant contact female refugees and asylum seekers have with the UK healthcare system. This is a key opportunity to engage women on a broad range of issues.

### Social factors

You should find out about the condition of the patient's housing and **other social determinants of health**, especially before discharge following a birth. For example, malnutrition may be a concern due to competing demands for limited funds.

Where health or social welfare concerns are identified, you should consider referring to an appropriate support service.

### Female genital mutilation

Additional support may be needed for women who have experienced FGM (female genital mutilation), and their female children if they are considered to be at risk of FGM.

FGM can cause ongoing physical and mental health issues, including complications during pregnancy and childbirth, which should be planned for. It may also deter women from being screened for cervical cancer.

The **RCGP** (Royal College of General Practitioners) and **RCOG** (Royal College of Obstetricians and Gynaecologists) both produce guidance for doctors on FGM.

A **free e-learning module** on FGM, developed by Health Education England, is also available for all UK doctors. Amongst other things, the module includes a section on communication skills for FGM consultations.

## Mental health and specialist support

Most migrants do not experience mental health problems. However, refugees and asylum seekers can be at **increased risk**, particularly if they have experienced violence and trauma, including exploitation, torture or sexual and gender-based violence.

Issues can range from low to moderate levels of anxiety and depression through to more severe mental disorders. The **mental health section** of the Migrant Health Guide provides further information and links to resources, including patient information in other languages.

## Cultural competence

People from different cultural backgrounds can have different conceptions and experiences of mental illness. For example, patients may complain about non-specific pain or frequent headaches and stomach-aches rather than emotional distress.

In such cases, you should sensitively investigate their history as well as current circumstances to establish whether such complaints may be an expression of mental health or other social issues. This approach can help to minimise unnecessary referrals for investigations and prescribing of medication.

It can be extremely helpful to consider dialect, culture, gender and sexual orientation when selecting a language interpreter. It may also be helpful to link patients with support organisations with expertise in supporting refugees and asylum seekers.

## Caring for patients with trauma

Providing care for people who have experienced violence or persecution can be challenging. They may be unable to discuss their health problems openly or be fearful of examination. They may also have difficulty trusting people in positions of authority, including doctors.

Experiences of torture and other violence can cause deep-rooted feelings of shame, humiliation and guilt, and many patients may be reluctant to disclose to a relative stranger. You should respond compassionately and sensitively, and be aware that building a relationship of trust and support to facilitate disclosure can take some time.

If patients are willing to talk about what happened to them, the situation described can be disturbing for you as well as for the patient (see box 2).

### Box 2: Burnout and vicarious trauma

Healthcare professionals and other staff who are exposed to disturbing patient accounts can be emotionally affected. This can include burnout as well as **vicarious trauma**.

Awareness and self-care along with access to education and training, regular debriefing and peer support can help you look after your own wellbeing when caring for patients who have experienced severe violence and cruelty.

If you are professionally isolated, the **migrant.health forum** can connect you with a community of other UK practitioners working with vulnerable migrants.

The BMA also provides 24/7 access to our **wellbeing support services**, which offer peer support and professional telephone counselling, including with trauma specialists. The service is open to all UK doctors and medical students.

### Victims of human trafficking and modern slavery

Refugees and asylum seekers are at risk of exploitation, trafficking and modern slavery. This can often involve experiences of mental, physical and sexual violence.

As a healthcare provider, you may be well-placed to identify people who have been trafficked and help them to access specialist support.

Further information on common health conditions affecting people who have been trafficked and what signs to look for is available in the [human trafficking section](#) of the Migrant Health Guide. DHSC (Department of Health and Social Care) has also produced [guidance](#) and a [quick two-page guide](#) for health professionals.

The UK operates a [national referral mechanism](#) for adults and children. Adults must consent to be referred in this way. [The Salvation Army](#) can also assist with referrals.

### Victims of torture and other forms of violence

[Recent estimates](#) suggest that on average 44% of asylum seekers have experienced torture, although this can vary significantly by country.

If you have patients who are refugees and asylum seekers, you should be alert to and able to identify health problems which may be physical and mental consequences of torture. However, it is important that you recognise the limits of your own competence and refer to a specialist service when appropriate.

Depending on the nature of your patient's experiences, the most appropriate specialist service may be secondary mental health, sexual health, or support for victims of domestic or sexual abuse, or human trafficking.

The assessment and documentation of the sequelae of torture should be undertaken by experienced health professionals. The main UK centres where patients can receive specialist psychological therapy and expert assessment for medical reports to support asylum application are:

- Freedom from Torture (formerly the Medical Foundation for the Care of Victims of Torture)
- The Helen Bamber Foundation

(Further details of these organisations are available in the '[Useful resources and organisation](#)' section)

**It is of vital importance that asylum seekers who report experiences of torture, FGM, exploitation or sexual and gender-based violence are referred on to a specialist service without delay.** Proper evaluation and medical reports concerning these experiences can have a significant impact on a patient's asylum application or appeal.

## Barriers to accessing care and ways to address them

Refugees and asylum seekers in the UK often have **difficulty accessing healthcare** and other public services. In many cases, they may be unfamiliar with the way these services are organised.

Overcoming these barriers is essential to providing effective care, improving health and wellbeing, and supporting refugees and asylum seekers to integrate into UK society.

Information on common barriers and options for overcoming them are provided for doctors working in:

- all care settings
- primary care
- secondary care, including mental health services
- maternity care.

### All care settings

#### NHS Low Income Scheme

The **NHS Low Income Scheme** is open to all patients regardless of immigration status and provides financial help with medical costs, such as transportation to appointments and prescriptions.

Many GP surgeries and hospitals will have copies of HC1 application forms for the scheme. It may be helpful to link patients with community support organisations who can assist them to complete the form.

#### Local authority support

In some cases, refused asylum seekers who are not being supported by the Home Office may be able to receive local authority support, even if they have no recourse to public funds. One reason for this is medical need. For example, taking medications which must be stored in a refrigerator will support a claim for housing.

As a doctor, you may have a role in identifying these cases and advocating on behalf of particularly vulnerable patients.

### Primary care

Refugees and asylum seekers often find it difficult to register with a GP. The most common reason is confusion among reception and administrative staff about who is eligible and what documents they need to register.

#### Identity documents and registration

Practices do not need to request any identity documents to register a new patient. However, some surgeries may ask patients to provide documents, including identification, proof of address and sometimes proof of immigration status in order to register.

Such requests must be non-discriminatory. For example, they cannot be based on the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Staff who register patients should be made aware of the difficulties refugees and asylum seekers may have in producing identity documents. They will need to be flexible about the documents they accept and include biometric residence permits or application registration cards from the Home Office.

If a patient is not able to provide identity documents, it is not reasonable grounds to refuse to register them.

### Raising awareness among reception and administrative staff

Practices should take steps to ensure that reception and administrative staff understand what is contractually required and do not incorrectly refuse to register vulnerable patients.

Staff who register new patients should also be aware that they are not required to complete the appendix of the English GMS1 registration form relating to immigration status.

Practices in England may find it helpful to have copies of this [NHS England leaflet](#), which sets out the registration process for practice staff and patients.

### Secondary care

Refugees and asylum seekers are sometimes incorrectly denied or charged for secondary care because of confusion about their entitlement to NHS care.

Our [member survey](#) found that 55% of doctors who work with refugees and asylum seekers were frequently or sometimes uncertain about their entitlement to care.

### Mental health services

In some cases, refugees and asylum seekers may have difficulty accessing psychological therapies on the NHS.

Local organisations, such as charities, may be able to provide medium-term psychological support, such as CBT (cognitive behavioural therapy) and community integration activities. However, not all therapies will be appropriate for patients with conditions linked to trauma, including PTSD.

If a patient has complex mental health needs, it may be appropriate to refer them to a specialist service, such as The Helen Bamber Foundation in England and Freedom from Torture in England and Scotland.

### Maternity care

Female refugees and asylum seekers may have complex pregnancies, especially if they have experienced FGM or other forms of violence. It is important that they receive proper medical support throughout their pregnancies.

Unfortunately, confusion about entitlement to care means that [many women are afraid of being charged or turned away](#) and do not engage with maternity services.

You should make clear to your pregnant patients that [all maternity services are considered 'immediately necessary'](#) and must never be delayed or refused.

### Supporting consistent attendance

Women who need to attend frequent appointments may have difficulty paying for transport. This is particularly true for asylum seekers who are supported by the Home Office and do not have access to mainstream benefits.

Proactively exploring this possibility and any potential solutions with your patients can help to avoid missed appointments. For example, there may be local schemes to help vulnerable patients reach appointments. The [NHS Low Income Scheme](#) or local charities may also be able to assist.

## Managing language and literacy barriers

Patients with limited English language or literacy can find it difficult to engage with NHS services. NHS providers have certain obligations to reduce inequalities between patients accessing services, which may apply to language interpretation needs.

Refugees and asylum seekers may need ongoing language interpretation support to engage effectively. If you treat refugees and asylum seekers, it is good practice to:

- use professional language interpreters with these patients
- consider your patient's preferences and other factors when selecting an interpreter
- understand how to make best use of an interpreter throughout the treatment encounter
- inform your patients and ensure that reception staff promote the option to use an interpreter
- be aware of local arrangements for language interpreting services, including funding.

### Professional language interpreting

Use of professional language interpreters is particularly recommended for refugee and asylum seeker patients.

In many cases, refugees and asylum seekers may not have English-speaking friends or relatives who can offer support. Using a friend or relative as an interpreter may also prevent patients from disclosing sensitive health issues, making it difficult to provide safe and effective care.

Face-to-face interpreting is generally preferred to support interaction between all parties. However, telephone interpreting can be helpful in remote areas, for less common languages or if a patient prefers to remain anonymous.

### Selecting an interpreter

Whenever possible, it will be helpful to find out if your patient has preferences regarding gender and political or cultural background when selecting an interpreter.

For example, it may not be appropriate to use an interpreter who is from an ethnic or political group that has been involved in violence or oppression in the patient's country of origin, as this may undermine trust.

It is also helpful to use a professional interpreter who is trained to work in the healthcare setting. This is particularly important for appointments related to sensitive topics, including sexual and gender-based violence.

Interpreters from embassies or official agencies of the patient's home country should not be used. This could put people fleeing persecution at risk, if they return, and may jeopardise the safety of their relatives.

### Making effective use of interpreters

Using interpreters in patient consultations can present challenges.

- Consultations can be longer than normal. You should make sure you allow enough time for an appointment involving an interpreter.
- It can be more difficult to build rapport with your patient. You can address this by looking and speaking directly to the patient, rather than to the interpreter.
- Phone appointments may be difficult. You should book a three-way call with an interpreter rather than relaying messages via an interpreter. This allows the patient to ask questions, improving understanding and engagement.
- Patients may need follow-up care. In this case, you should explain the need for multiple appointments and make sure the patient understands when the next appointment is. Asking the patient to repeat back any instructions for follow up care or medication while the interpreter is present can also be helpful.
- Aim to use the same interpreter for the whole treatment encounter, including booking follow-up appointments at reception.

You may also find additional training on the use of interpreters in consultations useful.

### **Raising awareness with patients and reception staff**

Refugees and asylum seekers may not know they can request language interpretation, particularly when registering for the first time. Posters in reception areas can help raise awareness, if they are displayed in a variety of languages.

It is important that staff who are responsible for making appointments know how to book an interpreter and offer this option proactively, if possible. Keeping a [language ID chart](#) at reception can help staff identify what language a patient speaks.

### **Funding for professional language interpreters**

We are aware that professional language interpretation services can be costly. There are a variety of payment arrangements across the UK healthcare system, particularly in primary care.

In England, we recommend that GP practices urge their commissioners to fund these services. We have produced [guidance](#) to support practices serving atypical populations, including practices with a high number of patients who do not speak English. It may be helpful to refer to [NHS England guidance](#) for commissioners on interpreting and translation services in primary care.

## Useful resources and organisations

### Information

#### **Health experiences of refugees and asylum seekers in Wales (Wales)**

Multi-stakeholder research project led by Public Health Wales.

This comprehensive report incorporates the views healthcare professionals and people seeking sanctuary (including refugees, asylum seekers and refused asylum seekers) to better understand the health experiences of adult refugees and asylum seekers in Wales.

The report (full version and executive summary) explains the policy context for sanctuary in Wales and provides recommendations for improving access to healthcare for people seeking sanctuary.

Full version: [https://ihcc.publichealthnetwork.cymru/files/3715/5420/0776/PHW\\_Swansea\\_HEAR\\_Tech\\_Report.pdf](https://ihcc.publichealthnetwork.cymru/files/3715/5420/0776/PHW_Swansea_HEAR_Tech_Report.pdf)

Executive summary: [https://ihcc.publichealthnetwork.cymru/files/5015/5419/2886/HEAR\\_Report\\_ES\\_English\\_FINAL.pdf](https://ihcc.publichealthnetwork.cymru/files/5015/5419/2886/HEAR_Report_ES_English_FINAL.pdf)

#### **Leaflet on how to register with a doctor (GP) for asylum seekers and refugees (England)**

Produced by NHS England with input from specialist patient support organisations.

This leaflet provides advice to patients on their rights when registering with a GP practice. It can be used with practice staff to clarify who is able to register at a local surgery, what documents are required and the limited situations in which a practice may refuse to register a patient.

The leaflet includes a section for practice staff to complete if registration is refused, and further information for patients on their options in this situation.

<https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-leaflet.pdf>

#### **Migrant health guide (UK-wide)**

Information resource created by the PHE (Public Health England) migration health team.

This guide covers a range of health issues affecting migrant patients, including refugees and asylum seekers.

The resource is split into four sections:

1. Entitlements to NHS care
2. Common health issues by country
3. Communicable and non-communicable health topics
4. Guidance and tools to support assessment of patients from overseas, including around language and culture

<https://www.gov.uk/topic/health-protection/migrant-health-guide>

### **Resources for professionals caring for asylum seekers and refugees (England)**

Developed by the Liverpool John Moores University School of nursing and allied health, with support from Health Education England's Mary Seacole Leadership award.

This online resource hub provides information on the rights, health and wellbeing of refugees and asylum seekers. The resources are aimed at a range of professionals, including in health and social care.

The hub signposts to a number of services in the North West of England. However, many of the resources, particularly the sections under 'Access the healthcare,' will have broad applicability to doctors across the UK.

<https://www.ljmu.ac.uk/microsites/resources-for-professionals-who-support-asylum-seekers-and-refugees>

## Organisations

### **Doctors of the World – London clinic (England)**

Humanitarian and advocacy organisation operating a London clinic (Monday-Friday, with a women's and children's clinic on Tuesdays).

This voluntary drop-in clinic based in Bethnal Green offers primary care and health and social advice for people who struggle to access the mainstream NHS, including asylum seekers, undocumented migrants and homeless people. The clinic is not intended to replace regular primary care, and volunteers aim to help attendees access their local GP and other NHS services.

Services include: health checks and screening, signposting to other services, such as housing advice, destitution support and specialist counselling, and advocacy support to register with a local GP or access secondary care.

<https://www.doctorsoftheworld.org.uk/our-work/uk/our-uk-clinics/?nabm=1>

### **Freedom from Torture (formerly the Medical Foundation for the Care of Victims of Torture) (England and Scotland)**

Specialist organisation providing services for survivors of torture and other forms of organised violence.

Staff in five centres across the UK provide casework, counselling and advice regarding welfare rights, physical assessment and mental health care. They offer a range of therapies and support groups, including individual and group therapy, family therapy and child and adolescent psychotherapy. They also give advice and help with access to statutory healthcare and write medico-legal reports at the request of solicitors.

Staff run training sessions and workshops for professional groups working with refugees and survivors of torture, and can discuss issues with healthcare workers.

<http://www.freedomfromtorture.org>

### **Helen Bamber Foundation (England)**

Human rights organisation providing treatment and support to refugees and asylum seekers who have experienced extreme human cruelty.

Foundation staff provide support to meet the complex needs of survivors of torture, war, genocide, human trafficking for sexual exploitation or labour, gender-based violence and extreme domestic violence. Services include specialist psychological and physical therapy, housing and welfare support, legal protection, creative arts and skills programmes.

Along with Freedom from Torture they are a principal centre for assessment of the sequelae of torture and write medico-legal reports on referral from legal representatives and doctors.

<http://www.helenbamber.org>

### **Migrant Help (UK-wide)**

A charity offering advice and support to vulnerable migrants.

Migrant Help have been awarded a UK-wide contract by the Home Office to provide Advice, Issue Reporting and Eligibility Assistance services for asylum seekers from September 2019. They work closely with asylum accommodation providers to resolve issues, as well as responding to a range of other complaints.

<https://www.migranthelpuk.org>

### **Services directory (UK-wide)**

Compiled by the Refugee Council, a charity providing direct support to refugees and asylum seekers as well campaigning to improve the asylum system in the UK.

This extensive interactive directory provides details of local organisations across the UK that offer specialist support to refugees and asylum seekers, including psychological, advocacy and legal support.

<https://www.refugeecouncil.org.uk/servicedirectoryupdate>

## Tools

### **Migrant.health tools and forum (England)**

A portal developed by Doctors of the World and the University of Sheffield to help UK primary care practitioners working with migrant patients.

Content on this site has been compiled in an easy-to-access format based on NHS, PHE and World Health Organization guidance. Resources available include factsheets, practical 'how-to' guidance and templates. The website also aims to create an online community to ask questions and respond to colleagues.

<https://migrant.health/>

### **No recourse to public funds tool – assess access to local authority support (England)**

Developed by the No Recourse to Public Funds Network of local authorities and partner organisations and the University of Oxford's Centre on Migration, Policy and Society.

This tool is not primarily intended for use by the medical profession. However, it may be helpful in cases where a doctor needs to request local authority support for a particularly vulnerable patient who does not have recourse to public funds.

<https://migrantfamilies.nrfnetwork.org.uk>

**Safe surgeries toolkit and network (England)**

Developed by Doctors of the World for GP practices seeking to reduce barriers to registration for vulnerable migrants. A community of good practice for surgeries with this aim.

This toolkit sets out seven steps for practices to help ensure vulnerable patients can access the healthcare they are entitled to. Posters and templates to support staff and patients are available for download in a range of languages.

<https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/safe-surgeries-toolkit/?nabm=1>

**British Medical Association**  
BMA House, Tavistock Square,  
London WC1H 9JP  
[bma.org.uk](http://bma.org.uk)

© British Medical Association, 2019

BMA 20190264