RIGHT TO CARE

FINAL REPORT

2023

SAFE SURGERIES

NHS
University College London Hospitals
NHS Foundation Trust

UCL

NIHR | National Institute for Health and Care Research

Executive Summary

Everyone living in the UK is entitled to access free primary care within the National Health Service (NHS) in England. However, certain groups – such as people with insecure immigration status, people from Gypsy, Roma and Traveller communities, people experiencing homelessness, and people who sell sex – often experience additional challenges when accessing primary care services.

A collaboration between Doctors of the World (DoTW) UK, University College London Hospital Find and Treat, and University College London, the **Right to Care** project aimed to improve access to primary care for inclusion health groups by developing and testing new interventions for GP registration. The study was conducted over 18 months using a range of mixed methods, including a review of published literature; analysis of DoTW service data; surveys and interviews with patients and General Practice (GP) staff; stakeholder workshops and testing of interventions. Our research team included two peer researchers.

The key findings were:

- **There is a disconnect between policy and practice.** Understanding and implementation of national guidance remains inconsistent across GP surgeries, with many practices still inappropriately insisting on documentation to register new patients.
- **GP registration support is variable.** Support with registration is available for inclusion health groups but this varies between practices and is challenging to balance with NHS demands, especially given increased pressure on primary care.
- **Multi-level interventions are required to support access to primary care.** Patients would benefit from support to understand and navigate GP registration, while GP staff would benefit from targeted training and resources.
- **Both mainstream and specialist GP services are needed.** Alongside improving access to mainstream GP services, there is an important role for specialist GP and outreach services for inclusion health groups, especially for people experiencing homelessness.

Based on these findings, we designed two new interventions:

1. ***Individual level intervention:*** a digital Whatsapp chatbot to support individuals to access information about the NHS and generate a personalised letter to help them get registered, supported by a live helpline service.
2. ***Service level intervention***: scalable training, resources, and support programme for GP practices to help them understand the needs of different inclusion health groups and address barriers to registration.

Moving forward, we plan to test these interventions across the country, with the aim of delivering information on entitlements and the GP registration process in a culturally and linguistically appropriate way for both patients and GP practices.

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Acknowledgments

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In particular, thanks to those at the following services: UCLH Find and Treat staff, namely Al, Julian, Binta, Jenn, Sive, Yasmin, Phil, and Joyce; Doctors of the World staff including Yusuf, Amar, Marina, Ella, and Lucy; Doctors of the World National Health Advisors; British Medical Association, British Red Cross, and Institute of General Practice Managers. Thank you to all the members of our advisory board for your input, reflections, and energy.

About Right to Care

Background

Everyone living in the UK is entitled to access free primary care. General Practitioner (GP) primary care services are the National Health Service's (NHS) most effective and efficient means of preventing poor health and promoting wellbeing. They save money and protect public health by treating patients early. Despite this, inequalities in access persist for people in need of healthcare who are wrongly refused access to GP practices. Research shows that certain underserved groups of people lack information on the NHS, their rights and entitlements; and GP practices commonly refuse to register people because they don't have proof of address, ID, or because of their immigration status. This problem is widespread and by nature difficult to quantify as it affects the most invisible and marginalised groups in society including asylum seekers, undocumented migrants, gypsies, travellers, Roma, and people experiencing homelessness or who are engaged in sex work. Collectively, these groups are termed inclusion health populations.

Doctors of the World (DoTW) provide healthcare for inclusion health groups and work to effectively integrate them into mainstream NHS services. At present, DoTW intervenes in two ways: first, it takes an advocacy-based approach by calling GP surgeries to help register individuals and second, DoTW run a Safe Surgeries initiative that helps GP practices register inclusion health groups. However, these services were developed to meet the needs of mostly migrants, often involve intensive one-on-one support, and have not been formally evaluated.

Right to Care

The Right to Care (R2C) project looked at how well DoTW's existing services were meeting the needs of inclusion health groups and how these could be re-developed to improve access to primary care, in collaboration with homeless and inclusion health specialists at University College London Hospital (UCLH) Find and Treat (F&T) and researchers at University College London (UCL).

The aim of the R2C project was to improve national access to primary care by improving GP registration for inclusion health groups by developing two interventions that will be delivered at the service user (patient) and GP practice level, while also evaluating current projects run by DoTW.

What we did

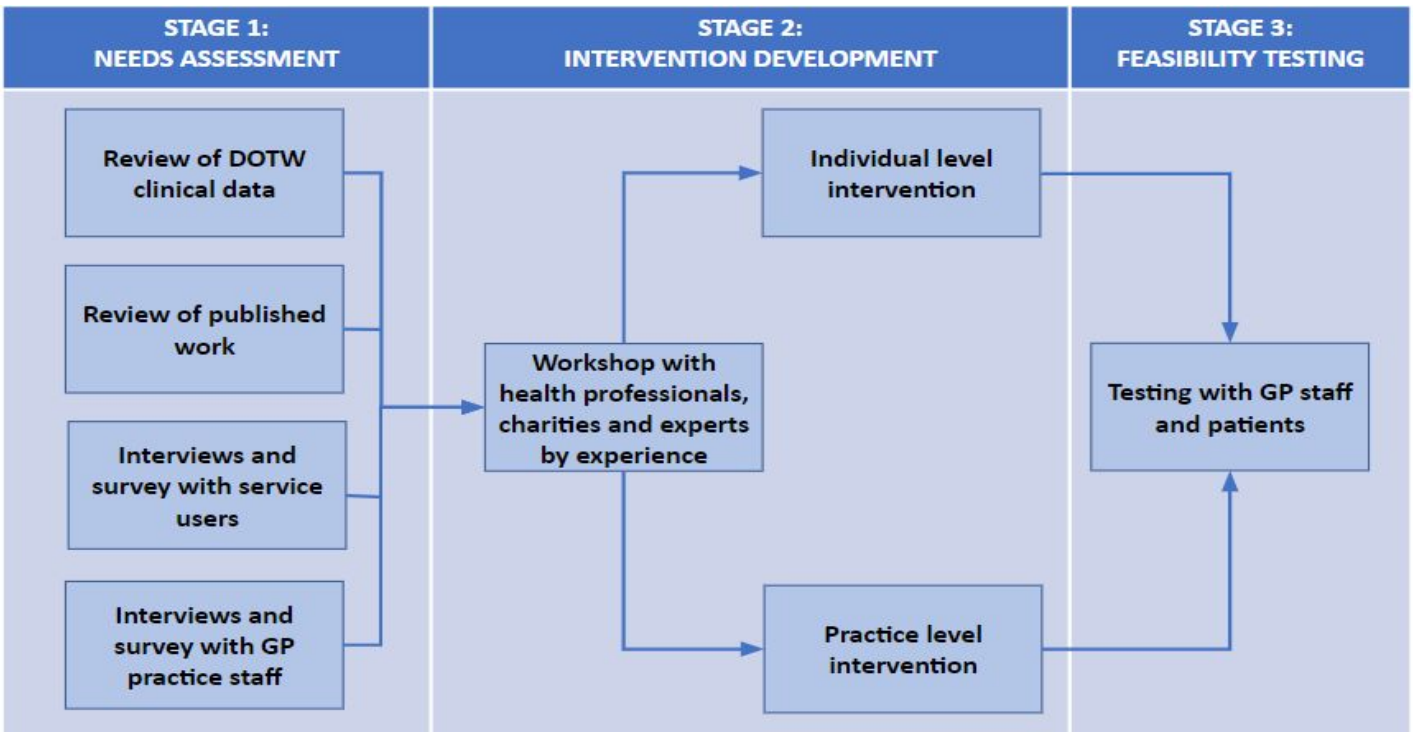
A three stage process

In stage 1, we reviewed data from DoTW to understand who uses DoTW services. We also reviewed published work to see what had been done to support access to GP services for inclusion health groups in England.

Research was conducted with GP staff and patients. Two peer researchers and three researchers from UCL carried out 25 semi-structured interviews and 49 surveys with people from an inclusion health background about their experiences of GP registration. More than 230 GP staff members answered our online survey and we held 15 interviews with GP staff to further understand their registration processes around inclusion health patients.

In stage 2, we conducted 5 co-production workshops with health professionals, charities and experts by experience to review the findings and discuss how to improve GP registration for inclusion health groups. We developed two interventions: first, a digital Whatsapp chatbot to help people access information on the NHS and GP registration and second, an updated DoTW GP staff training programme and resources to support GP practices with registration of inclusion health groups.

In stage 3, we ran 3 focus groups with experts by experience and 4 focus groups with GP practice managers and receptionists to explore the acceptability, and feasibility of the two interventions.



What we did

Involving people with lived experience

The R2C project employed a peer-led methodology and had peer researchers involved in each stage of the research process. This included:

- Co-designing the research tools (semi-structured interview guides and survey) for people with lived experience to ensure the questions were appropriate and tailored.
- Attending 10 week qualitative training at UCL to develop skills in research methods, interviews and focus groups, and data analysis.
- Conducting interviews and surveys with people with lived experience across London, including recruitment, consenting, and interviewing.
- Facilitating the co-production workshops and feedback sessions with a diverse range of stakeholders.
- Imputing and reviewing both the acceptability and feasibility of the interventions.

Peer researcher reflections

> “To me, the experience has been able to see people with different health needs and see the challenges that other people are facing even though the UK is a big country. There is still a big gap in the health sector and there is still a lot of things to be done when it comes to primary health care. I also reflect on how the journey of starting this research project and the experience of hearing people’s stories. And what it means to be able to stand and hear what other people feel.” - Kemi

> “I am so glad to be a part of the project that seeks improve access to healthcare for people in this particular group. Being a part of the process has made me realise how a little help can make a significant difference. It was truly worth it!” - Janet

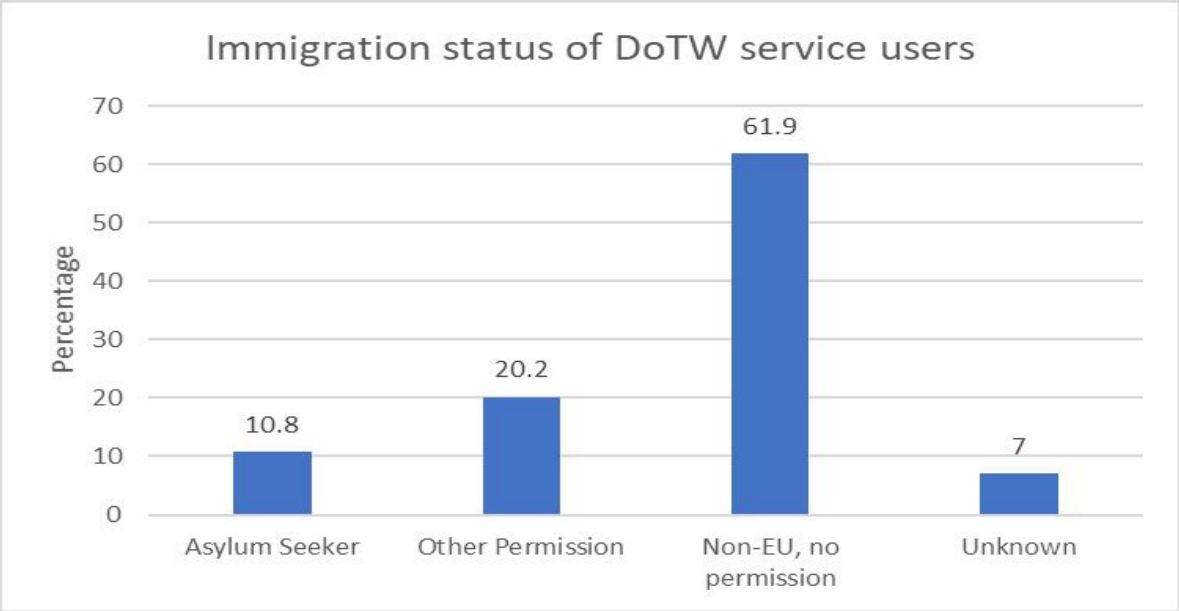
What existing data said

DoTW service user demographic data

We reviewed DoTW service user data from 2016 to 2020 to understand:

- who visited the DoTW clinic,
- what their health needs were,
- explore any barriers to accessing healthcare.

Over 5,000 individuals received support from DoTW. A majority were between the ages of 20-50 and over half were men (53%). Most of the people seen were undocumented migrants (62%) and one in ten were individuals seeking asylum (11%). The majority of individuals were non-European Union (EU) migrants, migrating from China (17%), India (14%), Bangladesh (13%), and Afghanistan (9%).



Among service users, one in five self-reported very bad or bad health (19%), compared to 7% of the general population in England. For asylum seekers, those reporting very bad or bad health increased to one in three (31%). The most common barriers were lack of knowledge of the healthcare system and/or entitlement (24% of responses), administrative barriers (21%), language barriers (15%), and fear of arrest (13%).

As a majority of DoTW patients were non-EU migrants with insecure immigration status, there was a need to better understand the health needs and primary care barriers and facilitators faced by other inclusion health groups to help DoTW services benefit more people.

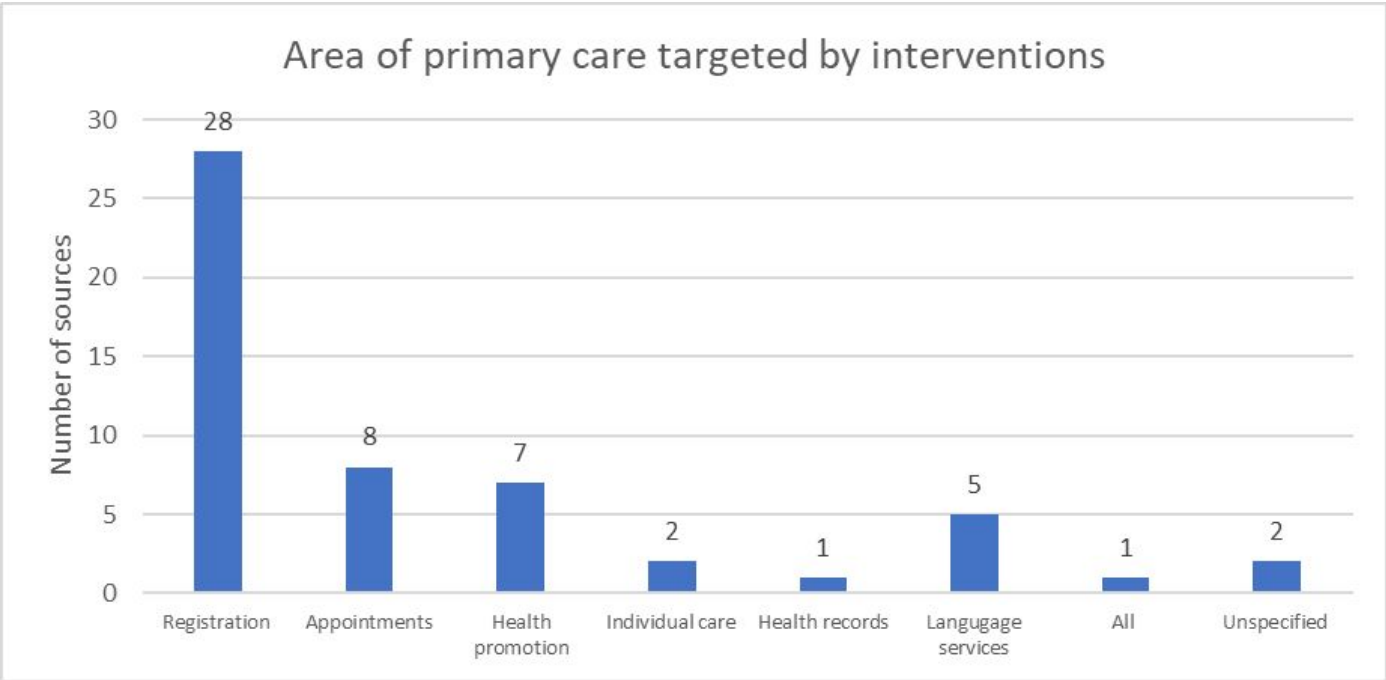
What existing data said

Review of published resources

Review of existing interventions to improve primary care for inclusion health groups in England

We found 29 published sources describing a range of different interventions used in GP practices to improve access for inclusion health groups. These interventions were mostly in London and targeted people with insecure immigration status (58%) and people experiencing homelessness (34%). No sources described interventions targeting people who sell sex, which indicated a need to develop a better evidence base on interventions for this population.

A range of interventions were described that targeted different areas of primary care to improve access for inclusion health groups. Training and education for GP practice staff or for patients trying to register were the most common types of interventions, with most delivered in partnership with voluntary or community organisations.



Other interventions targeted challenges with appointment booking or arranging interpreters or specialist staff. Most interventions were not described in detail and did not include an assessment of whether they worked or not. Overall, there was little evidence for what kind of interventions work to support access to GP services for inclusion health groups.

What we heard

People with lived experience

Participant characteristics:

From October 2022 to February 2023, we surveyed 49 people and interviewed 25 people who were service users of London facilities visited by UCLH F&T mobile clinic. This included people with lived experience of homelessness, seeking asylum, addiction, selling sex, and irregular immigration. We recruited these individuals through: hostels for people with ongoing addiction; Initial asylum accommodation; and day shelters.

We asked them about their use of NHS primary care services and experiences of GP registration and appointment booking.

25 Interviews

49 Surveys

General Practice Staff

Participant characteristics:

From June 2022 to March 2023, we surveyed 230 people and interviewed 15 people who work in or with GP surgeries across England. This included GPs, GP practice managers, non-GP practice managers, Clinical Commissioning Group (CCG) leads, non-GP healthcare workers, and receptionists. Our surveys and interviews were with people from across the country, including staff working in a mix of urban, semi-urban and rural GP practices. Over two-thirds of respondents were involved in new patient registration policies or processes.

We asked them about the registration processes at their practices, appointment booking systems, and their experiences providing care for health inclusion groups.

15 Interviews

230 Surveys

What we heard

People with lived experience

A lack of knowledge of the NHS can prevent people from accessing services. Respondents found navigating NHS services challenging and struggled to identify where within the NHS to go for different needs, this was especially true for newly arrived migrants.

> *The difficulty is when they arrived in this country, they don't know their rights exactly and they don't know whether they can have access to healthcare or not. Meaning that they wish when they arrive to a hotel or somewhere they get someone who can inform them of their rights and the way the system is and what to do to make it easy for them to show them the process, someone who can speak the language obviously and can explain to them what to do to register*
>
> *[Male, asylum seeker, hotel]*

For people who don't speak English, navigating and communicating with healthcare services is difficult. Language was a key barrier to GP registration for asylum seekers, refugees, and migrants as they felt unable to attend services alone, and struggled to identify information online.

> *It took them 8 months to be registered with the GP. He said he didn't know why he wasn't able to be registered because he doesn't speak the language, so he did not know what was going on.*
>
> *[Male, asylum seeker, hotel]*

Fear of discrimination can prevent people seeking healthcare. Fear of, or previous experiences of, discrimination was reported by asylum seekers, refugees, migrants, people experiencing homelessness and those with drug and alcohol addiction. This included direct experience of discrimination in the past, as well as fear of future discrimination – both of which prevent healthcare seeking behaviours.

> *When they hear you're homeless they treat you totally different you get what I'm saying*
>
> *[Female, hostel]*

What we heard

People with lived experience

For people who are experiencing homelessness, their health is often low on their priorities. For those experiencing homelessness or who used drugs, accessing primary care was low on their list of priorities and they tended to use emergency services as their primary access point for healthcare.

> *Nah, you're you know homeless struggling thinking I need to survive I'm waking up where am I eating? Where am I going to sleep? gp dont come in your mind.*
>
> *[Female, homeless hostel]*

A lack of digital access can make it hard to get information on services, or to contact GP practices. For those experiencing homelessness, digital access was low and sporadic, which makes searching for information, registering online, or phoning GP surgeries difficult.

> *Yes, especially people who have been homeless for a long time. Some of them don't even use phones. So, for them to be told that you have to refer yourself or do this using technology. It just becomes a barrier, and you don't know what to do.*
>
> *[Female, day hostel]*

One-on-one support is critically important for helping health inclusion groups to access services. Support workers were seen as crucial for those living in hostels and helped with the GP registration process, booking appointments and sometimes attended appointments with patients.

> *Most times I've actually just woken up in hospital because of things that has happened. I'll contact my support worker and they will help me because I am not good at making appointments myself, I get too anxious, and actually turning up and making the appointment and then there's also been issues with me not having a phone either.*
>
> *[Female, day hostel]*

What we heard

People with lived experience

Specialist services are often preferred by people who are experiencing homelessness or addiction, as they are perceived as more accepting. Those experiencing homelessness or living in hostels were mainly registered with specialist services for people with drug and alcohol addiction, or experiencing street homelessness and found these more accessible than mainstream services.

> *Just when I first came down to London that's where all the homeless people used to go for the doctors if you ask anyone that they know Dr [specialist] surgery.*
>
> *[Female, homeless hostel]*

Outreach workers can play a key role in helping people to navigate into services, and know their rights. Outreach services were spoken about as an important facilitator of GP registration, including DoTW.

> *Yes, I was think, in a year's time discovered I was invited to this Doctors of the World because I went to these refugee meetings, and I expressed myself that I need medication urgently. And they said, oh, you could have told us when you first came because we've got Doctors of the World and we refer people to GPS.*
>
> *[Female, refugee]*

Emergency services are often used instead of primary care because they are more immediately accessible without prior registration. Across all of the groups we spoke to, the use of A&E as a first point of contact with healthcare services was common, and often used instead of primary care.

> *He said when he arrived, he didn't know he had the right to register with the GP he was not informed in the hotel that he had the right. He said, when he found out, his daughter got sick, and he went to the hospital, and they told him you have the right to be registered with the GP. He said, he was in A&E for 7 hours and the doctor came and told them to register with a GP.*
>
> *[Male, asylum seeker, hotel]*

What we heard

General Practice Staff

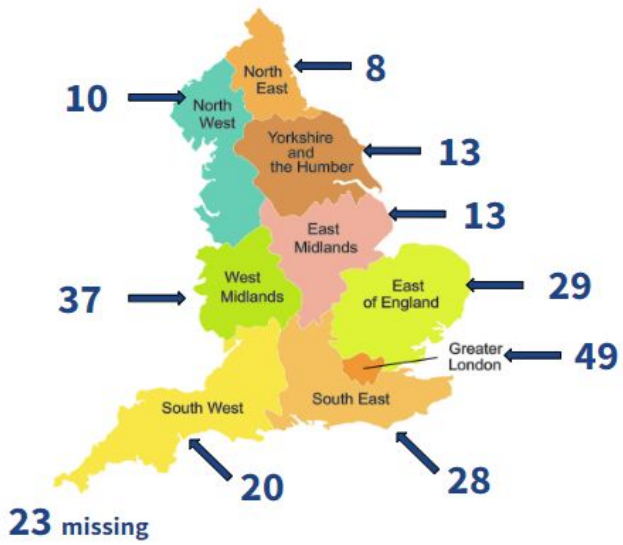
Findings from the survey

- We heard from 230 GP staff: 52% were in clinical roles (GPs, practice nurses and allied health professionals) and 48% were in non-clinical roles (including practice managers, receptionists and administrators).

- Staff reported that their practices looked after patients from various inclusion health groups:
    - People experiencing homelessness (72%)
    - People with insecure immigration status (57%)
    - People from Gypsy/ Roma/ Traveller communities (48%)
    - People who sell sex (33%)

- GP staff were located across England, with 21% from Greater London, 16% from the West Midlands, and 12% from the East of England and South East.

- More than two-thirds (68%) of GP staff respondents were involved in either new patient registration processes or policy.



Key insights

- Almost half (46%) of GP staff said that they require **proof of address** to register a new patient.

- When asked why they check documentation, half of GP staff (52%) said documents were required **to determine whether the new patient lived within their catchment area**. One fifth (23%) said documents were **required as part of practice policy or to determine entitlements**.

- A third of GP staff (33%) reported **not being able to register new patients** due to lack of documentation.

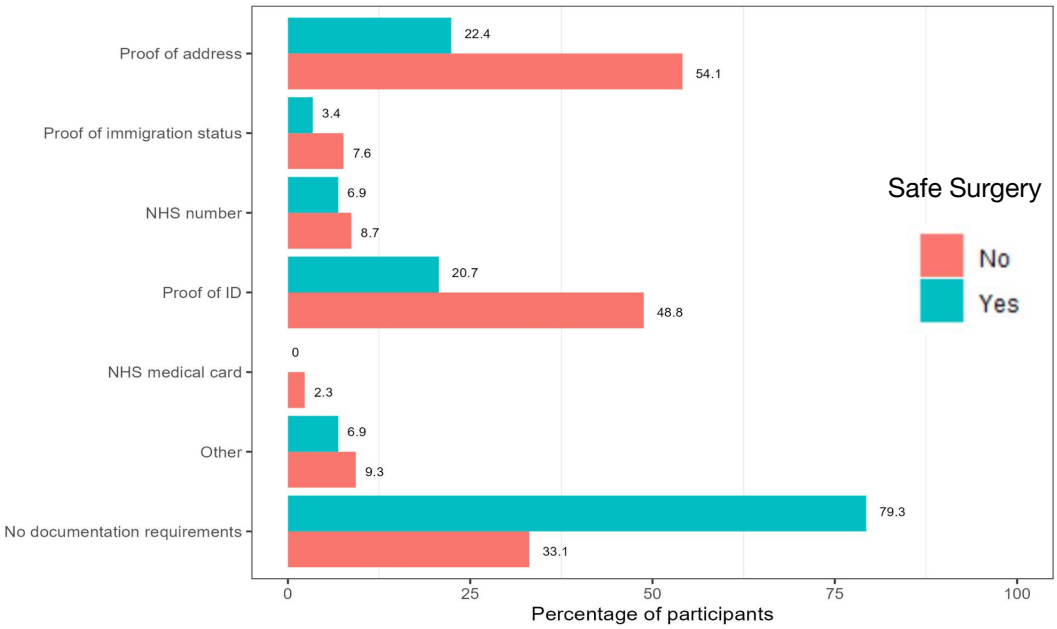
- One in ten GP practices (13%) reported that **patients could only register online**, presenting challenges for individuals with poor digital literacy or access.

What we heard

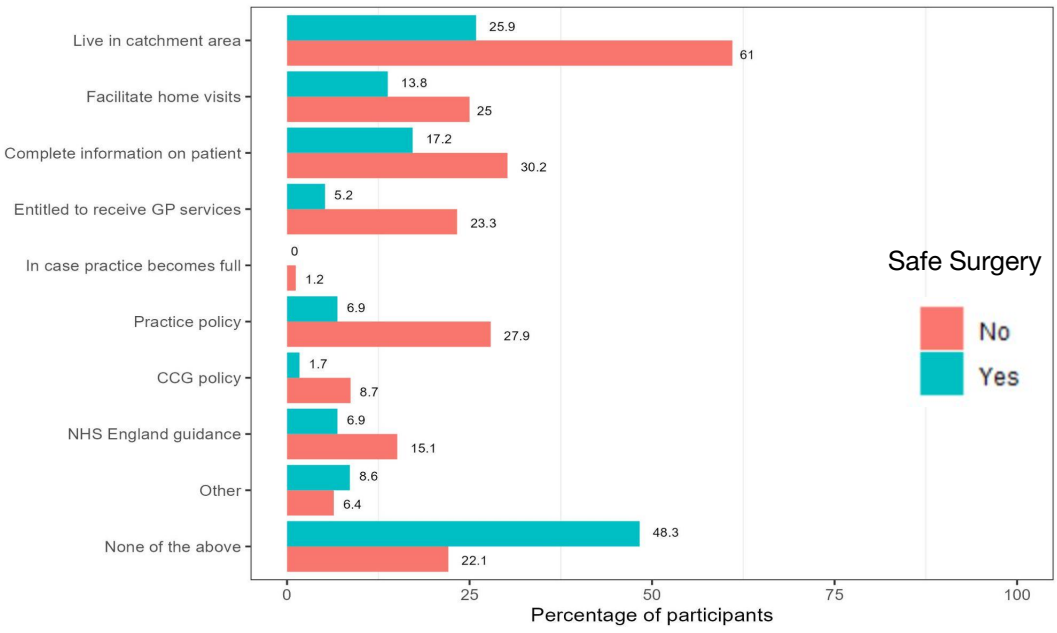
General Practice Staff

Less than half of GP staff had heard of DoTW Safe Surgeries and only a fourth had signed up to the Initiative.

When asked about what type of documents were required for registration, GP staff from Safe Surgeries were less likely to ask for proof of address (22%) and proof of ID (21%) compared to more than half of those who were not Safe Surgeries.



When asked why documents were required for registration, GP staff who were not from Safe Surgeries were more likely to report reasons such as living in catchment area (61%), complete information on patient (30%) and practice policy (28%).



What we heard

General Practice Staff

Findings from the semi-structured interviews

Most GP staff interviewed cited proof of address as a necessary requirement of registration. Participants stated that proof of address allowed the practice to evidence whether or not the patient lives within the practice catchment area. For patients without a permanent address or in temporary accommodation, practices reported either registering the patient to the practice address or as a temporary patient. A challenge of temporary registration is that patient records do not move with the patient. Most people reported that their practices don't ask for ID, those that do, ask in order to confirm identity. We only heard one account of ID being a necessary requirement for registration.

GP receptionist training on registration varied across practices. Some practices offer more formalised training schemes run by practice managers and existing receptionists, whereas others have only basic online training and have receptionists learn 'on the job'. Some practices offer ongoing training opportunities, whereas others have little in the way of training after onboarding.

> *You … do [training] maybe every couple of months, just so that people know, because we have had the odd occasion where we were contacted by a charity or the local authority to say that Mr So and So turned up at the surgery and didn't have any documentation and he had a problem trying to register. So then we would get on the phone to that practice and we would say this person doesn't need to provide an ID or proof of address so why has this happened? I normally found that it's been a receptionist who's a new member of staff who's not aware that documentation is not required to register."*
>
> *[CCG lead]*

Extra support with registration was available for inclusion health groups but variable, and challenging to balance with NHS demands. Receptionists and practice managers reported taking new patients into a private room to assist with their registration. However, the level of support receptionists can offer to patients is dependent on how busy they are, and across the board it was recognised that receptionists are under huge amounts of pressure given the high demand for GP appointments.

What we heard

General Practice Staff

Feedback for Safe Surgeries by GP staff

Clarity over target populations for Safe Surgeries: GP staff discussed the need for clearly defined target populations for Safe Surgeries to minimise overlap with other existing programmes and to help staff understand the aim of the initiative.

Increase the number of available Safe Surgery trainings: More frequent trainings could be delivered at PCN conferences and/or training afternoons at GP surgeries during protected learning hours using media content provided by DoTW.

Develop a Safe Surgeries leadership programme: A 'champions' model could be delivered through a number of stakeholders within the practice: through the practice manager as they are best placed to coordinate and enable change; through receptionists to create a sense of ownership of the programme; through GPs because the admin team need to see buy-in from higher up; or through community organisations to help with registration and access outreach.

More ready-made Safe Surgery content available for GP practices: DoTW could create ready-made content about registration for the GP websites in multiple languages using inclusionary language. Digital posters for screens in practices were also suggested.

Strengthen the branding of Safe Surgeries: GP staff felt like clear branding was needed to give legitimacy to the initiative. This will also help ensure that Safe Surgeries isn't just another piece of mail through the post.

Developing the interventions

Intervention Design

Generating new ideas to improve GP registration for inclusion health groups

- We brought together 60 experts by experience, GP practice staff, and other key stakeholders and used a collaborative design process to identify practical solutions to improve access to primary care.

- The first set of ideas focused on interventions to help individuals understand how the NHS and GP services work, and know their rights and entitlements to free primary care in England.

- The second set of ideas focused on interventions that could support GP practices to improve registration, with a focus on improving staff training and expanding the DoTW Safe Surgeries Initiative.

- Stakeholders were invited to think through the proposed ideas, considering -

    1) Which inclusion health groups does it address?
    2) Feasibility - how would we put this into practice?
    3) Can it be developed quickly?
    4) Does this intervention already exist?

- This allowed us to prioritise and take forward a smaller set of intervention ideas for further development and prototyping.

Consultation and design

- We then spoke with over 50 stakeholders, including 18 experts by experience as well as representatives from academia, third sector organisations, and GP staff to help prioritise and shape our new interventions.

- This feedback helped us understand what types of intervention would be most important and how they should be delivered. At the end of this process, we ended up with two interventions ready for feasibility testing

Developing the interventions

Intervention 1: Tool to help people to register

Digital WhatsApp Chatbot: A prototype digital WhatsApp chatbot was designed and the concept tested with potential end users. The chatbot would provide individuals with information about the NHS and their entitlements to healthcare, as well as provide support with GP registration in their preferred language.

Personalised Letter: The chatbot would auto-generate a personalised letter (in PDF format) that would include personal identifiers essential to registration (e.g. name and date of birth), any additional patient needs, an outline of the contractual obligation to register someone without ID/ proof of address, and a helpline number that patients and GP teams can call for further support. The user can take the letter to their chosen GP surgery to support registration.

Enhanced DOTW Helpline: The chatbox and personalised letter would be supported by an additional DoTW helpline service with extended opening hours and the ability to manage a range of registration enquiries from both staff and patients.

Intervention 2: Training & support for GP staff

Primary Care Network (PCN) Health Inequalities Lead Pack: A short guide for PCN Health Inequalities Leads to help them support access to primary care through the DoTW Safe Surgeries Initiative and specific actions they can take to support local recruitment, follow-up, and learning from Safe Surgeries.

Template GP Registration Policy: A registration policy that GP surgeries can use and/or adapt to their individual practices which outlines registration procedures and best practice that ensure compliance with current guidance.

Safe Surgeries Training Slide Pack: Adapted training slides to be used by DoTW staff, volunteers, or primary care staff. Content includes: right to healthcare in primary care, information on access and barriers to healthcare for inclusion health groups, NHS England and CQC guidance on registration and access, and examples of best practice.

GP Receptionist FAQ Sheet: Answers to questions GP reception and admin teams may have around Safe Surgeries, patient registration, and inclusion health. Includes questions around healthcare entitlement, registration guidelines, safeguarding, and support for individuals with greater access needs.

GP Trainee Quality Improvement Project (QIP): A step-by-step guide for medical students and GP trainees to make their GP practice a Safe Surgery or evaluate ongoing impact.

Developing the interventions

Feasibility testing

What did we do?

- Having designed two interventions, we wanted to test them to see if GP staff and patients felt they would work.
- We ran three focus groups with experts by experience, involving a total 17 participants, 10 female and 7 male, all with lived experience of exclusion from health services. These sessions were supported by peer researchers who were able to create a safe space for discussion.
- We also ran a series of focus groups and interviews with GP staff - speaking to 3 practice managers and 8 receptionists to explore how the interventions might be received by staff, who might use them, and whether they would result in changes to current knowledge and practices around registration.
- In both sets of focus groups, we shared prototypes of the individual and service level interventions and then used interactive methodologies such as patient journey mapping to explore how these interventions might influence different parts of the registration process.

What did we find?

- Both people with lived experience and GP staff were positive about the interventions - feeling that they would make the registration process easier and could be integrated into existing primary care policies and processes.
- Feedback from testing also allowed us to make targeted changes to the format and focus of both interventions to ensure they were fit for purpose.
- Finally, the feasibility testing process helped us ‘future proof’ our work - engaging with NHS England and Primary Care Networks across the country to ensure our proposed interventions were aligned with wider developments in primary care such as digital patient registration.

Key findings & reflections

Key findings

- **There is a disconnect between policy and practice.** Understanding and implementation of national guidance remains inconsistent across GP surgeries, with many practices still inappropriately insisting on documentation to register new patients.
- **GP registration support is variable.** Support with registration is available for inclusion health groups but this varies between practices and is challenging to balance with NHS demands, especially given increased pressure on primary care.
- **Multi-level interventions are required to support access to primary care.** Patients would benefit from support to understand and navigate registration, while GP practice staff would benefit from targeted training and resources.
- **Both mainstream and specialist GP services are needed.** Alongside improving access to mainstream GP services, there is an important role for specialist GP and outreach services, especially for people experiencing homelessness.

Reflections on our research process

- **Co-production is a powerful tool for research and intervention design**. Embedding multi-stage stakeholder consultation and user testing throughout our work ensured that our work could actually make a difference in practice.
- **Reaching inclusion health groups requires time and resource.** Despite our efforts, not all inclusion health groups were equally represented in our work. It is important to intentionally partner with organisations supporting these groups and provide dedicated resources to facilitate their involvement. This includes writing them into the initial grant application and providing funding for coordination costs or new staff posts to support the project.
- **Flexibility is key when working with frontline services.** Frontline services are under a lot of pressure, and it was critical to our research that we were able to work flexibly to fit within the schedules of the services we were partnering with.
- **Collaborative research partnerships can drive improvements in inclusion health**. Our partnership between UCL, DoTW, and UCLH Find and Treat team allowed us to draw on diverse insights, technical expertise, and stakeholder networks to develop innovative new interventions. Importantly, DoTW will implement the service level interventions through their Safe Surgeries programme - providing a direct pipeline into practice.

Lessons learnt & next steps

Lessons learnt

- **Our interventions were developed during a particularly challenging time for primary care.** Since we first proposed the R2C study, the NHS has come under extraordinary pressure with the COVID-19 pandemic - the results of which are still being felt in primary care, including a high demand for appointments. This fundamentally shaped our research, focusing our efforts on interventions which could be effectively implemented in this context.
- **There is significant diversity within and between different inclusion health populations.** During our needs assessment, we found that different inclusion health groups experienced a range of unique barriers to care. Even within specific groups, these barriers often differed. For example, people living in hostels had distinct barriers and facilitators to access primary care than those currently sleeping rough. When designing new interventions to support GP registration and ongoing access to care, we focused in on the commonalities between these groups – such as lack of awareness on entitlements, difficulty navigating services and lack of ID/proof of address – while recognising that patients experiencing severe exclusion and disengagement from services may require more tailored outreach and support.
- **The interventions must be adaptable to local GP registration processes.** Given the diversity of GP registration policies and practices, it is essential that interventions to improve registration must be effectively integrated into GP-specific registration processes and be realistically implemented in a primary care context.
- **In addition to interventions at individual and service level, there is a need for wider system change.** Our research found a number of policy and structural barriers that affect access to primary care for people facing exclusion. Existing primary care payment mechanisms such as QOF do not sufficiently reflect the complex needs of inclusion health groups – providing little incentive to register these patients. Meanwhile, many staff highlighted gaps in national support for complex and technical registration queries, with challenges accessing timely support from Primary Care Support England.

Next Steps

The Right to Care project provides evidence that both the NHS and inclusion health patients would benefit from innovative solutions to reduce barriers in accessing primary care and that these solutions can be achieved through resources and education. These findings will be used to inform DoTW services and improve national access to primary care for those facing exclusion.

Contributors

This report was contributed to by the following team across UCL and DoTW: Rachel Burns, Lucy Fagan, Ada Humphrey, Elspeth Carruthers, Jin-Min Yuan, Zainab Hussain, Ogunlana Kemi, Janet Alfred, Sitira Williams, Marina Davidson, Ella Johnson, and Ahimza Thirunavukarasu.

SAFE SURGERIES

DOTW UK is here to provide support to GPs working towards healthy communities in a way that is inclusive of everybody.

Sign up for updates, events and resources. More information on the Safe Surgeries programme can be found at
https://www.doctorsoftheworld.org.uk/safesurgeries/

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