



Registration Refused: Access to GP services for migrants in vulnerable circumstances

Doctors of the World UK research briefing, August 2019

Everyone living in the UK is entitled to free primary care. NHS GP services protect public health and save money by treating patients early and preventing ill-health. Despite this, socially excluded groups, including migrants in vulnerable circumstances, people experiencing homelessness, Gypsies and Travellers, Roma and sex workers, are frequently turned away by GP practices.¹ These refusals contravene NHS England guidance and often amount to discrimination.

Doctors of the World (DOTW) UK's *Registration Refused* reporting (spanning 2015-2018) monitors the issue of wrongful GP registration refusals of their patients. Most of DOTW's patients are migrants in vulnerable circumstances who are living in poverty. GP registration is a priority for them as despite living in the UK for six years on average, 90 percent do not have a GP when they seek DOTW support.

Registration Refused 2018 evidences the worrying persistence and prevalence of barriers to GP access faced by DOTW patients, as well as patchy understanding of NHS entitlement rules among frontline staff.

Summary findings

- Of 2,189 attempts made by DOTW to register a patient with a GP in 2018, almost one fifth were wrongly refused (19%). This represents no significant change from the refusal rate in 2017 (20%).
- Like in previous years, lack of paperwork was the most common barrier – not being able to provide proof of ID or address was the reason for refusing patients in 64% of cases. The patient's immigration status was a factor in turning patients away 28 times (7%).
- Thirteen percent of practices refused every attempt to register a DOTW patient and a further 17% gave inconsistent responses, demonstrating patchy understanding among frontline staff of entitlement rules.
- Thirty percent of the 990 GP practices approached refused at least one registration attempt. Most of these (87%) were rated as 'Good' or 'Outstanding' by the Care Quality Commission.
- Three quarters of the practices approached were in Greater London. Refusing practices were more likely to be located in more deprived boroughs. Indeed, 37% of total refusals were concentrated in London's five most deprived boroughs, but these also had higher numbers of DOTW registration attempts.
- Our findings echo a large body of existing evidence showing barriers to mainstream primary care services faced by inclusion health groups and have extensive implications for the health service and public health.

Policy implications

The findings shed light on the frequent deviation of GP registration policies from NHS England guidelines and GP contract obligations. Such policies are discriminatory and dangerous because they disproportionately affect vulnerable groups who may not be able to provide documents or an address.

¹ Friends Families and Travellers. 2019. No room at the inn: How easy is it for nomadic Gypsies and Travellers to access primary care? Available at: <https://www.gypsy-traveller.org/wp-content/uploads/2019/03/No-room-at-the-inn-findings-from-mystery-shopping-GP-practices.pdf>; Hewett, N., Dorney-Smith, S. and Corbett, J. 2018. Homeless people and your practice. *Practice Management* Vol. 28, No. 8. <https://doi.org/10.12968/prma.2018.28.8.12>

Every wrongful refusal represents a missed opportunity for prevention, early diagnosis and the safeguarding of a potentially vulnerable child or adult. This is doubly concerning given the vital role that primary care professionals play in identifying survivors of Modern Slavery, especially at a time when upfront charging rules for migrants mean that access to secondary care services are more restricted than ever.² In addition, these barriers increase the likelihood that a patient will resort to more costly unscheduled or emergency care.³

The consistent prevalence of wrongful registration refusals reported by DOTW UK across years point to the need for a comprehensive national programme of awareness-raising and training for mainstream general practice staff. In addition, in the context of overstretched primary care services and increasing demand, system-level support and incentives are required to ensure that meaningful improvements are embedded and upheld.

Recommendations

As part of the welcome emphasis on health inequalities in the **NHS Long Term Plan**, NHS England should ensure that local areas are supported to offer accessible and appropriate healthcare provided to inclusion health groups. This should take account of the particular needs and risks faced by migrants in vulnerable circumstances, including those associated with **upfront charging in secondary care**, to ensure that NHS equalities and safeguarding duties are upheld, as well as quality of care.

In consultation with inclusion health groups, Health Education England and NHS England should develop and deliver a **comprehensive training programme for GP practice reception and administrative staff** on entitlement to NHS care and good practice registration processes for socially excluded groups, especially migrants in vulnerable circumstances. The programme should support face-to-face training and include an accessible e-learning option.

NHS England should develop and publicise a responsive **helpline for patients** and patient advocates who are having difficulty registering with a GP. This service should have a defined escalation pathway with the aim of directly supporting patients to register as well as correcting poor practice on the part of providers.

Commissioners, local authorities and GP practices should support and promote **DOTW's Safe Surgeries initiative**.⁴ Safe Surgeries supports GP practices to offer more welcoming and inclusive services by providing free advice, training and resources, as well as membership of a network of GP surgeries who celebrate good practice.

The **Care Quality Commission** should make inclusive and equitable patient registration policies - and staff understanding thereof - a fundamental part of their inspections and monitoring by highlighting it within their Key Lines of Inquiry and training inspectors on the barriers faced by inclusion health groups.

² BMA. 2019. Delayed, deterred, and distressed: The impact of NHS overseas charging regulations on patients and the doctors who care for them. Available at: <https://www.bma.org.uk/advice/employment/ethics/overseas-visitors-guidance/bma-views-on-charging-overseas-visitors-for-nhs-care>

³ Hewett N, Halligan A, Boyce T. 2012. A general practitioner and nurse led approach to improving hospital care for homeless people. *BMJ*; 345:e5999

⁴ See www.doctorsoftheworld.org.uk/safe-surgeries