



## Safe Surgeries Peer-to-Peer training: Improving access to primary care Training Guide

Thank you for your interest in becoming a Doctors of the World peer-to-peer trainer! This guide provides information to support you to deliver a session in your workplace.

Doctors of the World (DOTW) UK's Safe Surgeries project aims to improve access to healthcare for migrants in vulnerable circumstances in the UK. This guide is intended to support the delivery of Safe Surgeries training by providing additional information on the topics raised in the training slides. It is not a script for delivering Safe Surgeries training but should give trainers the confidence to discuss and expand on issues if needed.

**Questions? Contact:** [safesurgeries@doctorsoftheworld.org.uk](mailto:safesurgeries@doctorsoftheworld.org.uk)

Topic	Talking points
<b>Background: DOTW UK</b>	<ul style="list-style-type: none"> <li>• DOTW UK is part of the international Médecins du Monde (MdM) network.</li> <li>• Established in 1980, it is an international organisation that provides medical care, strengthens health systems and addresses underlying barriers to healthcare in 80 countries.</li> <li>• <a href="#">DOTW clinic services and the advice line</a> are for people who with difficulty accessing the NHS, including GP registration advocacy and advocacy with hospitals around charging. Use the link to read more on our services and how to refer</li> <li>• Our aim is to connect our patients into the NHS by supporting GP registration in their local area – it is not a parallel service</li> <li>• We use data, experience and testimonies from our clinic to inform our policy and advocacy work. The Safe Surgeries initiative is built on the evidence for barriers to GP registration from our work in the clinic. Safe Surgeries toolkit responds to the reasons why people in our clinic and caseworkers have difficulties in the registration process, a network of GP practices demonstrating adherence to NHS guidance.</li> <li>• Our advocacy programme tackles the policies that are excluding our clients from healthcare underpinned by our Experts by Experience Group – people with lived experience of health exclusion or the UK immigration system</li> </ul>

<b>Inclusion health and health inequalities</b>	<ul style="list-style-type: none"> <li>• Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes</li> <li>• People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities.</li> <li>• Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately.</li> <li>• <a href="#">Read more in the NHS national framework for action on inclusion health</a></li> </ul> <p><b>Importance of universal healthcare access, particularly access to primary care and GP registration:</b></p> <ul style="list-style-type: none"> <li>• Healthcare is a human right. The WHO (1946) constitution has an obligation for "the right to the highest attainable standard of health".</li> <li>• The United Kingdom is a founding member of the United Nations. The UN 2030 Agenda for Sustainable Development states that "we must achieve universal health coverage and access to quality health care. No one must be left behind." (para. 26).</li> <li>• One of the three founding principles of the NHS, launched by Aneurin Bevan in 1948, states that the NHS should "be based on clinical need, not ability to pay".</li> <li>• Access to services is essential to protect public health through screening, treatment and vaccination for communicable diseases; drug and alcohol teams; mental health services.</li> <li>• Evidence shows that people who are socially excluded underuse some services, such as primary and preventative care, and often rely on emergency services such as A&amp;E when their health needs become acute. This results in missed opportunities for preventive interventions, serious illness and inefficiencies, and further exacerbates existing health inequalities.</li> </ul>
<b>Social determinants of health - migration status</b>	<ul style="list-style-type: none"> <li>• You can learn more here on the <a href="#">common types of immigration status</a>.</li> <li>• Learn more about the immigration system, through <a href="#">Right to Remain</a></li> <li>• People who have fled their home country and cannot go back are able to apply for asylum in another country. 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. 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</li> <li>• Asylum applications can take months or even years to decide.</li> <li>• Refused asylum seekers – when all appeal rights have been exhausted. This doesn't mean that people don't have a justified</li> </ul>

reason for claiming asylum (often many decisions are overturned on appeal). 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.

- Refused asylum seekers may become undocumented if they are unable to return to their home country, particularly if it is unsafe. They can use evidence in order to submit a fresh asylum claim. Consequently, some people can move in and out of the asylum process for many years.
- Undocumented migrants are subject to the hostile environment in the UK. People can become undocumented for a variety of reasons, but often people may arrive on a formal route and become undocumented because of the complexities of the immigration system, access to legal advice and high fees for renewal. They may be charged for some hospital services (more on this later) but can register with a GP without charge.

### **Social determinants of health**

- Health inequalities refer to the unfair and avoidable differences in health access, experience, and outcomes across different population groups. These disparities arise from the social determinants of health—the conditions in which people are born, grow, live, work, and age, and their often-interlinked nature impacts our overall health outcomes.
- Migration and displacement are considered social determinants of health – and cut across the social determinants of health – poverty, housing, social networks, access to services and legal barriers
- Many migrants have experienced significant trauma, loss, abuse, and neglect both prior to and during their journey to the UK particularly those coming from conflict. They may also suffer from a broad range of untreated physical and mental health conditions related to ill treatment, socioeconomic and environmental conditions and disrupted access to healthcare
- People seeking asylum often face complex and unmet health and social needs. Many have experienced trauma, violence, persecution, and prolonged periods with little or no access to healthcare. Once in the UK, they may continue to face significant challenges navigating an unfamiliar and complex healthcare system and often endure long periods of uncertainty about their status, are unable to work and are often moved at short notice which can disrupt treatment.
- The Home Office has a statutory obligation to support destitute asylum seekers while they are waiting for a decision, including with the provision of accommodation

### **Relevant resources:**

- [Safe Surgeries toolkit for clinicians supporting people seeking asylum and refugees](#)
- [Safe Surgeries toolkit for commissioners – initial asylum accommodation](#)

<p><b>Primary care entitlement</b></p>	<ul style="list-style-type: none"> <li>• Everyone, regardless of their immigration status, is entitled to access primary care services in England without charge. Proof of ID or address is not required.</li> <li>• Unfortunately, practice administrative procedures often clash with the NHS England guidance and many practices insist on proof of ID or address in order to register a patient – Bureau of Investigative Journalism (2021) <a href="#">Most GP surgeries refuse to register undocumented migrants despite NHS policy</a></li> <li>• If an asylum seeker is unsure of the length of time that they will be in their Home Office Initial Accommodation, NHS guidance recommends that you register this patient as a <a href="#">permanent patient</a> (pg. 151, 4.4.9).</li> </ul> <p><b>Relevant resources:</b></p> <ul style="list-style-type: none"> <li>• NHS England <a href="#">Primary Medical Care Policy and Guidance Manual</a></li> <li>• Care Quality Commission (CQC) GP mythbuster: <a href="#">Registration and treatment of asylum seekers, refugees and other migrants</a></li> <li>• Care Quality Commission (CQC) GP mythbuster: <a href="#">Looking after homeless patients in General Practice</a></li> <li>• <a href="#">BMA guidance on GP registration</a></li> </ul>
<p><b>Safe Surgeries resources and inclusive registration</b></p>	<p>GP practices who sign up as a Safe Surgery via the form <a href="#">here</a> should review the resources and implement guidance from the toolkit (7 steps) in their registration policy. It is also important to display the posters in the practice and on their website to promote the practice as a Safe Surgery. This <a href="#">video</a> is a useful summary of NHS England guidance and how to make your GP practice more inclusive.</p> <p><b>Safe Surgeries process (following registration):</b></p> <ol style="list-style-type: none"> <li>1. Sign and return your <b>Safe Surgeries Declaration</b> and nominate a <b>Safe Surgeries lead</b> in your practice to share resources, coordinate training, and keep us updated with changes.</li> <li>2. Complete <b>Safe Surgeries training</b> – <a href="#">e-Learning course</a> &amp; include in the induction process for new staff</li> <li>3. Explore <b>resources</b> <a href="#">here</a> and <b>review your registration policy</b> (see our <a href="#">template</a>) to align with <a href="#">NHS England guidance</a></li> <li>4. Display <b>Safe Surgeries posters</b>. Use our <a href="#">checklist</a> to <b>review your practice website</b> and add Safe Surgeries information (example text <a href="#">here</a>)</li> <li>5. <b>Engage with the network</b> – complete this <a href="#">form</a> to keep us updated. We'd love a short testimonial from your team – along with good practice examples and a team photo holding your <a href="#">Proud to be a Safe Surgery! poster</a> – to feature in our newsletter. Spread the word! Connect with local practices, ICBs, safeguarding teams, and community organisations to expand the Safe Surgeries network.</li> </ol> <p><b>Relevant resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Safe Surgeries Toolkit</a>: this is our key guidance document for Safe Surgeries</li> <li>• <a href="#">E-learning module</a>: an online training module on entitlements to primary care</li> <li>• <a href="#">Posters for patient waiting areas</a>: these are available in 11 languages and can be chosen at your discretion to highlight that</li> </ul>

	<p>everyone is welcome at your practice.</p> <ul style="list-style-type: none"> <li>• <a href="#">Poster for reception area</a>: this is a useful poster to remind reception staff of good practice guidelines for registering patients, in line with NHS England guidance and Safe Surgeries advice.</li> </ul>
<b>Supporting long-term access to primary care</b>	<ul style="list-style-type: none"> <li>• Provide translation in all communication and pre-book interpreters (double time for appointment). Raise awareness and promote the option to use an interpreter to patients</li> <li>• Display <a href="#">Translated resources to support navigating NHS services</a></li> <li>• <a href="#">New migrant health patient questionnaires</a> available in over 20 languages (and English) to support with prioritisation of needs and access to information, particularly for those without previous health records – can be shared with patients during the registration process and they can return to the practice in first appointment/new patient check. Multiple choice questions so answers can be transferred without translation. Includes personal demographics, acute and chronic health needs including those associated with their pre-migration and migration experiences, medication and vaccination requirements, family history and lifestyle</li> <li>• Assist with access to <a href="#">online records</a> with a flexible approach to identity verification or handheld records</li> <li>• <a href="#">NHS Low Income Scheme</a>: Anyone – regardless of immigration status – can apply for a HC2 certificate for full help with NHS health costs and prescription medication. It is useful to keep copies of the HC1 form in the reception area (order in bulk from PCSE portal) and refer patients to organisations who can support completion of the HC1 form. Guidance for supporting application for people seeking asylum <a href="#">here</a></li> </ul>
<b>Charging in secondary care</b>	<ul style="list-style-type: none"> <li>• Access to secondary care depends largely on whether or not a person is ordinarily resident in the UK and eligible to be charged and/or to be charged upfront for their treatment.</li> <li>• GP practices must ALWAYS refer patients to secondary care regardless of immigration status</li> <li>• Charges are levied at 150% of the NHS tariff e.g., £6,500 for maternity care for an uncomplicated pregnancy and delivery.</li> <li>• Chargeability depends on immigration status. Undocumented migrants (incl. refused asylum seekers in England) are charged upfront for secondary care delivered in hospitals and by NHS-funded services in the community.</li> <li>• A number of service exemptions from charging also exist, including: primary care; A&amp;E (including walk-in centres, minor injuries units or urgent care centres), up until the point when patient admitted; family planning services (not termination of pregnancy); diagnosis and treatment of specified infectious diseases and STIs; palliative care services provided by a registered palliative care charity or a community interest company; services provided as part of the NHS111 telephone advice line; and treatment required for a physical or mental condition caused by: torture; FGM; domestic or sexual violence.</li> <li>• Non-EEA migrants pay a visa health surcharge rather than being charged upfront.</li> </ul> <p>These are the groups that are exempt from charges:</p> <ul style="list-style-type: none"> <li>• Refugees and asylum seekers;</li> <li>• A small number refused asylum seekers, i.e., those receiving the following types of government support for which there is a very high threshold:</li> </ul>

	<ul style="list-style-type: none"> <li>• Section 4(2) – Home Office support for destitute and unable to return to country of origin;</li> <li>• Support under the Care Act – refused asylum seekers who get accommodation from their local authority due to a disability.</li> <li>• Survivors of trafficking (only if recognised);</li> <li>• Survivors of sexual or domestic violence, FGM, torture – only for treatment related to experience of violence;</li> <li>• Children looked after by a local authority;</li> <li>• People being treated under the Mental Health Act;</li> <li>• People held in immigration detention.</li> </ul> <p><b>Urgent/immediately necessary</b></p> <ul style="list-style-type: none"> <li>• Care that is classified as ‘urgent or immediately necessary’ by a clinician must be given regardless of ability to pay. It should not be denied, delayed or discouraged even if a patient cannot afford to pay.</li> <li>• This does not mean it is free, but that the patient does not have to pay in advance.</li> <li>• This may be the area in which clinicians have the greatest power to affect their patients access to treatment, as the definitions of ‘urgent’ and ‘immediately necessary’ are relatively broad. They are: <ul style="list-style-type: none"> <li>• Immediately necessary: Life-saving; will prevent a condition becoming life-threatening or will prevent permanent serious damage.</li> <li>• Urgent: Cannot wait until they can leave the UK; should take into account pain, disability, and the risk of the delay exacerbating their condition. The guidance states: <ul style="list-style-type: none"> <li>• the longer a patient is expected to remain the greater the range of their treatment needs that are likely to be regarded as urgent.</li> <li>• Those for whom there is no viable place of return or for whom there are other conditions beyond their control preventing their departure, should not reasonably be expected to leave until such issues are resolved.</li> <li>• In absence of info, assume undocumented migrants will remain in UK for at least 6 months.</li> </ul> </li> </ul> </li> </ul> <p><b>Relevant resources:</b></p> <ul style="list-style-type: none"> <li>• Department of Health (2017) <a href="#">Guidance on implementing the overseas visitor charging regulations</a>.</li> <li>• UKHSA Entitlements to NHS services for migrants in England - <a href="#">video</a></li> <li>• DOTW UK <a href="#">Navigating NHS Charging in Secondary Care</a></li> </ul>
<p><b>Further reading</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Safe Surgeries</a> guidance &amp; resources.</li> <li>• <a href="#">BMA Refugee and asylum seeker patient health toolkit</a></li> <li>• <a href="#">BMA guidance on GP registration</a></li> <li>• <a href="#">Office for Health Improvement and Disparities Migrant Health Guide</a></li> <li>• <a href="#">Pathway Homelessness and General Practice</a></li> <li>• <a href="#">Inclusion Health Self Assessment Tool for PCNs</a></li> <li>• <a href="#">NHS England guidance on GP Registration</a></li> <li>• <a href="#">DH Guidance on implementing charging</a></li> </ul>

## Thank you for being a peer-to-peer trainer

Healthcare is a human right. Help advance health equity at your workplace and community.

If you deliver a Peer-to-Peer training session, please complete this [form](#) to let us know and provide your feedback on the Peer-to-Peer training resources so that we can continue to provide these resources. Please also share this [survey](#) with participants of the training.

For more information, contact [safesurgeries@doctorsoftheworld.org.uk](mailto:safesurgeries@doctorsoftheworld.org.uk)

