**Refugees and Asylum Seekers registering at your practice**

* *Please find some top tips from Sue Scott ( PM Supporter)*

**Sue Scott** is a PM in N E Hampshire and experienced many Nepalese patients suddenly arriving in her practice to register as a result of the political campaign to allow Gurkhas and their families the right to live in the UK. If you would like any more information or some support from Sue, please do not hesitate to contact her (see here for contact details <https://www.wessexlmcs.com/practicemanagersupportersuescott> )

**Appointment Times**

Allow plenty of time (a double appointment is best) for each appointment.

There may be language barriers and most refugees will not be used to this type of healthcare.

**Find the Community Leader of the Group**

There will usually be a leader for the group of refugees who will be known by the patients and possibly the local authorities. (For the Nepalese it is the ‘village leader’)

Make contact with the local authority and try to find this lead person and their contact details

The local authority may have appointed a person to liaise with the refugees - see if you can find it this person exists and if so, make contact - they can be helpful.

Speak to the leader to explain what the NHS can do for the refugees and ask the leader to explain this to the refugees. They may be able to set up a meeting to allow explanation of services

**Translation**

You might not have any notice of the influx of refugees. If you do not have time to organise official translators, write up risk assessments so that CQC can see that you have thought through patient safety issues. It is not unusual for parents to ask their children to interpret for this but this may not be safe or practical.

Be careful with how much time you spend translating written information into the native language. (Many Gurkhas could not read their own language, so written translation into English was a waste of time and resources for Sue’s practice)

*Picture translation.* This can be helpful - eg what half a teaspoon full of medicine looks like. Your Medicines Management team might be able to help with this.

Check to see what your CCG can offer in the way of language services and support eg Language Line. Sue’s practice abandoned the use of this and used a Nepalese doctor instead, but it will depend on how many refugees you have as to what will be most useful.

**Communication during Consultation**

Sue found a doctor amongst the Nepalese patients who was able to translate for the practice and the patients

The practice asked this doctor to come to the practice on a particular day and time and all appointments with the Nepalese were booked when this doctor was available to translate.

The Nepalese doctor moved around between consultation rooms, and the doctors and patients stayed where they were. They were also able to explain to patients about procedures and what to do next.

The practice did not initially pay the Nepalese doctor as it was good experience for them. However, as the system developed a nominal payment was arranged subsequently. This went on to be funded as a LSC from the CCG. (LCS = Local Service Contract. CCGs may provide this for practices who have a certain proportion of refugees)

**Waiting Room**

Insist a patient brings a translator with them if their translation is not good - they can usually find one from their community if they think they cannot make an appointment without one. It is important to ensure the patient knows their name, address and DOB and for some refugees, this is not a normal thing for them to be able to recite easily.

Often there is another patient in the waiting room who will be willing to translate basic information and provide assistance.

Refugees may like the warmth of the waiting room and you may need to encourage them to return home!

**Social Advice**

Ask the local authority if they will provide for someone who can speak the language of the refugees to attend the surgery for a session a week to help with housing and other issues that the refugees may need help with.

**At Reception**

Depending on how many refugees you have, it might be beneficial to employ a receptionist who can speak the language. However, be aware that if you advertise and employ as normal the receptionist will probably not be the best candidate for the position and you may need to adjust your requirements initially.

It is easier for the patient to attend the Surgery when making appointments as you can write down the information that they need and take longer to deal with queries and explanations. Phone calls are much harder to manage.

**Registration**

Registration will take longer - you may wish to consider arranging registration for your refugee patients all at the same time when you can use one member of the community to help with translation - try to do this at a time that the surgery is quiet – eg lunchtime on a Wednesday.

**PPG**

Other patients may get angry with the time spent on the refugees and have opinions on the political decision and impact on existing patients. A meeting with the PPG to explain the circumstances might be useful. Engage your PPG Chair at the earliest opportunity to make sure that they understand the implications of the service that will need to be provided for this group of patients. The Community Leader might also be beneficial. The PPG chair may consider attending a meeting with a group of refugees in a place to suit them eg at their English classes.

**Immunisations, Cervical Smears & Mammograms**

Ask Public Health to draw up a schedule for your refugee patients as their childhood vaccs and imms may well be different to those in the UK.

Do include your Health Visitors in your plans for how to educate the families on how they can keep themselves healthy and access what they are entitled to.

Free immunisations, smears & mammograms may be concepts that are not at all familiar to the refugees. You will need to explain these, their benefits, and how they can be accessed.

**And finally……………**

“Don't beat yourself up about something you cannot change – just do your best and ask for help wherever you can” ( Sue Scott)