

# REFUGEE & MIGRANT HEALTH IN THE ED

Emergency Medicine  
at the Deep End

**7TH FEBRUARY 2025**

Report of the fourth meeting of the Emergency Medicine at the Deep End group. This hybrid event included Emergency Physicians and interested allied health professionals from the UK seeking to explore the disproportionate impact that poverty, social deprivation and health inequality has on patients presenting to emergency care. This session focussed on those whose health and social wellbeing is impacted by migration.

## The most destitute of the destitute

Annika Joy, Programme Director from the Simon Community Scotland, a national homelessness charity, kicked off the meeting with insights on people who are destitute due to immigration control and invited discussion on related presentations in Emergency Care.

**It's reassuring that we don't know exactly what we're seeing in terms of patient's immigration status as it shows that we're not bordering our healthcare... There are reports of "papers please" in some areas of the UK**

She shared the impacts that Brexit and the Governments "hostile environment" policy have had, with most people who have No Recourse to Public Funds (NRPF) having had asylum applications rejected or being European Economic Area (EEA) nationals with restricted eligibility. Some of these people have been in the UK since before Brexit but due to forced labour or other reasons can't prove their eligibility for pre-settled status. People with NRPF are unable to work, rent or support themselves and so are highly vulnerable to exploitation and survival crime.

Typically, people with NRPF spend around 9 months "going to ground" and have significant health problems before they are identified. These health problems may have caused them to no longer be of use if they are in exploitative labour.

Most are in precarious housing situations, staying with friends or sofa surfing. There are high levels of rough sleeping, far higher than in the general homeless population and high rates of infectious disease. Sexual exploitation for accommodation impacts men and women and unfit accommodation and malnutrition may contribute to health problems.

All Emergency Departments will be seeing people in these circumstances. Areas around Glasgow predominantly see refused asylum seekers due to asylum dispersal processes and more rural areas have more EEA nationals due to agricultural and hospitality industries, oil and fishing.

### HEALTH IMPACT

People surveyed with NRPF had:

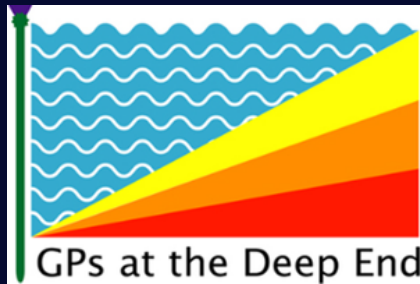
- Double the number of outpatient appointments
- Double the rate of regular hospital admissions
- Length of stay 25% higher than general population
- 8.5x higher ambulance usage
- High rates of significant mental health issues

*"Destitution by design: Righting the wrongs of UK immigration policy"* September 2024  
I-SPHERE Herriott Watt University

# “being displaced is like bereavement, it happens to a person and doesn’t define them”

Dr Tamsin Drew, Specialty Doctor in Emergency Medicine and Humanitarian Aid Worker discussed the global refugee crisis and the journeys that people undertake in coming to the UK and some of the common traumas that they face. She shared practical strategies in approaches to this patient population.

## LANGUAGE AND CULTURAL HEALTH INEQUALITIES ROUNDTABLE REPORT



A summary of a recent Scottish Deep End Project Roundtable was presented by Dr Anthony McMahon, a GP from Glasgow. We look forward to sharing the full report when it’s published but key points for Emergency Care included:

- Call for equitable funding for equitable care – Suggestion to use data from telephone interpreter services to argue for enhanced funding for departments most heavily impacted by language barriers.
- Call for sustainable funding for vital support services such as Community Link Workers and Navigators
- Call for improved quality assurance and governance of interpreting services

### Views of emergency care providers in providing healthcare for asylum seekers and refugees

Dr Cal Doherty, EM trainee West of Scotland, presented qualitative research on views of healthcare providers which is available [here](#).

This drew out themes of areas which were recognised to create barriers to the provision of healthcare:

Behaviour and culture  
Presentation Patterns  
Language  
Health Systems Literacy  
ED Structure and Capacity  
Beyond the ED

It reported positive attitudes among the healthcare workers involved but highlighted structural challenges and concerns around triage, safe discharge and follow up.

Discussion involved **caution in using AI** with person specific information in terms of security of information and potential for error.

### Asylum-Seeking and Refugee Children in the ED QI project

**Kathleen Shields, Paediatric ANP Royal Manchester Children’s Hospital**

We heard about some great work that’s been happening in Manchester with invitation for collaboration in developing this into national QI work. If you are interested in taking part in this please email [Kathleen.shields@mft.nhs.uk](mailto:Kathleen.shields@mft.nhs.uk) or [deependem@gmail.com](mailto:deependem@gmail.com)

Kathleen particularly emphasised the benefit that they have seen in undertaking mapping of local services and spending time engaging with services and stakeholders.

Helpful resources include:

- [Migrant health guide UK Gov 2025](#)
- [RCPCH 2018 children and young people seeking asylum and refugees – guidance for paediatricians](#)

## RESEARCH UPDATE

The results of a recent evaluation of the Navigator programme of ED social support are available [here](#).

The review demonstrated reductions in emergency healthcare use in the year following intervention:

- **29% reduction in ED presentations**
- **31% reduction in ambulance conveyance**
- **13% reduction in inpatient admissions (30% for frequent attenders)**
- **27% increase in scheduled care use**
- **33% decrease in inpatient bed days for frequent attenders**

## IN PROGRESS:

Research looking at ED's in the most deprived areas of Scotland which shows delays >4hours are 31% higher than for EDs in more affluent areas, adjusted for presentation rates.

Review of A&E Navigator services in England and Wales for the Youth Endowment Fund.

**Please fill in [this survey](#) if you work in England and Wales**

Health Economic Analysis of Navigator work in Scotland.

## OTHER UPDATES

Publications:

- [Interview in BMJ's The Doctor magazine](#)
- [RCEMLearning podcast](#)

We're keen to ensure the sustainability of Emergency Medicine at the Deep End by exploring funding opportunities. We welcome advice and suggestions!

Useful resources:

- [modernslaveryhelpline.org](http://modernslaveryhelpline.org) 0800 0121 700
- [Scottish Deep End Project document on supporting registration with GP](#)
- [Doctors of the World GP access cards](#)
- [Scottish Refugee Council Vaccination videos](#)

Opportunities for involvement:

- GECCo Global Emergency Care Collaborative [geccouk.com](http://geccouk.com)
- Invitation for healthcare input into pilot of enhanced community interpreter training - contact us for more info

Other dates for your diary:

- Pathways from Homelessness conference - 12-13th March
- NES conference 24-25th April: Tackling health inequality through education and workplace learning. Features EM@DE session
- Scottish Community Link Worker Network Conference - 7th May
- RCEM Scottish EM conference 21-22nd May will feature EM@DE session

## NEXT STEPS

- **Next meeting - 16/05/2025 Alcohol and Drug related harm.** Please contact us if you'd like to contribute
- Education group development
- Literature review on ED Interventions
- Mapping of services available in local areas
- Resources to be shared: please share any relevant items



**Advocacy**



**Research**



**Education**



**Intervention**