Response from Dr Andrea E Williamson MBChB MPH PhD FRCGP DTM&H FHEA

GP Homeless Health Services Glasgow, Deputy Director of Community Based Education Glasgow Medical School and Deputy Chair of Health Inequalities Standing Group, UK Royal College of General Practitioners.

As a public service provider what are the main barriers to providing support to destitute asylum seekers.

As a GP working as part of a multi-disciplinary health team in a specialist primary care service in Glasgow we provide low threshold open access general practice care to people who are destitute and have sought asylum who present to our services. People often access our service having been signposted by the Red Cross or Scottish Refugee Council.

In direct terms we provide the same level of health care to every patient in our service, and are accustomed to accessing language interpreter support through language line or a booked interpreter.

What is very difficult both for the patients we work with and for ourselves as their health care professional, is how to ameliorate the high levels of emotional and material precarity that people living as destitute face.

For example for a patient with type 1 diabetes (on insulin), how can they safely store their medicines and how can they adhere to dietary guidelines to keep their blood parameters within health limits when they have to rely on attending drop in cafes or the kindness of friends to eat (if they do eat that day)?

How can we advise a patient who has a knee injury not to weight bear when he has to spend the hours between the night shelter opening walking around trying to stay safe and dry?

How can we provide effective mental health support to a person who is suicidal when they have been destitute, unable to earn money or get on with their lives for 7 years?

These are a small number of examples of the many people who are living destitute who have significant short and long term health issues without the everyday resources that each person in Scotland has a right to access.

Tell us about the processes you use to assess a person’s eligibility for services and where you think these might be improved.

As a specialist service designed to support people who are homeless we do not apply geographical boundaries of residence that generic general practices require to register or provide care for patients.

The statement by Scottish Government in 2013 that every person who had ever claimed asylum should have access to full NHS care has been very beneficial in terms of for us. In our experience other NHS services that we refer patients to do not tend to ask about eligibility.

However this is in direct contrast to eligibility for other public services such as housing, education and employment which as discussed above, lack of access to, has serious, and long term consequences for people experiencing destitution. From a health, social justice and human rights based perspective Scottish Government should extend use of its devolved powers beyond health care provision to provide public services to people experiencing destitution.

Andrea Williamson 22/02/2017
Please tell us about of any other comments you feel are relevant to the inquiry.

A research project was conducted in 2013 by an undergraduate medical student at Glasgow medical school. She interviewed volunteers who were working to support migrants in Glasgow. A key finding of the study was that the voluntary sector often filled in the gaps that statutory services were not able to fill and that voluntary services support was vital for people experiencing destitution. Also the advocacy role that volunteers often had on behalf of migrants was important but currently under-supported. The paper is attached as a PDF and it can be accessed via the doi. The results and discussion give an illuminating description.

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