



Publishing and Research Conference

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Afghan Refugees at risk in the UK: enhancing healthcare access and integration

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3. Eastleigh Borough Council



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Background

A bit of a history lesson and numbers!

- Fall of Kabul in March 2021
- Major wave of refugees as a result of escaping the regime
- The UK settled more than 21,000 individuals
- Bridging hotels were formed, with Southampton receiving 22 families and a total of 116 individuals



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Role & involvement of Living Well Partnership (LWP)

- Collaborated with the Eastleigh Borough Council and played a pivotal role
- Primary care provision for these vulnerable individuals facing health inequalities
- Aimed to integrate and increase confidence in accessing healthcare services



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Aim of the study

- Was the whole project actually beneficial by managing to achieve the following?:
 1. Enhance refugee healthcare access
 2. Boost knowledge in appropriate healthcare use
 3. Teach correct utilisation of electronic consultations
- Is this a model that could be potentially adopted in integrating vulnerable populations?

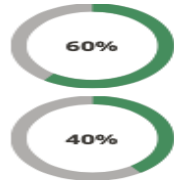


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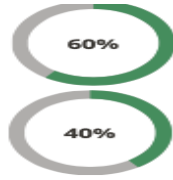
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Methods

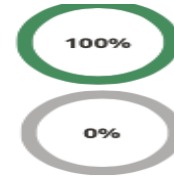
- Health and Wellbeing coaches along with care coordinators were identified as most appropriate support to work alongside the council and the refugees
- Small focus groups were formed and feedback was received through questionnaire
- Current needs were identified; these included:
 1. Incomprehension on how to access the correct health care support service
 2. Lack of confidence in completing e-consult independently
 3. Lack of confidence in attending GP Surgery appointments



How confident do you feel to attend your GP Surgery for an appointment ?



How confident do you feel in knowing where to go to get the correct health care support?



How Confident do you feel to complete an E-Consult Independently?



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Methods

- Regular drop in sessions were established
- Took place once a week, lasting three hours, for a total of four months, until the housing of the refugees
- Main problems concerning access to healthcare were addressed during each session
- Non-identifiable data recorded in patient's records and summarised
- Feedback was given in the end of each session where progress and confidence in attending healthcare access was assessed

➔ Role & presence of appropriate translators pivotal throughout the sessions



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Outcomes

- Recognised main issues preventing healthcare access and addressing them – eg. language barriers
- Increased confidence on how to perform e-consultations independently by providing step-by-step instructions and supervision
- Other issues that arose were addressed; mental health problems, contraception, infectious diseases



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Findings

Hotel Monthly KPI Record							
	Febuary	March	April	May	June	Total	
N of Patients Acessesing Support at the hotel	/	21	15	15	7	57	
N of Females Accessing Support at the hotel	/	19	12	12	6		
N of Males Accessing Support at the hotel	/	2	3	3	1		
Key Areas being addressed		E consults, Mental Health and Contraception	Contraception, booking appt , Econsults	Appt confirmation, Mental Health	Mental Health		
N of econsults supported		4	9	1	1	15	
N of times Duty Contacted Onsite		3	2	2	2	9	
N supported with Mental Health		1	2	/	4	8	
N supported for contreception		4	1	2	/	7	

To note:

- 1. Gradual decrease in appointments as confidence was raised**
- 2. Spike in mental health support could be attributed to news bridging hotel was closing and upcoming relocation**



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Findings

- Clear benefits of multifaceted face-to-face approach
- Providing educational resources through facilitated groups empowered appropriate healthcare access and confidence
- Obligation to acknowledge and address special population needs



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Limitations

- Small numbers with short-term follow-up
- Specific group of population
- Lack of quantitative data
- No follow-up after relocation
- Male translator less present



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A model to follow?

- Generalised model of integration in any group of refugees / vulnerable populations in future?
- Importance of education and face-to-face support
- Could other surgeries learn from this example?



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Thank you



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