Out of Hours
Working with Polish migrants

Polish communities have been established in the UK for decades. After the Second World War, most of those who had fought with the allies in the Polish Army decided to stay in the UK and they formed the backbone of Polish communities for many years. With the accession of Poland to the European Union in 2004, one of the largest peacetime migrations in UK history occurred. It is estimated that 700 000 Polish migrants were in the UK in 2007, near the peak of this migration. Many have returned to Poland, but some have stayed and put down roots in this country, either as families or as single people. New Poles continue to come and go, but at a lower rate than before. In my experience, Poles are strikingly like other UK residents and just as varied, but, to run the risk of caricature, some may resemble most closely the inhabitants of a large British industrial city in the 1960s. By this I mean that smoking, drinking, and ischaemic heart disease (IHD) are highly prevalent and that mental health problems are rarely volunteered for the attention of the GP. On the other hand, most Poles will be polite to their GPs.

As EU citizens Polish people are entitled to the same health care as any other UK resident and pay the same taxes that go to fund the health service. The arcane Workers Registration Scheme (WRS), which did affect entitlement to some benefits, was abolished in 2011. Most Poles are young and fit; needing less health care than average. Many work in the care sector, especially in residential homes. Some are working in jobs below their academic qualifications. On balance, then, Poles do not present an excessive demand on the health service, but contribute substantially to it through their taxes and their work.

I am half-Polish, though not Polish-speaking, and have looked after the small number of Poles registered with our practice. In spite of the size of Polish migration the research literature is very thin.[1,2] It documents that registration with

The author's grandfather General Wieniawa Długoszowski (M.D. Lwów 1905) as Polish Ambassador to Rome 1939.

GPs by Polish immigrants was initially a problem, but seems to have improved substantially. Appointments can be a problem, especially for manual workers working long hours. Regarding health education, Poles can be a challenge. They are less likely to choose healthy behaviours than their UK counterparts and they are relatively resistant to the sort of advice available from general practice.

Clearly language can be a problem. Some Poles will bring a family member or a friend as an interpreter; but many speak sufficient English if they are given time and encouragement. However the clinical commissioning group does have a duty to provide interpreting services, either in person or telephone interpreting, when required. One specific problem in my experience is that many Poles will seek medical advice both in the UK and back in Poland. Herbal medicines are also widely used and can be bought from Polish shops in the UK. One memorable patient had an arthritis whose fluctuating severity ended up being related to the steroid injections she had received on trips back to Poland.

The names of Polish medicines can be entered on Google; their UK equivalents then become apparent. 'Google Translate' is useful for Polish words and is invaluable, for example, when working out from child health records which immunisations children have had in Poland, and which are due now. (The immunisation schedule in Poland is different from ours.) It can be used to give the Polish translation of a diagnosis, such as shingles or gout; words which few Poles are likely to know in English.

In Poland, during communist times, primary care was little developed. Primary care doctors were paid very little; less than a manual worker and had correspondingly little prestige. Even today an expectation of referral to hospital will be the norm. However, as long as the difference between the two countries is understood and explained, this need not be a source of friction. Given the high incidence of IHD, however, there should be no hesitation in appropriately referring patients with atherosclerosis. Mental health problems are even more stigmatised in Poland than they are in the UK and it is worth making it explicitly apparent to Polish patients that you are willing to talk about these issues. Overall, however, I have found looking after Poles a pleasure; the reward is well worth the slight extra challenge.

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DOI: 10.3399/bjgp15X684061

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