# EU migrant health:

## did we forget the anniversary?

### A CALL FOR A COORDINATED PRIMARY HEALTH STRATEGY FOR EU MIGRANTS IN THE UK

Brexit negotiations and European Parliament elections have overshadowed another event in 2019 — the 15th anniversary of the European Union's eastern enlargement in May 2019. Around 2 million Central and Eastern European (CEE) nationals live and work in the UK. Polish has overtaken Welsh as the UK's second most-spoken language. The UK CEE population continues to grow, with increasing Romanian and Bulgarian immigration.

Although the impact of migration and community superdiversity on health has been widely described, limited exploration of specific CEE health needs exists within UK primary care literature. More *BJGP* articles refer to polish(ing) skills/furniture than Polish (or indeed other CEE) nationalities.

Despite universal primary care 'free at the point of delivery', CEE dissatisfaction exists. Such claims are supported by delayed presentations, return health tourism, and poorer health outcomes.[1] A coordinated strategy to address the contributing structural and cultural aspects of primary care service delivery for UK-resident European migrants is required. Causes of this health inequality are multifactorial. Service restructures, political uncertainty, and limited inclusion of European nationals in BME data have reduced policymaker attention. Rapid population increase, time pressures, and a younger than average patient age have increased the temptation to 'get by' in clinical practice. Despite the potential to compromise care, consent, and patient responsibility, informal translation within GP consultations remains common. These 'prejudices of good people'[2] lead to acceptance of the risk that marginalised individuals will receive compromised care with ongoing unmet health needs. A negative cycle of treatment non-adherence, poorer health outcomes, critical GP perceptions, and patient dissatisfaction ensues.[3] Supportive data can be seen in proportionately lower GP attendance rates, reliance on informal support networks, and increased emergency department attendances among UK CEE nationals.

### CULTURALLY EQUITABLE CARE

Insecurity and health engagement have been further impacted by heightened perceived or actual stigma since the 2016 European Union referendum.[4] Online advertising from an expanding network of private Polish health centres in UK cities preys on such community insecurities and risks unmet health needs and piecemeal management. Community rates of anxiety, alcohol misuse, homelessness, and suicide are already disproportionately high.[5]

Specific cultural perceptions and concerns surrounding cervical screening, family planning, antenatal and maternity care exist, with vulnerability and online forums shaping engagement.[6] Person-centred culturally equitable care incorporates community health beliefs, care perceptions, empowerment, and advocacy, and goes beyond simply increasing service awareness or availability.[7]

Although equitable primary care would benefit the community as a whole, particular benefit would be gained by marginalised minorities within the minority, including non-Polish nationals, Roma, the homeless, LGBT people, and trafficked individuals. Furthermore, such care could support deconstruction of community stigma associated with mental health and blood-borne viruses.[8]

### OVERCOMING BARRIERS

Achieving change need not be costly or complex. Encouraging community stakeholder participation in public and patient involvement groups and practice research would support identification of local health beliefs and needs. Outcomes could inform practice team-based strategies to overcome barriers in healthcare access and delivery.[9]

Engagement can be encouraged through promoting open attitudes to diversity among staff and accommodating the needs of recently arrived migrants in practice administration. Use of verified online translated materials (and, where possible, translators), building a directory of community organisations to support signposting, and nominated staff or community link workers can all help build relationships of trust. Clinician guidance and training materials on recognising cultural differences in self-care perceptions, wellbeing, coping mechanisms, and red flags for deterioration would improve management of health expectations and outcomes.

Consideration of the above within a community co-designed primary care strategy would allow for a future-proof step towards healthcare equity. Given the ongoing emotional turmoil of Brexit, perhaps now is the time for an overdue anniversary present.

**Aaron Poppleton,**
In-Practice Fellow, Centre for Primary Care, University of Manchester, Manchester.

**Email: aaron.poppleton@gmail.com**
**@aaronpoppleton**

DOI: https://doi.org/10.3399/bjgp19X706301

### REFERENCES

1. Madden H, Harris J, Blickem C, *et al.* 'Always paracetamol, they give them paracetamol for everything': a qualitative study examining Eastern European migrants' experiences of the UK health service. *BMC Health Serv Res* 2017; **17(1):** 604.
2. Esmail A. The prejudices of good people. *BMJ* 2004; **328(7454):** 1448–1449.
3. Roberts C, Moss B, Wass V, *et al.* Misunderstandings: a qualitative study of primary care consultations in multilingual settings, and educational implications. *Med Educ* 2005; **39(5):** 465–475.
4. Guma T, Jones RD. 'Where are we going to go now?' European Union migrants' experiences of hostility, anxiety, and (non) belonging during Brexit. *Population, Space and Place* 2019; **25(1):** e2198.
5. Gorman D, King R, Czarnecka M, *et al.* A review of suicides in Polish people living in Scotland (2012–2016). Glasgow: ScotPHN, 2018. https://www.scotphn.net/wp-content/uploads/2018/10/2018_10_31-ScotPHN-Polish-Suicide-Final-1.pdf (accessed 8 Oct 2019).
6. Phillimore J. Migrant maternity in an era of superdiversity: new migrants' access to, and experience of, antenatal care in the West Midlands, UK. *Soc Sci Med* 2016; **148:** 152–159.
7. Napier AD, Ancarno C, Butler B, *et al.* Culture and health. *Lancet* 2014; **384(9954):** 1607–1639.
8. Delpech VC, Yin Z, Abernethy J, *et al.* The impact in the UK of the Central and Eastern European HIV epidemics. *Epidemiol Infect* 2009; **137(9):** 1266–1271.
9. Teunissen E, Gravenhorst K, Dowrick C, van Weel-Baumgarten E, *et al.* Implementing guidelines and training initiatives to improve cross-cultural communication in primary care consultations: a qualitative participatory European study. *Int J Equity Health* 2017; **16(1):** 32.