

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

As part of my elective, I completed a placement as a volunteer at Doctors of the World UK. A typical day started with a morning briefing for the advice line, which we then worked on from 10 until 12. During the advice line, service users would call regarding a range of queries, such as GP registration, Antenatal care access, advice for NHS costs and much more. When consulting with service users on the advice line, my main role was to find out how we can best help the service user by listening to what they have to say and asking the relevant questions, documenting the query on the database, and assessing the service user's social needs. After the advice line, we would have a meeting to debrief our cases from the advice line, as well as a briefing for the afternoon. The afternoon was spent on casework; this involves following up on cases that need more work, such as agreeing registration with GP practices, checking service users were able to access care and attend appointments. At 4pm, we would have a meeting to debrief the casework from the afternoon with a supervisor, and discuss which cases need more work.

One of my objectives was to learn more about health inequalities specifically inequalities in healthcare access, and what can be done to improve this. During my placement, I was faced with many examples that showed the scale of inequalities in healthcare access in the UK. I learned of the difficulties facing service users with registering with a GP, mainly due to clinic's requirements to provide proof of ID and proof of address documents upon registering, which is not actually required by law in England. Such requirements create a false idea amongst people in vulnerable situations that they are not allowed to access healthcare in the UK. Furthermore, I spoke to people with concerns that accessing healthcare may jeopardise their life in the UK, due to worried of having their details reported to the home office. This clarified some ways in which access to healthcare for vulnerable people can be improved in the UK. Firstly, GP surgeries and staff should receive better education on the laws surrounding registering with a GP. Secondly, healthcare providers should not be required to share any information with the home office.

My second objective was to

Understand how the organisation Doctors of the World functions and the processes in place to run a clinic helpline. Doctors of the world help people access healthcare in a number of ways. The first is by explaining how the UK health system works, such as how to find a GP, how to register, what are other options like A and E, 111 and when to use them. We can then help in more specific ways such as by liaising with GP surgeries to agree registration for service users, and helping service users fill out the forms for registration and other forms such as HC1 forms, and self referral for antenatal care forms. We can help people with proof of address, by sending them a letter to their address that they can use. Doctors of the world can also help by signposting service users or referring them to other organisations, such as those focused around immigration advice, maternity support and debt advice.

My third objective was to become familiar with the current rules with regards to access to healthcare for patients with no fixed abode or undocumented status. As previously mentioned, Everyone in the England can register with a GP, regardless of residential status. The reality however is that this does not always happen due to barriers, whether language, bureaucratic, or refusals by GP surgeries. When it comes to secondary care, it becomes more complicated however, treatment should not be denied if it is immediately necessary or for a life-threatening condition.

My fourth objective was to improve my skills with working with vulnerable people and as part of a multi-disciplinary team. During my placement, a lot of the people who spoke to us were in vulnerable situations, such as being homeless, having previous experiences of domestic abuse and experiencing mental health issues. In order to help as best as we could, it was important to establish a sense of rapport and trust, to ensure the service user that we are here to act in their best interest. Throughout the placement, sometimes working with service users who are in particularly distressing situations could take a emotional toll, as I felt like I wish I could instantly fix all their problems. It was a really good lesson to learn that sometimes, by helping in a small way it would make a big difference, and it is not always possible to achieve as much as we would like. It was really helpful to discuss such cases in debrief. Working with service users as well as supervisors and other volunteers also helped me work on my communication skills. For most service users, English was not their first language. This combined with the fact that it was virtual consultations meant that I had to be very clear and concise with my language. For some service users, I used language line for interpreting services. This meant that I developed a different method of communication, using shorter sentences to allow more accurate translation. Summarising cases in the debrief also helped me work on my communication skills, as it encouraged me to select the most important pieces of information that I needed to relay to the supervisor.

In conclusion, I thoroughly enjoyed my time at Doctor's of the World, and I hope to do some more work with this organisation, or other organisations aiming to tackle health inequalities. I greatly admire the other volunteers and supervisors who are making such a big difference to people through the work they do, from whom I have learned so much.