Reviewer’s report

Title: Access to primary health care among Burmese migrants in London: a cross-sectional descriptive study

Version: 1 Date: 29 April 2010

Reviewer: Ilse Blignault

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This study addresses an important issue: How well are services in high-income countries responding to the challenges presented by unprecedented migration from around the world, with the instance under study being access to and use of GP services in Greater London by migrants from Burma.

Unfortunately, I was unable to access a copy of the survey questionnaire.

I found the study interesting (Burmese migrants in the west are a relatively small and little studied group), but somewhat confusing to follow. In particular, the approach and methods need to be more fully described and the results need to be related to existing literature on health service utilisation by immigrant groups. Specific suggestions and comments are listed below. The majority I would classify as major essential revisions.

1. The paper would also benefit from a brief description of the Burmese in London: Who are they? When and why did they migrate? How many have refugee backgrounds and/or were exposed to trauma and torture? What are their general circumstances now? (Incidentally, I would appreciate early clarification of the term ‘migrant’ as used here, as I would not usually use it to cover tourists and students who will return to their home country after their studies.)

2. Similarly, a brief description of how the primary health care system works in the UK (GP registration etc), and the entitlements of citizens and others to services, would be useful for an international readership.

3. p.2, first line of Results: Needs qualification such as “… of [roughly] equal gender”.

4. p.4, para 1: Reference to estimated number of Burmese migrants in London as being approximately 10,000 is inappropriate here, as it is a result. It would be useful though to have an idea of the official figures/estimates, along with a brief description of the community as described above.

5. p.4, para 2: References need for last sentence.


7. p.5, Study design: How did the in-depth interviews help estimate the population, and prepare the questionnaire?
8. p.5, Study population and sample size: Would probably be easier for the reader if all the information re population estimation was in one place, and you gave the various figures – 2001 census, any later official figures on new arrivals, national insurance number registrations, and key informant estimates.

9. p.6, para 1: How were the socio-economic clusters selected? What was the spread?

10. p.6, Data collection: Exactly How did the snowball approach work – Did one informant hand the questionnaire to the next informant, or did he/she give the volunteer the name of another person to approach? Was the informed consent verbal or written?

11. p.7, para 1: Why p (not p’) value less than 0.6? That seems high.

12. p.7, para 2: The figures cited for English proficiency (listening, speaking and describing illness) are conflated and don’t match the figures in Table 1. Where does the 85% come from?

13. p.7, paras 2 & 3: Try “reported having” instead of “reported to have”.

14. p.7, para 3: Do you mean “reported that they were working”?

15. p.7, para 3: I have problems reconciling the figures here with Figure 1.

16. p.8, para 1: The relevance of the questions on family planning and abortion is not clear.

17. p.8, para 2: Odds Ratio or OR. How do you explain this result?

18. p.9, para 1: What happened to the few respondents who were unable to register with a GP? What was the problem?

19. p.10, para 2: The results reported all make sense.

20. p.10, para 3: Here you seem to be reporting the results for several of the same variables (age, income, duration of stays) as continuous variables. Correlations, though significant, are in the low range. This paragraph doesn’t add much.

21. p.10, para 2: Do you have data on the nature or severity illness experienced? This would help interpret the use of self-medication.

22. p.11, Discussion: The figures for GP registration and use should be compared with the figures for the general population, if not with other migrant groups for whom the data is available. Similarly, the results (being 35 years or older etc) should be discussed in relation to results of other relevant studies in this setting and elsewhere.

23. p.11, para 3: A more useful comparison would be the study sample with the broader Burmese population in London or even the UK.
24. p.11, para 2: Problems with incomplete data and sensitive questions well noted – good.

25. p.12, para 2: Here you introduce data on hospital use (by Burmese migrants? by other migrants? by both?) but I have difficulty understanding the point you are trying to make.

26. p.13, para 3: I am not sure of the relevance of this comparison. I would regard African migrants living with HIV/AIDS as a very different group.

27. p.14, para 2: Good, relevant discussion.

28. p.14, Conclusion: As above, “[roughly] equal gender’. You don’t have to repeat the figure here.

29. p.15, para 1: I would be very surprised if this information did not exist in the UK. It certainly does in Australia, New Zealand, Canada, and the US.

30. p.15, para 2: Any suggestions as to how those migrants “with an unstable immigration status and not presently engaged in formal employment” could be encouraged to use services, or services to reach out to them?

31. p.15, para 3: Discussion on self-medication is good; please reference the “corroborating research”.

32. Captions to Figures 3-5: I don’t understand “case-wise” and “response-wise”. If you allowed multiple answers, what did you code case-wise – the first response? In general, I think just reporting percentage of overall responses is the simplest way to present such data. Looking at the graphs, the overall pattern seems similar.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.