Reviewer’s report

Title: Impact on and use of health services by international migrants: questionnaire survey of inner city London A&E attenders

Version: 1 Date: 19 September 2006

Reviewer: Brian Gushulak

Reviewer’s report:

General

These are general comments to the authors in the context of future work and study design that would facilitate the comparability of international studies. They are purely for editorial consideration.

While commonly used in literature dealing with migration, the use of immigration (citizenship) status, nationality and region of birth as co-variables can tend to obfuscate parts of the analysis. (For example Table 2 indicates that there are 967 UK/Rep Ireland Citizens of whom 209 were born abroad and Table 3 notes 860 UK/Irish participants by nationality). Those who understand the systems can separate the cohorts but for many who are unfamiliar with the processes and nature of population mobility these can be sources of confusion.

Additionally, administrative immigration status factors (refugee status, asylum seekers, student visas) for example, are not equally shared variables between native born and foreign born cohorts. Table 2 shows that the foreign born make up @ 21 % of UK/Irish citizens in the sample (209/967) but they make up 96% - 100% of the other citizenship categories.

In spite of the administrative advantages provided by citizenship, examining the data in terms of place of birth and duration of time the host country (which allow for acculturization and language acquisition) may provide variables that facilitate comparative analysis of investigation of on the health seeking behavior.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

None observed

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Page 6.

It is unclear what happened if clients were illiterate or did not speak one of the six languages used for the forms and thereby required assistance in completing the forms. The authors should indicate if interpreters used in those situations or were such individuals excluded.

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Discretionary Revisions (which the author can choose to ignore)

Page 5.
Readers from outside the UK, with limited knowledge of the NHS may benefit from a little more description of the operation of the GP system specifically as to what registration means in terms of access and service availability. This is particularly important in terms of the subsequent analysis (pages 9 & 10) as well as the discussion and conclusions, where registration and prior GP consultation are compared and discussed in detail. While the specific implications of the study are of immediate interest in the UK, several of the principles have contextual importance for other migrant receiving areas.

A common factor that does affect access to care, particularly for asylum seekers and illegal or irregular migrants is fear of an administrative or legal response by the host authorities. While this may not be a true legal concern in the UK, there is often misinformation about the consequences of registration with any authority in newly arrived irregular migrant populations.

Page 8.

The 50% response rate deserves some comment. Is this normal for A&E surveys and research in the area or higher in this cohort (language, fear, lack of understanding of the process etc).

What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.

Brian D. Gushulak MD
September 19, 2006