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Over the past three years, society has been facing a torrent of political change, social division and uncertainty. Looking ahead to the next three years, the forecast seems unlikely to improve as human rights and humanitarian needs slip off the agenda, overshadowed by political discourse and inflammatory language.

This concerns us all greatly: these forces do not foster hope for people in vulnerable circumstances, who are being denied their right to healthcare. In 2018, 85% of our patients in the UK were living below the poverty line and the majority had not seen a doctor in over five years.

At Doctors of the World, we continue to fight for a world where this isn't the case; where barriers to good health are overcome and the right to access healthcare is universally respected.

This is why we have worked to consolidate our presence in the UK over the last three years. With your help, we have successfully expanded our Primary Care services, assisting over 2,000 patients in 2018 and opening our new purpose-built clinic in Stratford. Our maternity services and secondary care advocacy work continue to grow in size and scope as well.

We gained momentum in our advocacy work, establishing our clinic-facing Safe Surgeries initiative, now comprising over 250 GP practices, and leading the #StopSharing campaign, uniting 71,000 people calling for data-sharing between the Home Office and the NHS to end.

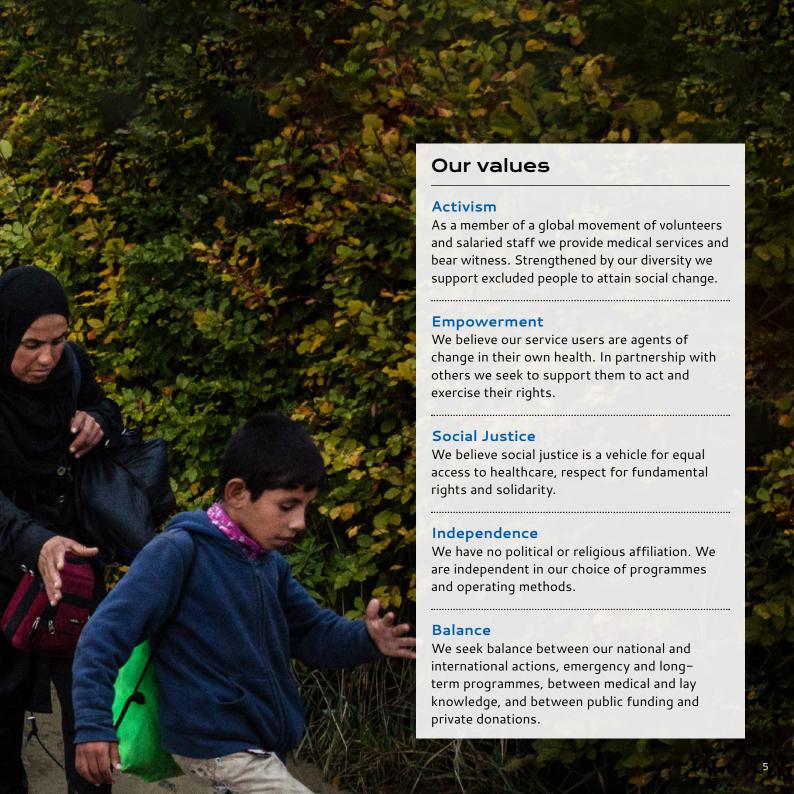
Looking forward, we will continue to tackle health inequalities, both in the UK and abroad, by engaging with new supporters and building new partnerships. Additionally, by cultivating a stronger, nation-wide movement of medical professionals and patients, we will strengthen our UK-based advocacy and the work of the Médecins du Monde International Network.

This plan will show how, with your continuing support, we can make healthcare a reality for all. Our door is always open if you would like to speak to us about it in more detail.

We will not stop until everyone has access to healthcare.

Tim Dudderidge
President





Our principles

Beneficiaries first

We put our service users' interests first, involving them in project design, delivery and evaluation. We seek to shift the balance of power in favour of our patients as agents of change in their own health.

Partnership

We work collaboratively, recognising we can achieve more by working in and through alliances, networks and partnerships. Our core work is among excluded groups in primary healthcare, psychosocial support and mental healthcare, sexual and reproductive health and rights, and harm reduction.

Quality

We're not a parallel or substitute healthcare provider. Our aim is longterm change in the provision of equitable, accessible healthcare to patients regardless of income or immigration status. Our clinical services meet the highest standards expected of us.

Activism

Part of a global movement of healthcare activists, our projects facilitate volunteers to take action as catalysts for social change. In fostering a greater regard for human rights, we work to ensure excluded people are treated equitably, with dignity and respect, and their voices are heard.



Pratheep's Story

Pratheep is a volunteer GP at our London clinic, where we treat asylum seekers, undocumented migrants, homeless people and other vulnerable patients.

Pratheep first heard about Doctors of the World at medical school and was keen to get involved and help out as soon as he had qualified.

He says: "Working with these patients is an issue close to home for me. My family were refugees when we moved to the UK in 1990. We'd had to leave Sri Lanka due to the civil war."

When he first arrived in the UK, Pratheep remembers that "it was hard to know how to get [healthcare] – we were lucky to live near a GP who spoke Tamil – but the barriers my patients face now are something new." Today, many patients are wrongly turned away from GP surgeries when trying to register because they do not hold proof of ID or address.

Now, Pratheep volunteers to support people, who are often in very similar situations to that of his own family's not too long ago, and sees first-hand the profound impact his work has on their lives.

"I enjoy the thoroughness of the casework and the consultations here," he says, "when I was at medical school, there were lots of placements where you could go abroad and help people. But there is also so much that can be done right here."

Theory of change

We won't rest until everyone, everywhere, gets the healthcare they need. To help ensure no one is excluded from healthcare we work in partnership with others in four ways.

Strengthening healthcare systems

We are building the capacity of healthcare professionals, breaking down unjust barriers to the health system; and strengthening the ability of health systems to provide quality, equitable healthcare to all.

Solidarity in healthcare

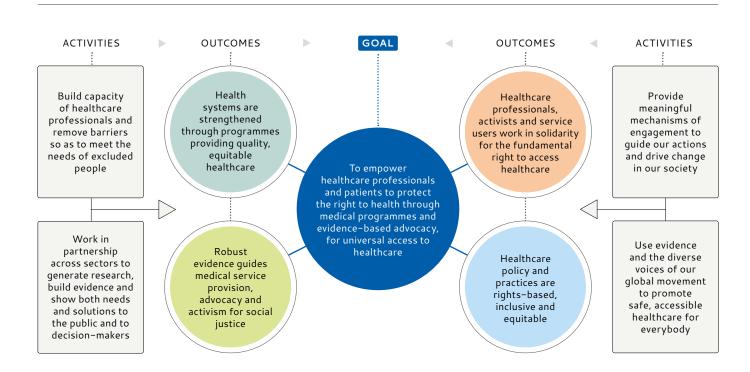
By providing means of engagement with society, we are uniting healthcare professionals, activists and service users to work together towards the fundamental right to access healthcare.

Advocating for change

Working with and for our patients, we will continue to generate robust, evidencebased research to guide medical service provision and to form the basis of advocacy and activism work.

Rights-based, inclusive and equitable policy

Utilising evidence and the diverse voices and experiences of our global movement, we will continue to call for healthcare policy to be designed and implemented safely, equitably and inclusively.



Our approach

How we achieve our mission rests on sound decision-making criteria and a clear understanding of how we will need to develop.

Our decision-making criteria

Need and impact

We have evidence of unmet health needs and it is within our scope to meet them.

Fit

Activities are aligned with our strategy, values, and principles, and we have or can acquire the right skills to deliver them.

Resources

We have or can acquire the human, financial and technical resources needed, and we can demonstrate impact and value for money.

New initiatives are compared according to their likely benefit, as well as cost.

Clinical assurance

We know that what we do is of the highest professional and ethical standards.

Our objectives



Improved access to healthcare in the UK

Expand our Primary Care services in the UK to improve the health of people excluded from healthcare and generate evidence on health inequities.



Advocacy for change in practice and policy

Increase nation-wide commitment to inclusive healthcare and trigger an overhaul of inequitable healthcare policies.



Thought leadership via research and evidence

Build a new research programme on healthcare access, permitting Doctors of the World and partners to increase public awareness and drive policy change.



A movement of healthcare professionals, activists and service users

Strengthen our movement with greater numbers of healthcare professionals, activists and service users who together support and set the direction of the organisation.



Independence and global partnership

Ensure financial independence balanced by stronger exchanges of support, knowledge and capacity with the Médecins du Monde International Network.

Objective I

Improved access to healthcare in the UK

Aim

Expand our Primary Care services in the UK to improve the health of people excluded from healthcare and generate evidence on health inequities.

How we will achieve it

Working in partnership with others, we are going to expand our healthcare services nation-wide, growing our number of walk-in and mobile clinics; and increase provision of information on patient rights through new technologies and approaches. Doing so will enable us to reach more patients and better support those who are struggling to access Primary and Secondary Care.

Data gathered from this expansion will feed into our evidence-based work on service user needs, systemic barriers to healthcare and service quality for people in vulnerable situations.

We will support this ambition through the nationwide recruitment of volunteers and a strong training programme, building our movement of healthcare professionals and activists.

- Develop and run a network of accessible, high-quality clinical services for excluded people across the UK, treating an additional 6,000 service users.
- Provide information on NHS guidelines and patient rights, we will enable 30,000 service users across the UK to register with a GP and access care.



Helen's story

Helen arrived in the UK after a harrowing six-year journey from Eritrea. She had been imprisoned, mistreated by ruthless smugglers, and longed to see the daughter she had left behind. She was granted asylum but became homeless in 2016.

Later that year, Helen went to A&E with stomach cramps and was shocked to be told she was five weeks pregnant. And with nowhere to go after being discharged, she had to sleep rough for three weeks.

She recalls: "I was sleeping outside; hungry, and I had no food. I was so worried that I couldn't even sleep... How could I handle a pregnancy?"

Her life was too unstable to have a baby, so she wanted an abortion. Helen was turned away by four GP surgeries for not having papers to prove her address – even though these documents are not required.

Helen then came to our clinic in east London. Our volunteers helped her to register with a GP and access abortion services, and also referred her for housing advice.

"It was a turning point for me," she says. "If I had had a baby while I had such a complicated life, it would not have been good for anyone. Having children is a good thing, but I couldn't do it at that time."

Now, Helen has a job as a chef and lives with her daughter, aged 13, who was granted permission to join her in the UK. "When she arrived at the airport, I almost fainted with happiness! She's happy and her ambition is to be a lawyer".

Objective II

Advocacy for change in practice and policy

Aim

Increase nation—wide commitment to inclusive healthcare and trigger an overhaul of inequitable healthcare policies.

How we will achieve it

We will continue to work locally and nationally to change clinic-level practice and nation-wide policy: training volunteers, advocating with service users at the centre of the debate and calling for best practices, such as the use of interpreters during consultations where language is a barrier.

Diversifying our audiences, we will engage General Practitioner-led organisations, Clinical Commissioning Groups, Local Medical Committees, NHS England, the Care Quality Commission and the Equality & Human Rights Commission in order to show more widely, with evidence, what works.

Collaborating with medical institutions, Royal Colleges, and UK-based research institutes, we will explore and promote practical alternatives to the current NHS charging regime, so that medical care can be made more accessible.

- Expand our Safe Surgeries impact by signing up an additional 700 GP practices and ensuring a Safe Surgeries champion is present in three more areas.
- Leverage data gathered through our medical work and deploy new evidence, continuing to challenge and achieve an overhaul of the NHS charging policy.



Our #StopSharing Campaign

In April 2017, we launched our #StopSharing campaign, calling on NHS Digital to stop sharing NHS patient records with the Home Office for immigration enforcement work. Many of our patients said they felt too afraid to go to a GP, scared that this might lead them to be tracked down by the Home Office and put in detention or deported.

The campaign saw an ad van spoofing Theresa May's "go home" vans drive through Westminster and Whitehall, as doctors, nurses and midwives campaigned outside the Home Office.

In 2018, after 71,000 people joined the campaign and signed a petition calling on then Health Secretary, Jeremy Hunt, to put an end to data sharing between

the NHS and the Home Office, the Government announced it was suspending the dangerous deal. We welcome this commitment to only share patient information in the case of serious crime and will continue campaigning to ensure any new agreement meets the medical ethics standards set out by the General Medical Council.

As Dr Sarah Wollaston MP, chair of the Health and Social Care Committee, said: "NHS Digital are an organisation that the public need to have absolute confidence will respect and understand the ethical principles behind data-sharing."

Fear should never be a reason not to see a doctor; doctors are not border guards.

Objective III

Thought leadership via research and evidence

Aim

Build a new research programme on healthcare access, permitting Doctors of the World and partners to increase public awareness and drive policy change.

How we will achieve it

We are going to build on our evidence-based approach to advocacy, investing in our research capacity and partnerships so as to become a recognised thought leader in the UK on exclusion from healthcare, whether it is happening in the UK or abroad.

By publishing high-profile reports as well as organising and participating in targeted events, we will be able to drive policy change, attracting additional credible and influential partners to call for systemic change with us.

We will serve as expert advisers to local and national health decision-makers, driving best practice based on evidence from our research and medical work; and work with academic partners to build an evidence-base on the socioeconomic impact of inclusive healthcare.

In 2020-22 we will:

 Establish a research programme on healthcare access, working in partnership with academia and other stakeholders (e.g. University College London, London School of Hygiene and Tropical Medicine, St George's) to deliver insights, reports and recommendations based on robust data collection methods and analyses.



Saloum's story

Saloum fled The Gambia ten years ago, fearing persecution for his activism against Female Genital Mutilation.

In December 2018, Sal collapsed in the street and woke up days later in hospital, where doctors informed him that he had two brain tumours, lung cancer – and just days to live.

He was told, as an undocumented migrant, that he was ineligible for further NHS treatment, unless he could pay. Living on a friend's sofa at the time, Sal couldn't and was discharged.

Shockingly, he wasn't referred to community care and no efforts were made to ensure he had a place to stay and medication. And then the bill came through – £8,397 for the treatment he had received.

His friend said: "Can you imagine someone as sick as him staying on a sofa? Honestly, it's just ridiculous... He's sick and they want him to stay on the street."

Sal's friends raised money to find him a bedsit and looked after him in shifts. But understandably, they were at a loss at how to properly care for him and felt abandoned by his doctors.

Doctors of the World were able to support Sal to negotiate with hospital doctors to start the palliative radiotherapy he was entitled to and receive visits from community nurses. Sadly however, Sal passed away shortly after.

He was rushed to A&E multiple times as his condition worsened, he told us: "This can happen to other people too. Even if I die... another person might survive. You have to protect life in this world, you know? That's why I'm interested in telling my story."

Objective IV

A movement of healthcare professionals, activists and service users

Aim

Grow our movement with greater numbers of healthcare professionals, activists and service users who together support and set the direction of the organisation.

How we will achieve it

We will work hand-in-hand with those benefitting from our services, advocacy or activism to develop our current network of volunteers and activists who support our campaigns and champion our work. Through concrete internal change, we will better integrate service users and those with lived experience in our organisational agendasetting and decision-making.

We will mobilise both healthcare professionals and service users in a shared and meaningful engagement in our work; and build our engagement model for activists and volunteers, to better tap into our broad, nation—wide base of solidarity.

- Build our movement of healthcare professionals and patients through UK-based partnerships and volunteer recruitment, engaging new voices in our campaigns and decision-making.
- Introduce a service user advisory panel, welcome service users and those with lived experience into our board and staff team as well as hold service user feedback sessions to inform the quality, scope and direction of our UK programmes.



Our Safe Surgeries initiative

Our Safe Surgeries initiative, now comprising over 250 GP practices, is a network committed to taking steps to tackle the barriers faced by many people in vulnerable circumstances in accessing healthcare.

Safe Surgeries recognize the barriers to healthcare access that exist and believe that small changes can make a big difference. They lead by example and work to ensure that nobody in their community is excluded.

At a minimum, this means they declare their practice a "Safe Surgery" for everyone and ensure that lack of ID, proof of address, immigration status or language are not barriers to patient registration.

Doctors of the World offers user-friendly resources to support practice staff, like our key guidance

document, the Toolkit; network events to facilitate learning and collaboration; peer-to-peer training for clinical and non-clinical staff on care entitlements and best practice; and a quarterly newsletter, providing updates and analysis of policy changes, research, events and other resources.

Dr Sayer, GP leading City & Hackney's GP Training Scheme, said of one of our training sessions: "Our docs came back so full of enthusiasm and admiration for all you do; best of all with a renewed determination to help... thanks for everything!"

We will continue to grow our Safe Surgeries network in the coming years to keep breaking down barriers to healthcare in the UK.

Objective V

Independence and global partnership

Aim

Ensure financial independence balanced by stronger exchanges of support, knowledge and capacity with the global Médecins du Monde International Network.

How we will achieve it

We are going to establish our financial independence from our fellow chapters by diversifying our donor base, within our own sustainable independent growth model.

As a member of a global network of shared values, we will increase our operational collaboration with other chapters, engaging in coordinated action to advocate for universal healthcare and connecting UK society to the medical and social justice action of our International Network.

We will facilitate and strengthen the connection of UK donors with the network's international programmes, bringing support for both long-term programming and emergency response.

Through our programming, leadership and movement-building work, we will increase awareness of our brand in the UK. We will become more respected and known by a broad range of stakeholders as an organisation where healthcare professionals can express their solidarity with patients both in the UK and abroad.

- Diversify our financial sources and ensure a stable foundation for growth via financial independence.
- Invest in partnerships within our network, send volunteers, share medical knowledge and connect UK-based donors through grants, private fundraising and emergency appeals.



Nina's story

Nina lives in a village in eastern Ukraine, just 30 km away from the contact line: the line of separation between government and separatist forces.

At 70 years old, she has had to learn where to hide when shelling starts and what foods to stock up on in case her neighbourhood goes into a lockdown. As well as struggling to maintain her own mental wellbeing, Nina must also look after her 11-year-old granddaughter, who now jumps scared at any sudden noise.

Nina thinks that almost everyone in her village needs psychological care after living under the shadow of conflict for many years.

She had never imagined that this would happen during her lifetime, saying: "My mother survived World War II and the concentration camps, and she prayed for us not to see war anymore."

Before the conflict began, Nina developed cancer and now struggles to visit her oncologist in the town of Lisichansk. She was also recently diagnosed with diabetes, which she believes has been caused by the constant stress she has had to live with. To make things worse, as with most items, drug prices have gone up during the conflict and are often not available.

Doctors of the World travelled to the village to help Nina and others to gain access to the drugs and care they desperately needed.

"I am so thankful to Doctors of the World for making medical care and drugs available. With our pension allowance we can hardly afford the cheapest drugs," she says.

OF THE WORK

doctorsoftheworld.org.uk

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(Hosted rent free by Canary Wharf Group plc)

