WE FEEL SAFE – Health case study

Case Study – Monika from Poland (name changed)

Case Study: Barriers to Accessing NHS Healthcare

Name changed to protect confidentiality.

Monika is a Polish woman in her forties who has lived in the UK for approximately 16 years. She has been supported by our organisation for several years and has a history of workplace exploitation. Although she has lived in the UK for many years, her experience demonstrates that long-term residence does not necessarily remove the barriers that migrant women can face when accessing and navigating NHS services.

Monika lives with several long-term health conditions, including angina, hypertension, hypothyroidism and spinal problems. Managing multiple health conditions has required regular contact with primary care, but she has increasingly expressed concerns about whether her health needs are being fully understood and addressed.

One of her main concerns relates to her thyroid condition. Monika believes that she would benefit from assessment by a specialist, but reports that her GP did not consider a referral necessary and instead prescribed medication to regulate her hormone levels. As a result, she has lost confidence in the care she is receiving and feels that her concerns have not been sufficiently explored. For Monika, the issue is not simply the medication she has been prescribed, but whether she has been given sufficient opportunity to discuss her concerns, understand the reasons for the clinical decision and participate meaningfully in decisions about her care.

This became particularly important to Monika following a miscarriage. She had hoped to have another child, but experienced a pregnancy loss. She believes that her thyroid condition may have contributed to the miscarriage and feels that earlier specialist involvement might have provided greater reassurance or potentially identified issues requiring further management. The experience has had a significant emotional impact on her and has affected her confidence in the healthcare system.

Monika also reports being told by her GP that she was too old to have another child. She found this particularly upsetting and felt that her individual circumstances and wishes had not been sufficiently considered. Her experience raises an important issue around how

migrant women perceive communication with healthcare professionals, particularly when discussing reproductive health, pregnancy and fertility.

Access to gynaecological care is another area of concern. Monika believes that women should be able to access appropriate gynaecological assessment when they have persistent concerns, rather than feeling that access depends entirely on whether a GP considers a referral appropriate. She feels that women can find it difficult to advocate for themselves when they are unfamiliar with how the NHS referral system works.

Monika has also experienced difficulties accessing NHS dental treatment. Although she is registered with a dental practice, she reports being told that the practice does not have an NHS contract and that treatment would only be provided in an emergency. For someone already managing several health conditions, this represents an additional barrier to maintaining her overall health.

Monika's experience highlights the importance of patient-centred communication and health navigation for migrant women. Even after many years in the UK, patients may not fully understand how NHS referrals, specialist services and access to NHS dentistry operate. Previous experiences of exploitation can also affect a person's confidence in questioning professionals or advocating for their needs.

Our organisation has provided Monika with a safe space to discuss her health concerns, understand her options and seek support in navigating NHS services. Importantly, this support does not replace clinical care. Rather, it helps Monika to communicate with healthcare professionals, understand the system and feel more confident in participating in decisions concerning her health.

Monika's case demonstrates why partnership between NHS services and specialist migrant organisations is important. Community organisations can help identify barriers that may otherwise remain invisible and can support migrant women to access services, understand their rights and communicate their concerns. Her experience also highlights the importance of ensuring that migrant women feel heard, respected and able to participate in decisions about their own healthcare, regardless of their nationality, language, age or previous experiences.