
ICGP Opening Statement to the Joint Committee on Key Issues Affecting the Traveller Community



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On behalf of the Irish College of General Practitioners, ICGP, I thank the Chairman and members of the committee for their invitation to discuss key health issues affecting the Traveller Community.

Travellers represent a small indigenous group, formally recognised as an ethnic minority in Ireland in 2017.

Recent studies have found several key social determinants that affect the Traveller Community and ICGP will concentrate on those that impact their general health.

The life expectancy statistics show a stark inequity in health among the Traveller population compared to the general population. Studies on areas such as maternal health, communicable diseases, addiction and mental health, including suicide, serve as clear indicators of the extent of this health inequity.

The higher levels of mortality and morbidity among Travellers are well documented – the life expectancy figures are perhaps the most stark – a male Traveller can expect to die 15.1 years sooner than a male in the general population and a female Traveller 11 and a half years earlier than her counterpart in the general population. The infant mortality rate is 3.6 times higher for Traveller children than in the general population. While there are improvements in terms of Traveller mothers attending antenatal services and having shared antenatal care between maternity hospitals and GPs, there are still 2.1% of Traveller mothers who receive no antenatal care.

It is encouraging to know that many travellers do engage with health services as evidenced by the 2010 All Ireland Traveller Health Study. This study found that up to 91% of Travellers obtain their health information from GPs.

Travellers' own beliefs may impact uptake of access to health services. For example, GPs treat appointments as the start of a process in treating their patients whereas Travellers view the consultation as a single issue that should be dealt with in one visit. In some cases, if symptoms don't improve, this can lead to a visit to the hospital Emergency Department rather than going back to the GP.

In addressing health initiatives for the Traveller Community, they should be informed by the principles of equality, human rights, social inclusion and respect for Traveller values, beliefs, culture and perceptions.

As for the general population, Travellers should have improved access, participation rates and outcomes in the health care system. The very high prevalence of suicide among Travellers is of particular concern. Measures that would help include onsite sessional counselling in General Practice, culturally appropriate awareness campaigns and outreach services signposted to primary care.

Targeted health initiatives and associated information materials for both Travellers and healthcare providers should be culturally appropriate. Any identified interventions should be designed to improve self-esteem among Travellers, reduce stigma and remove barriers to care.

In line with the national inclusion strategy (2017) a counselling service specifically for Travellers operated by people trained in cultural awareness and Traveller culture could immediately address Traveller health issues, particularly mental health and suicide.

Regardless of the health policy initiatives for Travellers, the views of Travellers themselves must be included when designing interventions. Traveller participation and cooperation in previous studies, research and information design have been key to their success.

While Travellers experience issues with access to GPs, the same is true for large sections of the population. Clearly, access to GP services needs to be improved and some basic improvements could make large differences.

- Practices that offer a combination of booked appointments and some “same day” appointments would improve Travellers’ access to GP services.
- Cultural awareness training is appropriate for all practice staff and should be developed with input from the Traveller Community.
- The examination and giving of time are symbolic of a good consultation to a Traveller (Favier & Boland, 1995). Concepts of time influence attitudes to examination of a patient therefore a GP who spends times examining a person, particularly a child, is highly valued by Travellers.

- The process for obtaining and retaining a valid Medical Card needs to be streamlined and simplified.
- The specific benefits and entitlements that accrue from having Medical Card cover need to be clearly explained.

ICGP is supportive of The National Women's Council of Ireland (NWCi) recommendation that Traveller women be included as a priority group within the Traveller health action plan (July 2018).

The ICGP education delivery programme includes webinars, workshops and podcasts and Traveller health is included in our education agenda for this year. In addition, it is part of the curriculum for GP trainees.

The recruitment of additional GPs, the retention of GPs in Ireland and the replacement of GPs due to retire or who move abroad are all essential elements in ensuring continuing safe patient-centred practice. Any new developments, need to be properly resourced and funded. As such General Practice should be empowered to continue to provide safe and effective patient care.

The health differences between Travellers and the general population are avoidable and with appropriate resourcing and planning these issues can and should be addressed urgently. The ICGP looks forward to playing a significant role in this area.

