# Evidence Search Service Results of your search request

## Impact of Covid 19 and similar pandemics on vulnerable groups access to and use of primary health care

**ID of request:** 29557  
**Date of request:** 19th May, 2021  
**Date of completion:** 20th May, 2021

If you would like to request any articles or any further help, please contact:  Paul Lee at [paul.lee@slam.nhs.uk](mailto:paul.lee@slam.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Impact of Covid 19 and similar pandemics on vulnerable groups access to and use of primary health care. Paul Lee. (20th May, 2021). LONDON, UK: Reay House Library and Knowledge Service.

**Sources searched**  
EMBASE (3)  
Google Advanced (1)  
Google advanced (2)  
MEDLINE (8)

**Date range used** (5 years, 10 years): No limit   
**Limits used** (gender, article/study type, etc.): Peer reviewed in English   
**Search terms and notes** (full search strategy for database searches below):

WHO Covid19 database so that Kevin

tw:((tw:(refugees OR asylum seekers OR homeless OR drug addicts OR sex workers OR prostitutes)) AND (tw:(primary care OR primary healthcare OR general practice OR family practice)))

Google search:

(refugees OR homeless OR vulnerable groups) AND (primary care OR general practice) AND Covid-19 AND (impact OR barriers) "report" filetype:pdf

For more information about the resources please go to: [www.slam.nhs.uk/library](file:///\\bsuh.nhs.uk\go\shared\Library\BSUH%20Library%20Services\KnowledgeShare\Evidence%20Search\Search%20Bank\www.slam.nhs.uk\library) .

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## A. Institutional Publications

#### Doctors of the World

**An unsafe distance: the impact of the Covid 19 pandemic on excluded people in England: a briefing on the Doctors of the World UK’s rapid needs assessment of excluded people in England during the COVID-19 pandemic** (2020)

Ahimza Thirunavukarasu, Amy Stevens, Anna Ray and Ella Johnson

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=598ba20f37a0daf25fd70d6866d61355)

Not specifically about primary care, but relevant?

#### Groundswell

**Monitoring the impact of Covid 19 on people experiencing homelessness** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d39f51471fbee0ef7e5d411a3b290120)

Extract from executive summary: The following section highlights the key findings from this research which centre on five main areas for action. Access to primary care: General Practice People experiencing homelessness continue to face significant barriers to accessing primary care services, in particular general practice. Barriers include refusal to register a patient on the basis of lack of address and ID, facing stigma and discrimination in the delivery of treatment, lack of access to appointments due to inflexible or ‘competitive’ system booking systems and lack of access to equipment or financial means to access appointments delivered digitally. This research illustrated that these barriers were often perpetuated by the COVID-19 pandemic, which led to primary care services increasingly adopting digital means of registration and digital approaches to service delivery. Despite some positive examples of services working to ensure people in temporary accommodation were registered at a GP practice, challenges persisted and were exacerbated for those who were moved out of their local area during the pandemic and needed to register at a new GP practice.

#### The Health Foundation

**Will COVID-19 be a watershed moment for health inequalities?** (2020)

Bibby J., Everest G., Abbs I.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6fd41078b348d0411f08b9782599b25c)

This report doesn't specifically mention general practice/primary care and is about health inequalities rather than specifically talking about vulnerable groups such as the homeless, refugees and so on. But interesting to take note of, perhaps. Key points - The coronavirus (COVID-19) pandemic, and the wider governmental and societal response, have brought health inequalities into sharp focus. - People facing the greatest deprivation are experiencing a higher risk of exposure to COVID-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. This is exposing the structural disadvantage and discrimination faced by parts of the black, Asian and minority ethnic communities. - The government and wider societal measures to control the spread of the virus and save lives now (including the lockdown, social distancing and cancellations to routine care) are exacting a heavier social and economic price on those already experiencing inequality. - The consequences of this action, and the economic recession that is likely to follow, risk exacerbating health inequalities now and in years to come. - As we move from crisis management to recovery, government, businesses and wider society all have a role to play in giving everyone the opportunity to live a healthy life. - Restoring the nation to good health will require a new social compact, backed by a national cross-departmental health inequalities strategy. Action needed will include protecting incomes, improving the quality of jobs and homes, and supporting critical voluntary and community services.

## B. Original Research

1. **A community-health partnership response to mitigate the impact of the COVID-19 pandemic on Travellers and Roma in Ireland**  
   Villani J. Global health promotion 2021;:No page numbers.

Irish Travellers and Roma are two ethnic minorities experiencing high levels of health inequities. These communities are at greater risk of developing COVID-19 and of suffering more severe symptoms due to poor living environments and higher rates of comorbidities. This study explores the strategies adopted by community-health partnerships and NGOs to minimise the potential widening of Travellers' and Roma's health inequities during the initial response to the COVID-19 pandemic in Ireland. A descriptive qualitative approach was employed to provide a detailed account of three different community and partnership-led responses. Data were gathered from multiple sources and through first-hand participation in the COVID-19 responses. Data were analysed using thematic analysis. This study found that the main pandemic mitigation interventions implemented were public health measures, culturally sensitive communications, lobbying for policy change and economic and social support. These interventions, supported by the health promotion strategies of partnership, advocacy and empowerment, have proven to be extremely important to reduce potential inequities in exposure to the virus and in access to healthcare. The findings suggest that community-health partnerships between minority groups' organizations and healthcare professionals represent a viable approach to mitigate the disproportionate effects of a pandemic on Travellers and Roma.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e18d81dd6a7fc0ef0b73a674582a7c80)

1. **A Mobile Primary Care Clinic Mitigates an Early COVID-19 Outbreak Among Migrant Farmworkers in Iowa.**  
   Corwin Claudia Journal of agromedicine 2021;:No page numbers.

Migrant and seasonal farmworkers are a vulnerable population with unique health and safety challenges related to the entire spectrum of the social determinants of health. These challenges place migrant and seasonal farmworkers at a disproportionate risk of infection and illness because of the COVID-19 pandemic. This report presents a case study of an early COVID-19 outbreak among migrant farmworkers in Iowa and describes the role that a nimble and responsive mobile federally qualified health center played in the successful mitigation and response to this outbreak. Early during the pandemic, the clinic adopted a new model of service delivery utilizing telemedicine primary care visits, followed by in-person visits when necessary. As the pandemic progressed, clinic staff strategized to provide increased pandemic-related support to agricultural employers and migrant farmworkers across the state. Emphasis was placed on on-site testing and education regarding social distancing, mask utilization, and hand washing. Eventually, as migrant workers were infected and became symptomatic, more complex mitigation strategies such as isolation, quarantine, and clinical follow-up were also implemented. This report describes how a mobile primary care clinic developed a pandemic responsive model to provide successful mitigation of an early COVID-19 outbreak among essential and highly vulnerable migrant farmworkers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a7929791bf9bc1af6d1f4b6ada998fa8)

1. **Enhanced Telehealth Case Management Plus Emergency Financial Assistance for Homeless-Experienced People Living With HIV During the COVID-19 Pandemic.**  
   Brody Jennifer K. American journal of public health 2021;:e1.

Boston Health Care for the Homeless Program, in Boston, Massachusetts, implemented an intensive telehealth case management intervention combined with emergency financial assistance for 270 homeless-experienced people living with HIV (PLWH) to reduce COVID-19 transmission and promote HIV care retention during Boston's first pandemic peak (March 16-May 31, 2020). Our telehealth model successfully maintained prepandemic case management and primary care contact levels, highlighting the importance of such programs in supporting the care engagement of homeless-experienced PLWH and addressing the dual COVID-19 and HIV epidemics. (Am J Public Health. Published online ahead of print March 18, 2021: e1-e4. https://doi.org/10.2105/AJPH.2020.306152).

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8f44bbb652e3d47869a9aba20bf59872)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d07772785dc7364746aab91f7ac54cf7)

1. **Exploring the experiences of changes to support access to primary health care services and the impact on the quality and safety of care for homeless people during the COVID-19 pandemic: a study protocol for a qualitative mixed methods approach.**  
   Howells Kelly International journal for equity in health 2021;20(1):29.

BACKGROUNDDespite high level of health care need amongst people experiencing homelessness, poor access is a major concern. This is sometimes due to organisational and bureaucratic barriers, but also because they often feel stigmatised and treated badly when they do seek health care. The COVID-19 pandemic and the required social distancing measures have caused unprecedented disruption and change for the organisation of primary care, particularly for people experiencing homelessness. Against this backdrop there are many questions to address regarding whether the recent changes required to deliver services to people experiencing homelessness in the context of COVID-19 will help to address or compound problems in accessing care and inequalities in health outcomes.METHODSAn action led and participatory research methodology will be employed to address the study objectives. Interviews with people experiencing homelessness were will be conducted by a researcher with lived experience of homelessness. Researchers with lived experience are able to engage with vulnerable communities in an empathetic, non-judgemental way as their shared experience promotes a sense of trust and integrity, which in turn encourages participation in research and may help people speak more openly about their experience. The experiences of health professionals and stakeholders delivering and facilitating care for people experiencing homelessness during the pandemic will also be explored.DISCUSSIONIt is important to explore whether recent changes to the delivery of primary care in response to the COVID-19 pandemic compromise the safety of people experiencing homelessness and exacerbate health inequalities. This could have implications for how primary healthcare is delivered to those experiencing homelessness not only for the duration of the pandemic but in the future.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=65a30616f1362071d497cb42205ae561)

1. **Family Medicine With Refugee Newcomers During the COVID-19 Pandemic.**  
   Smith Jackson Andrew Journal of the American Board of Family Medicine : JABFM 2021;34:S210.

Certain members of society are disproportionately affected by the COVID-19 crisis and the added strain being placed on already overextended health care systems. In this article, we focus on refugee newcomers. We outline vulnerabilities refugee newcomers face in the context of COVID-19, including barriers to accessing health care services, disproportionate rates of mental health concerns, financial constraints, racism, and higher likelihoods of living in relatively higher density and multigenerational dwellings. In addition, we describe the response to COVID-19 by a community-based refugee primary health center in Ontario, Canada. This includes how the clinic has initially responded to the crisis as well as recommendations for providing services to refugee newcomers as the COVID-19 crisis evolves. Recommendations include the following actions: (1) consider social determinants of health in the new context of COVID-19; (2) provide services through a trauma-informed lens; (3) increase focus on continuity of health and mental health care; (4) mobilize International Medical Graduates for triaging patients based on COVID-19 symptoms; and (5) diversify communication efforts to educate refugees about COVID-19.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cee20a28e488383c98d9283e2ec498b9)

1. **Impact of COVID-19 on Migrants' Access to Primary Care and Implications for Vaccine Roll Out: A National Qualitative Study.**  
   Knights Felicity The British journal of general practice : the journal of the Royal College of General Practitioners 2021;:No page numbers.

BACKGROUNDThe COVID-19 pandemic has prompted considerable changes in delivery of UK primary care, including rapid digitalisation, yet the impact upon marginalised migrant groups is unknown.AIMTo understand the impact of the COVID-19 pandemic on migrants and their access to primary healthcare, and implications for COVID-19 vaccine roll out.DESIGN AND SETTINGPrimary care professionals, administrative staff, and migrants (foreign born; >18 years; <10 years in UK), were recruited in three phases using purposive, convenience and snowball sampling from urban, suburban and rural settings.METHODSIn-depth semi-structured interviews were conducted by telephone. Data were analysed iteratively, informed by thematic analysis.RESULTS64 clinicians were recruited in Phase 1 (25 GPs, 15 nurses, 7 HCAs, 1 Pharmacist); Phase 2 comprised 16 administrative staff; and Phase 3, 17 migrants (88% asylum seekers; 65% female; mean time in UK 4 years). Digitalisation has amplified existing inequalities in access to healthcare for many migrants due to lack of digital literacy and access to technology, compounded by language barriers and challenges building trust. Participants highlighted challenges registering and accessing healthcare due to physical closure of surgeries. Migrants reported specific beliefs around COVID-19 and COVID-19 vaccines, from acceptance to mistrust, often influenced by misinformation. Innovative opportunities suggested included translated digital health advice using text templates and YouTube.CONCLUSIONMigrants risk digital exclusion and may need targeted support to access services. Solutions are urgently needed to address vaccine hesitancy and barriers to vaccination in marginalised groups (including migrants) to ensure equitable uptake of the COVID-19 vaccine.

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1. **Implementation of remote consulting in UK primary care following the COVID-19 pandemic: a mixed-methods longitudinal study.**  
   Murphy Mairead The British journal of general practice : the journal of the Royal College of General Practitioners 2021;71(704):e166.

BACKGROUNDTo reduce contagion of COVID-19, in March 2020 UK general practices implemented predominantly remote consulting via telephone, video, or online consultation platforms.AIMTo investigate the rapid implementation of remote consulting and explore impact over the initial months of the COVID-19 pandemic.DESIGN AND SETTINGMixed-methods study in 21 general practices in Bristol, North Somerset and South Gloucestershire.METHODLongitudinal observational quantitative analysis compared volume and type of consultation in April to July 2020 with April to July 2019. Negative binomial models were used to identify if changes differed among different groups of patients. Qualitative data from 87 longitudinal interviews with practice staff in four rounds investigated practices' experience of the move to remote consulting, challenges faced, and solutions. A thematic analysis utilised Normalisation Process Theory.RESULTSThere was universal consensus that remote consulting was necessary. This drove a rapid change to 90% remote GP consulting (46% for nurses) by April 2020. Consultation rates reduced in April to July 2020 compared to 2019; GPs and nurses maintained a focus on older patients, shielding patients, and patients with poor mental health. Telephone consulting was sufficient for many patient problems, video consulting was used more rarely, and was less essential as lockdown eased. SMS-messaging increased more than three-fold. GPs were concerned about increased clinical risk and some had difficulties setting thresholds for seeing patients face-to-face as lockdown eased.CONCLUSIONThe shift to remote consulting was successful and a focus maintained on vulnerable patients. It was driven by the imperative to reduce contagion and may have risks; post-pandemic, the model will need adjustment.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=48c5dc67f72729f5870ea82d35688c95)

1. **Inequalities in general practice remote consultations: A systematic review.**  
   Parker Ruth BJGP open 2021;:No page numbers.

BACKGROUNDCOVID-19 has led to rapid and widespread use of remote consultations in general practice, but the health inequalities impact remains unknown.AIMTo explore the impact of remote consultations in general practice compared to face-to-face consultations on utilisation and clinical outcomes across socio-economic and disadvantaged groups.DESIGN & SETTINGSystematic review METHOD: We undertook an electronic search of MEDLINE, EMBASE and Web of Science from inception to June 2020. We included studies which compared remote consultations to face-to-face consultations in primary care and reported outcomes by PROGRESS Plus criteria. Risk of bias was assessed using ROBINS-I. Data was synthesised narratively.RESULTSBased on 13 studies, exploring telephone and internet-based consultations, we found that telephone consultations were used by younger working age people, the very old and non-immigrants, with internet-based consultations more likely to be used by younger people. Women consistently used more remote forms of consulting than men. Socio-economic and ethnicity findings were mixed, with weak evidence that patients from more affluent areas were more likely to use internet-based communication. Remote consultations appeared to help patients with opioid dependence remain engaged with primary care. No studies reported on the impact on quality of care or clinical outcomes.CONCLUSIONRemote consultations in general practice are likely to be used more by younger working people, non-immigrants, the elderly and women, with internet-based consultations more by younger, affluent and educated groups. Wide-spread use of remote consultations should be treated with caution until the inequalities impact on clinical outcomes and quality of care is known.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8abe558f7e0d538e66c31c4f86b96e22)

1. **Prescribing phones to address health equity needs in the COVID-19 Era: The PHONE-CONNECT program**  
   Kazevman G. Journal of Medical Internet Research 2021;23(4):No page numbers.

Vulnerable populations have been identified as having higher infection rates and poorer COVID-19-related outcomes, likely due to their inability to readily access primary care, follow public health directives, and adhere to self-isolation guidelines. As a response to the COVID-19 pandemic, many health care services have adopted new digital solutions, which rely on phone and internet connectivity. However, persons who are digitally inaccessible, such as those experiencing poverty or homelessness, are often unable to use these services. In response to this newly highlighted social disparity known as "digital health inequity,"emergency physicians at the University Health Network in Toronto, Canada, initiated a program called PHONE-CONNECT (Phones for Healthier Ontarians iN EDs - COvid NEeds met by Cellular Telephone). This novel approach attempts to improve patients' access to health care, information, and social services, as well as improve their ability to adhere to public health directives (social isolation and contact tracing). Although similar programs addressing the same emerging issues have been recently described in the media, this is the first time phones have been provided as a health care intervention in an emergency department. This innovative emergency department point-of-care intervention may have a significant impact on improving health outcomes for vulnerable people during the COVID-19 pandemic and beyond.<br/>Copyright &#xa9; 2021 Gill Kazevman, Marck Mercado, Jennifer Hulme, Andrea Somers.

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d8a8c781ed2023ca20828327417d8f80)

1. **The experience of Australian general practice patients at high risk of poor health outcomes with telehealth during the COVID-19 pandemic: a qualitative study.**  
   Javanparast Sara BMC family practice 2021;22(1):69.

BACKGROUNDThe emergence of the COVID-19 pandemic has raised concerns about the potential decrease in access and utilisation of general practice services and its impact on patient care. In March 2020, the Australian Government introduced telehealth services to ensure that people more vulnerable to COVID-19 do not delay routine care from their general practitioners. Evidence about patients' experience of telehealth and its impact on patient care is scarce. This study aimed to investigate the experience with telehealth by Australian general practice patients at high risk of poor health outcomes during the COVID-19 pandemic.METHODSSemi-structured telephone interviews were conducted with 30 patients from nine general practices in metropolitan Adelaide (May-June 2020). Participants were identified by their regular doctor as being at high risk of poor health outcomes. Interviews sought participants' perspectives and experiences about telehealth services in the general practice setting during COVID-19, and the value of offering continued telehealth services post pandemic. Interviews were recorded and transcribed verbatim. Data were analysed using a coding structure developed based on deductive codes derived from the research questions and any additional concepts that emerged inductively from interviews.RESULTSParticipants expressed satisfaction with telehealth including convenient and timely access to general practice services. Yet, participants identified challenges including difficulties in expressing themselves and accessing physical exams. Prescription renewal, discussing test results and simple follow-ups were the most common reasons that telehealth was used. Telehealth was mainly via phone that better suited those with low digital literacy. Participants indicated that an existing doctor-patient relationship was important for telehealth services to be effective. Subjects believed that telehealth services should be continued but needed to be combined with opportunities for face-to-face consultations after the COVID-19 pandemic was over.CONCLUSIONSThe expansion of telehealth supported access to general practice including chronic disease management during the COVID-19 pandemic. In the future, telehealth in Australia is likely to have a stronger place in primary healthcare policy and practice and an increased acceptance amongst patients.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0a25cd4d12b877754f21dc5ebb1f060e)

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[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=64020b943eafe4170b9bc8d78bd6e6e7)

1. **Efforts escalate to protect homeless people from COVID-19 in UK**  
   Kirby T. The Lancet Respiratory Medicine 2020;8(5):447-449.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fb0c2cf787d49f8eb06eecd598ee6857)

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## C. Search History

|  | **Source** | **Criteria** | **Results** |
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| 4. | Medline | (addicts OR "drug user\*" OR "substance abuser\*" OR "substance abusing").ti,ab | 27207 |
| 5. | Medline | (refugee\* OR migrant\* OR immigrant\* OR "asylum seeker\*").ti,ab | 51159 |
| 6. | Medline | (Gyps\* OR travellers OR "traveller health").ti,ab | 10659 |
| 7. | Medline | ("sex worker\*" OR prostitute\*).ti,ab | 7241 |
| 8. | Medline | (street\* ADJ2 (dwell\* OR living)).ti,ab | 319 |
| 9. | Medline | ("street population\*").ti,ab | 11 |
| 10. | Medline | \*"DRUG USERS"/ OR \*CRIMINALS/ OR \*"HOMELESS PERSONS"/ OR \*PRISONERS/ OR \*REFUGEES/ OR \*"SEX WORKERS"/ OR \*"EMIGRANTS AND IMMIGRANTS"/ | 45150 |
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| 30. | EMBASE | exp \*"HOMELESS PERSON"/ OR \*OFFENDER/ OR \*PRISONER/ | 13878 |
| 31. | EMBASE | "SEX WORKER"/ | 2502 |
| 32. | EMBASE | exp \*"DRUG DEPENDENCE"/ | 144718 |
| 46. | EMBASE | (20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32) | 281843 |
| 33. | PsycINFO | (social\* OADJ2 exclu\*).ti,ab | 3817 |
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| 47. | PsycINFO | (33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45) | 136621 |
| 48. | Medline | ("primary care" OR "primary healthcare" OR "primary health care" OR "general practi\*" OR "family doctor\*" OR "family practi\*").ti | 83730 |
| 49. | Medline | \*"PRIMARY HEALTH CARE"/ OR \*"PHYSICIANS, PRIMARY CARE"/ | 54353 |
| 50. | Medline | \*"GENERAL PRACTICE"/ OR \*"FAMILY PRACTICE"/ OR \*"GENERAL PRACTITIONERS"/ | 54904 |
| 51. | Medline | ("community health\*" OADJ3 (team\* OR service\*)).ti | 572 |
| 52. | Medline | \*"COMMUNITY HEALTH SERVICES"/ | 20191 |
| 58. | Medline | (48 OR 49 OR 50 OR 51 OR 52) | 156984 |
| 59. | EMBASE | ("primary care" OR "primary healthcare" OR "primary health care" OR "general practi\*" OR "family doctor\*" OR "family practi\*").ti | 111824 |
| 60. | EMBASE | \*"PRIMARY HEALTH CARE"/ OR \*"PHYSICIANS, PRIMARY CARE"/ | 56404 |
| 61. | EMBASE | ("community health\*" OADJ3 (team\* OR service\*)).ti | 591 |
| 62. | EMBASE | exp "PRIMARY HEALTH CARE"/ | 179951 |
| 63. | EMBASE | "GENERAL PRACTICE"/ OR "GENERAL PRACTICE PHYSICIAN"/ | 171485 |
| 64. | EMBASE | (59 OR 60 OR 61 OR 62 OR 63) | 332213 |
| 65. | PsycINFO | \*"PRIMARY HEALTH CARE"/ | 20752 |
| 66. | PsycINFO | "GENERAL PRACTITIONERS"/ OR \*"FAMILY MEDICINE"/ OR \*"FAMILY PHYSICIANS"/ | 8344 |
| 67. | PsycINFO | ("primary care" OR "primary healthcare" OR "primary health care" OR "general practi\*" OR "family doctor\*" OR "family practi\*").ti | 15192 |
| 68. | PsycINFO | ("community health\*" OADJ3 (team\* OR service\*)).ti | 61 |
| 69. | PsycINFO | (65 OR 66 OR 67 OR 68) | 30343 |
| 79. | Medline | ((corona\* OR corono\*) ADJ1 (virus\* OR viral\* OR virinae\*)).ti,ab | 2404 |
| 80. | Medline | (coronavirus\* OR coronovirus\* OR coronavirinae\*).ti,ab | 58237 |
| 81. | Medline | "SARS-COV-2"/ | 54669 |
| 82. | Medline | "COVID-19"/ | 70254 |
| 83. | Medline | ("COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 123136 |
| 84. | Medline | ("middle east respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR MERS).ti,ab | 6699 |
| 85. | Medline | "MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS"/ OR "SARS VIRUS"/ | 5079 |
| 86. | Medline | (79 OR 80 OR 81 OR 82 OR 83 OR 84 OR 85) | 146798 |
| 87. | EMBASE | CORONAVIRINAE/ OR CORONAVIRUS/ OR "CORONAVIRUS INFECTION"/ | 20927 |
| 88. | EMBASE | "CORONAVIRUS DISEASE 2019"/ | 110229 |
| 89. | EMBASE | ((corona\* OR corono\*) ADJ1 (virus\* OR viral\* OR virinae\*)).ti,ab | 2350 |
| 90. | EMBASE | (coronavirus\* OR coronovirus\* OR coronavirinae\*).ti,ab | 56993 |
| 91. | EMBASE | ("COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 120166 |
| 92. | EMBASE | ("middle east respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR MERS).ti,ab | 7248 |
| 93. | EMBASE | "MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS"/ OR "SARS-RELATED CORONAVIRUS"/ | 3879 |
| 94. | EMBASE | (87 OR 88 OR 89 OR 90 OR 91 OR 92 OR 93) | 155315 |
| 95. | PsycINFO | "COVID-19"/ | 1515 |
| 96. | PsycINFO | CORONAVIRUS/ | 2566 |
| 97. | PsycINFO | ((corona\* OR corono\*) ADJ1 (virus\* OR viral\* OR virinae\*)).ti,ab | 58 |
| 98. | PsycINFO | (coronavirus\* OR coronovirus\* OR coronavirinae\*).ti,ab | 1749 |
| 99. | PsycINFO | ("COVID-19" OR COVID19 OR "CORVID-19" OR CORVID19 OR "SARS-CoV-2" OR "SARSCoV-2" OR "SARSCoV2" OR "SARS-CoV2" OR SARSCov19 OR "SARS-Cov19" OR "SARSCov-19" OR "SARS-Cov-19" OR SARS2 OR "SARS-2" OR SARScoronavirus2 OR "SARS-coronavirus-2" OR "SARScoronavirus 2" OR "SARS coronavirus2" OR SARScoronovirus2 OR "SARS-coronovirus-2" OR "SARScoronovirus 2" OR "SARS coronovirus2").ti,ab | 5653 |
| 100. | PsycINFO | ("middle east respiratory syndrome\*" OR "middle eastern respiratory syndrome\*" OR MERSCoV OR "MERS-CoV" OR MERS).ti,ab | 137 |
| 101. | PsycINFO | (95 OR 96 OR 97 OR 98 OR 99 OR 100) | 6089 |
| 102. | Medline | (19 AND 58 AND 86) | 13 |
| 103. | EMBASE | (46 AND 64 AND 94) | 43 |
| 104. | PsycINFO | (47 AND 69 AND 101) | 0 |

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