

## **GMS Contract in Wales 2008-09 Enhanced Service for Asylum Seekers and Refugees Specification**

### **Introduction**

The purpose of this paper is to provide an enhanced service specification for Local Health Boards when commissioning primary medical services for asylum seekers and refugees in their area. It should be read in conjunction with the following documents:

- "Improving the Health of Homeless and Specific Vulnerable Groups – Standards 2008-09" - Welsh Assembly Government.  
<http://www.wales.nhs.uk/newsitem.cfm?contentid=9077>
- "Healthcare issues for asylum seekers in Wales: NPHS Guidance" July 2006  
<http://www.wales.nhs.uk/newsitem.cfm?contentid=9071>

### **Definitions**

**Asylum seeker** – *a person who has made a formal application for asylum to the Home Office for recognition as a Refugee under the 1951 UN Convention and its 1967 Protocol Relating to the Status of Refugees.*

**Refugee** – *someone who has applied for asylum and has by law been granted refugee status or someone who has arrived in the country through a Government initiative i.e. the Refugee Gateway Scheme.*

### **Local Health Boards**

Local Health Boards (LHBs) have a statutory responsibility to assess and meet the healthcare needs of its population. They should make every effort to ensure that they are aware of asylum seekers and refugees within their area. Usually these people would have been "dispersed" to the LHB area following an initial healthcare assessment carried out at their initial accommodation. *Since 2007 Cardiff has been an initial accommodation area for asylum seekers and refugees and has a dedicated medical facility for initial health care.*

### **Why an Enhanced Service?**

Enhanced services are elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services. An enhanced service would provide quality care to asylum seekers and refugees enabling them to benefit from the health and social care system.

This can be achieved by primary health care teams devoting additional time and resource to such patients particularly (but not exclusively) on first attendance thus establishing a baseline of clinical history and health care needs. GPs can provide the necessary treatment for much existing disease to prevent deterioration. Routine appointments will be extended to allow for

language difficulties and increased morbidity in this population. Primary Care Teams can also promote an understanding of the health and social care system and the utilisation of long term preventive initiatives such as immunisation and screening.

### **Working in Partnership**

Meeting the health needs of asylum seekers and refugees requires effective partnership working between a number of organisations and agencies including:

GP practices

Local Health Boards

Local Authorities

National Public Health Service

Refugee agencies

NHS Trusts

### **Enhanced Service Specification**

An enhanced service specification for asylum seekers and refugees follows at Annex 1.

## ENHANCED SERVICE FOR ASYLUM SEEKERS AND REFUGEES SPECIFICATION

### Introduction

1. All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients under the GMS contract. However it is acknowledged that asylum seekers and refugees experience difficulty in accessing mainstream services. The specification of this service therefore outlines the general and more specialised service to be provided that is beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

### Background

2. Following the implementation of the Immigration and Asylum Act 1999 the Home Office designated four areas within Wales as dispersal areas for asylum seekers: Cardiff, Swansea, Newport and Wrexham, although asylum seekers are located in other parts of Wales. It is important that every effort is made to achieve continuity of healthcare for asylum seekers and refugees.
3. Asylum seekers and refugees are a particularly vulnerable group and may have had inadequate or haphazard access to healthcare in their previous country. In addition to possible language difficulties these patients may often require longer consultation times to address particular health and social care needs.
4. Language support is the responsibility of the LHB, generally provided by access to Language Line. On very rare occasions it may be necessary for practices to arrange for translation of medical notes which usually attracts an additional charge from Language Line. In such circumstances the practice should discuss the need for translation and the payment arrangements with the LHB.

### Aim of the enhanced service

5. The aim of this enhanced service is to address the specific healthcare needs of asylum seekers and refugees. It seeks to provide equitable access to general medical services by overcoming barriers such as language and allowing extended consultation time to address complex issues. Practices who provide this enhanced service to asylum seekers and refugees who are also homeless should receive payments under the homeless enhanced service. There should be no double payment.

### Service Outline

6. This enhanced service will fund practices to :
  - i. Produce a brief proposal that outlines how the contractor will meet the aims of the service in line with the proposal attached as an Appendix .

- ii. Register asylum seekers and refugees (and their families) as patients “permanently” as early as possible. All asylum seeker/refugee patients should register with a GP practice in the normal way, unless there are initial specialised services. Currently it is the role of the specialist nurses in the 4 dispersal areas to facilitate GP registration in partnership with the housing providers.
- iii. Undertake a mental and physical assessment to identify new or ongoing problems and initiate appropriate treatment, follow-up and/or referral. This may include a catch up medical examination for children and young people where appropriate. Where an assessment of health need has been undertaken prior to dispersal this need not be duplicated.
- iv. Ensure that practice staff demonstrate understanding and sensitivity towards asylum seekers and refugees particularly with regard to culture and language.
- v. Provide health education and promotion relevant to the specific health needs of asylum seekers and refugees.
- vi. Ensure effective liaison between the practice and the specialist nurse so that asylum seekers and refugees are aware of how to contact the practice.

### **Review**

- 8. The practice is required to conduct an annual audit of care for asylum seekers as agreed in advance with their LHB to inform local service planning. The LHB may find it helpful to discuss suitable audit arrangements with the Local Medical Committee.

### **Accreditation**

- 9. Doctors who provide services to asylum seekers and refugees should reflect on their learning needs in relation to this service and ensure that those are discussed at appraisal and addressed through their personal development plan.

### **Funding**

- 10. All agreements to enter into these arrangements must be in writing. LHBs may commission this enhanced service at any time from the date the DES Directions have come into force. Until such time as the Directions are in place LHBs may if they wish, commission this service as a local enhanced service. LHBs, in liaison with the contractor, should determine a date for reviewing the enhanced service.

- 11. The funding for this service will be based on a notional three year period for integration of the asylum seeker/refugee in core GMS. The fee structure acknowledges the anticipated greater workload in the first year:

<i>Financial Year 1</i>	<i>£100 per patient</i>
<i>Financial Year 2</i>	<i>£50 per patient</i>
<i>Financial Year 3</i>	<i>£50 per patient</i>

Payments should be calculated on a quarterly basis in arrears.

### **Disputes**

12. Any disputes arising will be dealt with in the prescribed way. LHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure.

## Appendix

### Proposal to deliver enhanced service for asylum seekers and refugees

Practice Name:	Address:
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Briefly describe the service to be provided and facilities available.

Who will be providing the service?

How will you ensure that staff understand and are sensitive to the needs of asylum seekers and refugees?

How do you propose to communicate with the specialist nurse dealing with asylum seekers and refugees in your area?

How will you monitor and audit service provision?

Practice Declaration:

The practice has understood the terms of the scheme and is seeking to provide a service on this basis. If commissioned the practice will adhere to the terms of the scheme.

Signed: \_\_\_\_\_  
As GP principal representative of the practice

Date: \_\_\_\_\_