Local Enhanced Service for the Care of the Refugees in their First Years within the UK

With Effect from 1st November 2021

1. Introduction

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 refugees who are part of a government resettlement programme will experience difficulty in accessing mainstream services when they first arrive in this country. 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.

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. The purpose of this document is to set out a Local Enhanced Service (LES) agreement to support commissioning of primary medical services for refugees who are part of a government resettlement programme in this area. This enhanced service will support the provision of quality care to these refugees enabling them to benefit fully from the health and social care system within Hywel Dda.

This Local Enhanced Service supersedes the Syrian Refugee LES of March 2021, and applies to all refugees settled through a defined government resettlement scheme, such as the Syrian Vulnerable Persons Relocation Scheme (SVPRS) or the Afghan Relocation and Assistance Policy (ARAP) and Afghan Citizen Resettlement Scheme (ACRS). Such programmes prioritise help for survivors of torture and violence, those who have assisted UK efforts in conflicts and women, children and vulnerable groups in need of medical care. This enhanced service provides support to local primary health care services to offer services to this defined group. Allocations of patients takes place in conjunction with local authority processes.

2. Background

Refugees forming part of a defined government resettlement scheme are recognised as a particularly vulnerable group and may have had inadequate or haphazard access to healthcare in their previous country and during their journey to this country. In addition to possible language difficulties, these patients may often require longer consultation times to address particular physical and mental health and social care needs.

This can be achieved by primary health care teams devoting additional time and resource to such patients particularly when they are first registered with the practice, 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 should be extended to allow for language difficulties, vulnerability and mental health issues, 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 programmes.

Working in Partnership

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

- GP practices;
- Community Services;
- Secondary Care Services;
- Local Authorities;
- Public Health Wales;
- Refugee agencies.

GP practices are therefore encouraged to engage in this enhanced service where there are allocated refugees coming into the area and needing to register with a GP. **Refugees are allocated to GP practices in the first instance; so on first arrival the GP practice will be invited by HDUHB to participate in the LES. There is only a need to sign up to the LES if the refugees move practices mid-term.**

3. Definitions

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. This enhanced services covers those refugees who are part of defined government resettlement schemes, such as the SVPRS or ACRS.

Asylum seeker – a person who has made a formal application for asylum to the Home Office for recognition as a Refugee but whose application has not yet been concluded.

(See also Appendix A)

4. Service Aim

The primary aim of the LES is to address the specific healthcare needs of these refugees relocated under the defined government resettlement scheme. 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.

Any practice that offers the enhanced service to appropriate persons can claim the proper payment under the terms of this specification.

5. Service Outline/ Requirements

All eligible refugee patients who register with a practice will receive the same access to primary health care services as any other registered patient. This includes vaccinations and immunisations, child health surveillance and cervical screening services.

From registration onwards, these patients will have access to all GMS services offered by the practice, including all additional and enhanced services. The UHB will identify specific resources for the treatment of these patients, e.g. dedicated health visitor resource and mental health services including CAMHS.

This enhanced service will fund practices to:

i. Register refugees and their families as patients "permanently" as early as possible, including the clinical summarisation of notes received before the arrival of the patients (where possible). All eligible patients will initially, on arrival in the area, be allocated by the UHB to the most appropriate practice within the area in which they will be living; this will be done sensitively and in full consultation with the chosen practice. Practices should liaise closely with the local UHB Officer in charge of this initial service.

ii. Ensure effective liaison between the practice and the third sector organisation in charge of ongoing liaison with the patient(s) so that every eligible refugee patient is aware of how to contact the practice and make appointments on arrival.

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. Work with the UHB, Social Services and other agencies to provide a whole service for these patients. Such services may include vaccinations and immunisations, dental, optometry, child development, counselling and mental health services, health promotion etc. The practice will work with the UHB and other agencies to identify what services are needed and will proactively support the UHB in providing the patients with access to these services, including signposting the patients in a sensitive and supportive manner.

v. Where a gap is identified in the patient's vaccination and immunisation status, the practice can give the appropriate vaccination and claim the appropriate fee under that particular service specification (if there is one) regardless of the age of the patient. This is subject to the clinical judgement of the GP.

vi. Ensure that practice staff members demonstrate understanding and sensitivity towards refugee patients, particularly with regard to culture and language.

vii. Provide health education and promotion relevant to the specific health needs of these patients.

viii. Practices should utilise the language translation services, provided via the UHB, when providing face-to-face or telephone consultations with these patients; unless the patient's proficiency in the Welsh or English language is acceptable for the GP to fully understand the patient's medical needs without the use of such services. The LHB is already committed to undertaking language translation for GP practices and has contracts in place with providers for this service; there should therefore be no delay in treating the patient due to language constraints.

ix. On very rare occasions it may be necessary for practices to arrange for translation of medical notes written in a foreign language, which usually attracts an additional charge from the language provider. In such circumstances the practice should discuss the need for translation, the cost of which will be met by the UHB. The practice will be responsible for sourcing the language translation and will need to make the necessary reimbursement arrangements with the UHB once costs have been established.

x. The practice is required to conduct an annual audit of the service provided to these patients in order to inform future care planning.

6. Responsibilities of the Local Health Board

Local Health Boards (LHBs) have a statutory responsibility to assess and meet the healthcare needs of its population. HDUHB will make every effort to ensure that its staff and its Primary Care Contractors are aware of asylum seekers and refugees, within the Hywel Dda area. Usually these people would have been "dispersed" to the LHB area following an initial healthcare assessment carried out at their initial accommodation, and official notification of their arrival will have been received beforehand.

These patients will be allocated by the UHB to practices based on geographical proximity of the patient's home address to GP premises.

The UHB will identify a range of key workers (health visitors/mental health etc.) for this patient group and will advise the practice of the contacts and referral points. The UHB will provide a fast track referral pathway to mental health services, including CAMHS, where appropriate. Other key agencies will also advise the practice of their key workers and service provision.

The UHB is responsible for language support with any patient who cannot converse effectively with health care providers, including these patients. To this end, the UHB is already committed to undertaking language translation for GP practices and has contracts in place with providers for this service. Details of this service will be confirmed with the practice prior to the arrival of any refugees. In addition, if the practice deems it clinically essential to arrange for the translation of written medical notes, the UHB will refund the practice for any reasonable costs incurred.

7. Reporting

GP practices are required under their General Medical Services contract to keep adequate records of its attendance on and treatment of its patients. In addition to include in the patient record any clinical reports sent from any other health care professional who has provided clinical services to a person on its list of patients.

The practice is required to take all reasonable steps to ensure that the medical records of these patients are kept up to date using the appropriate clinical codes with regard to medical status and in particular include:

a. where an offer of treatment is declined; or

b. where an offer of treatment is accepted:

i. any contra-indications to the treatment;

ii. the date treatment was given;

iii. any adverse events following the treatment;

iv. any other information that is required to be recorded for specific treatments, for example vaccinations.

8. Accreditation

The Practice will need to identify a lead practitioner who will take responsibility for the delivery of this service and ensure that all other practitioners and frontline staff within the practice receive the training and ongoing professional development to maintain their competency to deliver this service with sensitivity and understanding for the vulnerability of this patient group.

Doctors who provide services to these patients should reflect on their learning needs in relation to this service and ensure that these are discussed at appraisal and addressed through their personal development plan.

When Practices accept refugees as part of a defined government resettlement programme as registered patients, they will be automatically eligible to provide this LES and claim the appropriate payment. If the UHB has not been a party to the registration of such patients (for example where the patient moves practices mid-term) the practice should inform the UHB in writing that they have accepted such patients and wish to sign up to the LES and claim payment.

9. Payment Structure

The funding for this service will be based on a three year period for integration of the patient into core GMS. The fee structure acknowledges the anticipated greater workload in the first year of the patient's presence in this country:

Prior to arrival: notes summarisation and coding of medical records - [redacted] **per record*** (one-off fee)

On arrival: initial clinical assessment of patient's medical needs - [redacted] **per patient*** (one-off fee)

**The 2 fees above are only available to the practice who first registers the patient after their arrival in the UK as a Refugee under a defined government resettlement programme; these 2 payments are not available to any subsequent practice.*

In addition, the following monthly recurrent fees are available for managing the care of these patients in their first three years within the UK (this is in addition to the Global Sum payment):

First year after arrival in UK	Total payment per patient	Months	Payment per patient per month#
Months 1-3: Quarter 1 ongoing care	[redacted]	3	[redacted]
Months 4-6: Quarter 2 ongoing care	[redacted]	3	[redacted]
Months 7-9: Quarter 3 ongoing care	[redacted]	3	[redacted]
Months 10-12: Quarter 4 ongoing care	[redacted]	3	[redacted]
Total payment for ongoing care during first year	[redacted]	**12**	

Total Payment by Year of Refugee Status	Total payment per patient	Months	Payment per patient per month#
Notes summarisation & coding	[redacted]	n/a	n/a
Initial patient assessment	[redacted]	n/a	n/a
Year 1 ongoing care (months 1 to 12)	[redacted]	12	*See above*
Year 2 ongoing care (months 13 to 24)	[redacted]	12	[redacted]
Total payment claimable for each patient over 2 years:	[redacted]	**24**	

#Practices will be paid the monthly fee if the patient is still registered at their practice on the last day of the month of payment. If the patient moves practices part way through the month, the payment will go to the new practice; the old practice will not be able to claim a fee for this month. This will hold true even if the patient officially moves to the new practice on the last day of the month.

Payment in total for the 1st year [redacted]; 2nd year [redacted].

The payment structure follows the patient; so the higher payments for the first days and months, are due to the practice where the patient is registered during this time. If the patient moves practices within the first 2 years of being in this country but remains within the Hywel Dda region, subsequent practices will be able to claim the remaining amount due up until the end of the third year the patient is resident in this area and registered at a practice holding a GMS Contract with HDUHB.

For example, Mr X arrives in this country as a refugee and is immediately allocated to Practice A and is registered there from 1st April 2016, this being the first time he has registered with a UK GP practice since his arrival in the UK. Practice A can immediately claim the [redacted] fee for the summarisation and coding of Mr X's medical record, and the [redacted] fee for the initial clinical assessment of Mr X's medical needs. At the end of January 2017 Mr X finds work in another part of the Hywel Dda area and moves house and registers at Practice B on the 26th February 2017. Practice A can claim the higher ongoing care fees for the period 1st April to 31st January; Practice B can claim the remainder of that first year's monthly recurrent fees from 1st February to 31st March 2017 and thereafter claims the second year payments accordingly, assuming the patient remains with Practice B for the whole length of the remaining two years the LES is applicable to this patient. This recognises that Practice A will have done more work with the patient at the start of his stay in

this country and that Practice B will benefit from this work and have much less of a workload to inherit with the patient.

Practice A claims for Mr X:	
Notes summarisation & coding:	[redacted]
Initial medical assessment	[redacted]
Months 1-3 @ [redacted] per month	[redacted]
Months 4-6 @ [redacted] per month	[redacted]
Months 7-9 @ [redacted] per month	[redacted]
Month 10 @ [redacted] per month	[redacted]
Total payment to Practice A:	[redacted]

Practice B claims for Mr X:	
Months 11-12 @ [redacted] per month	[redacted]
Months 13-24 @ [redacted] per month	[redacted]
Total payment to Practice B:	[redacted]

Total LES payment paid out by HDUHB to 2 GP practices for Mr X over 2 years: [redacted]

Payments will be calculated on a monthly basis and paid in arrears. Practices must claim the payment using the Refugees Resettlement LES claim form (found on the GMS claiming webpage: Hywel Dda University Health Board | Item of Service Payments (Enhanced Services and Additional Services) - Claim Forms) which should be sent to NWSSP Registrations department for verification of patient registration status. Claims must be accompanied by the NHS numbers of the patients against which the practice is claiming payment.

If the practice does not satisfy any of the above conditions, HDUHB may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this scheme that is otherwise payable.

9. Enhanced Service Review and Development

Service Provision for this group of patients is under development and this enhanced service will be regularly reviewed.

Appendix A

Definitions of a Refugee, a SVPRS patient, and an Asylum Seeker

Refugee:

"A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

The 1951 United Nations Convention Relating to the Status of Refugees

In the UK, a person is officially a refugee when they have their claim for asylum accepted by the government.

A refugee is therefore 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.

Refugees eligible under this enhanced service are those refugees covered by a defined government resettlement scheme (such as the Syrian Vulnerable Persons Relocation Scheme, or Afghan Citizens Resettlement Scheme). Their arrival in this country is managed through a stringent home office process whereby the local authority is sent applications forms for those the home office have selected for that area, the local panel reviews the applications and declares if there is any reason why they cannot meet their needs.

Approximately six weeks before their arrival the medical forms are sent through to the panel, hence the reason why the UHB registers the refugees prior to their arrival.

The UHB will decide upon a GP practice on their behalf, and in most cases will choose the practice which is closest to the Refugee's new home geographically, on condition that the practice agrees to take them on.

The medical records which accompany each application are broad and in places in-depth, but are not necessarily consistent depending upon their current country of residence.

A contract has been awarded to a third sector organisation to support the refugees for the first year of their settlement (funded from the Home Office). This service will meet them on arrival, co-ordinate initial activities (including GP registration with translator) and continue to offer one to one support including making appointments etc.

Asylum Seeker:

A person who has left their country of origin and formally applied 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, but whose application has not yet been concluded.

Such patients could just turn up at a GP practice and register with little forewarning.

Appendix B

References

The Refugees LES should be read in conjunction with the following documents:

- "Access to NHS services by Asylum Seekers, Failed Asylum Seekers and Refugees; A brief guide for General Medical Practices (GMP's)" – Primary Care Quality, Public Health Wales; January 2016; http://howis.wales.nhs.uk/sitesplus/documents/862/Final%20Guidance%20to%20support%20General%20Medical%20Practices%20(GMP's)%20regarding%20access%20to%20services%20for%20Asylum%20Seekers%20Failed%20Asylum%20Seekers%20and%20Refugees.pdf

- "New Entrants Arriving via the Syrian Vulnerable Persons Relocation [Resettlement] Scheme (VPRS): a Brief Guide for Service Providers in Wales" version 2 – Public Health Wales; 10 December 2015; http://howis.wales.nhs.uk/sitesplus/documents/862/PHW%20New%20entrant%20guidance%20v2%20-%2010dec2015.pdf

- "Refugees and Asylum Seekers Public Health Implications for Wales – Briefing" version 1 – Public Health Wales and International Health Coordination Centre; 10 November 2015; http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/IHD_IHCC_Refugees%20Asylum%20Seekers%20briefing_141215_external_final%20%282%29.pdf

- "Homeless and Vulnerable Groups Health Action Plans: the progress so far" – presentation by Susan Mably – Public Health Wales; 24 March 2015; http://www.cymorthcymru.org.uk/files/1814/3472/9173/Su_Mably.pdf

- "Syrian Vulnerable Persons Relocation Scheme – Overview" – HM Government briefing; 27 March 2014; https://www.whatdotheyknow.com/request/199845/response/498649/attach/6/VPRS%20Overview.pdf

- "Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups" – Welsh Assembly Government; April 2013; http://gov.wales/docs/dhss/publications/130429homelessnessen.pdf

- "Guidance on healthcare issues for asylum seekers in Wales: 2009" – Welsh Asylum Seeker and Refugee Health Advisory Group, Public Health Wales; February 2009; Public Health Wales | New healthcare guidance for asylum seekers

Appendix C

REFUGEES AND THEIR INFORMATION
A SIMPLE GUIDE TO INFORMATION GOVERNANCE

In 2015 the UK Government committed to settle vulnerable people from the Syrian conflict and below are some simple guidelines to assist staff as part of this process. Please note however that these guidelines apply equally to all refugees to the UK:

Duty of care:

We must comply with the Data Protection Act, the Common Law Duty of Confidence, Caldicott Guidelines and the relevant codes of practice for professionals in Health and Social Care, before and after an individual or family is officially accepted (and resettled) within a local authority area. This means:

(a) the services must maintain the confidentiality of the Health Assessment Forms (HAPP) prior to the refugee/refugee family being resettled and accepted by the Local Authority; and

(b) the operational services cannot collect or disclose health and well-being information about them until such time as the individual/family is officially settled, registered and becomes part of a health and well-being care programme.

Before resettlement:

The resettlement process is complex and the individuals/families will be particularly apprehensive and anxious about where they will be going and what they will be facing.

As part of the process of applying for resettlement, they will have had medical needs assessed and shared personal confidential information.

Senior Managers in the Health Board are helping in the decision making process by holding discussions about individuals and families – it is at this level only that information will be disclosed about any families *before* they have been resettled.

No information will be disclosed to others in advance of those refugees being accepted by the Local Authority. At this point, any information that needs to be sent between the partners regarding the refugees should be sent using an appropriate secure communication method e.g. within local authority's this can be for example, Egress Switch, within the Health Board this will be done using its Secure File Sharing Portal.

Where special assistance is required upon arrival, this will be arranged through the appropriate Senior Manager with information being shared on a need to know basis.

Post resettlement:

As part of the resettlement process, the family will be housed, registered with a GP and their needs assessed on their arrival. It is at this point, post-assignment / resettlement, that a family's and individual's needs can be disclosed more widely i.e. to the GP, the Health Board, Police and Local Authority (in addition, there may be occasion for others, such as Third Sector Agencies, to be involved in their care).

It is likely that there will be many aspects of care required ranging from children's care, to elderly care, to assistance with mental health issues. Once an individual/family has been accepted into a Local Authority area then potentially the needs of that individual/family can be discussed more widely according to their health and social care needs; in line with the correct information sharing protocols and secure communication processes.

The above simple guide is no different to current information governance practice and the policies and protocols governing all patients and residents.