

Service Specification for Intensive GP Support to Patients on the Syrian Vulnerable Persons Resettlement (VPR) Programme

1. Introduction

This service specification outlines the services to be provided to patients on the Syrian Vulnerable Persons Resettlement Programme on first registering with the practice. All patients in the cohort should be provided with all essential, additional and enhanced services as usual, and use all the usual processes and referral systems for any new patient. However, it is recognised that these patients will require an intensive initial assessment as soon as possible following registration and may need immediate treatment and referral to secondary or community services because of health issues relating to their particular experience and circumstances.

2. Service Scope

Practices providing this service would be expected to assess the physical and mental health of all patients as soon as possible following registration (and ideally within 5 working days of arrival) and give appropriate treatment and/or support as required. Migration Health Assessments completed by the International Organisation for Migration (IOM) will be provided to the practice prior to the arrival of the patient and GP should note any patients that have been flagged as needing immediate specialist referral. Useful guidance notes for examining and supporting the health needs of refugees can be found in the briefing document in appendix 2. These key elements should be included in the initial assessment:

- Take a full medical history, using a qualified interpreter.
- Assess current health status and address immediate concerns.
- Arrange tests for other conditions such as Hepatitis B, C Tuberculosis and HIV if deemed necessary.
- Take a history of vaccinations, and give appropriate vaccinations where required.
- Take maternity history. Cervical smears and family planning advice should be offered to women if appropriate. Men may also require family planning advice.
- Assess a family's nutritional needs particularly malnourished children.
- Assess psychological wellbeing and follow agreed referral routes. This may be a particular issue for this category of patients.
- Consideration should be given to referral to services providing health promotion advice and support, in particular healthy weight and smoking cessation.

Medication should be presented as simply as possible. This may mean using a single day dose regime instead of a more frequent regime. Health professionals should be confident that the patients understand how to use their medication, and that of their children if they are to administer it. Close liaison with pharmacists may be required.

3. Monitoring and Review

The practice should flag patients using agreed READ Codes (Refugee 13ZB, Examination of Refugee 69D8). Practices may be expected in future to provide information for Home Office returns, however the information governance arrangements around this have not yet been agreed with the Data Commissioner and

the Department of Health. The CCG, in consultation with the LMC, will ensure that all information governance requirements are complied with and relevant data sharing agreements are in place, before any confidential or sensitive patient information is requested from practices.

The practice will be required to confirm to the CCG that patients have been registered. For this purpose, the VPR number will be used in place of NHS number and the confirmation should be on practice headed paper, using the template provided at Appendix 1 and signed by a representative of the practice. This confirmation will be forwarded to the Home Office to enable the CCG to draw down funding for payments to practices.

4. Accessibility and cultural sensitivity

Health professionals and other key staff (e.g. receptionists and administrators) need to have an understanding of any relevant language, cultural, social and other issues relating to the patients covered by this service. The following link may be of particular help with this:

Toolkit for Improving Access to Healthcare for Migrants. TS4SE
<http://ts4se.org.uk/migrants-healthcare.html>

It is likely that the majority of patients will not speak English as their first language and many may not speak English at all. The most common language for this group of patients is Standard Arabic. In view of the particular circumstances of these patients, it is important to ensure effective communication about their healthcare. The practice should ensure that trained interpreters from the OCCG-commissioned service are made available for consultations and procedures in the practice (rather than family members, friends or staff and volunteers from voluntary organisations supporting the patient). For longer consultations and those where multiple members of the family are present, practices are encouraged to use the face to face interpreting service provided by Hertfordshire Interpreting & Translation Services (HITS), but otherwise the telephone language interpreting service (LanguageLine) should be the first option. Sensitivity should be exercised in selecting an interpreter with regard to factors such as gender and political or cultural background and this should be discussed with HITS when booking the interpreter.

The phone number for access to all **interpreting services** is **0845 603 7915**. The interpreting service is commissioned by the CCG and is provided free of charge to practices.

The practice should provide information in a format that the patient understands, including provision of translated materials to enable them to fully understand their healthcare and to give informed consent to any treatment. Funding for translation costs is included in the fee for this service.

Patients should be informed that all health information is confidential as there may be particular concerns about providing sensitive personal information.

As far as possible, practices should offer same sex consultations if cultural sensitivities or the preference of the patient indicate this.

5. Payment

Participating practices will be paid £600 per individual patient registered under this scheme. This is a one-off payment in recognition of the additional clinical, administrative and communication needs of the patients concerned. Payment of the full amount will be made directly to practices following confirmation by NHSmail to linda.adhana@nhs.net that the patients have been registered using the template attached at Appendix 1. There is no requirement for practices to invoice the CCG for this payment.

6. Termination

The service will commence on 1st April 2016 and will terminate on 31st March 2019. Either party may terminate this service with 6 months' notice, or any shorter period as agreed by both parties.

Appendix 1: Template for Syrian VPR returns from GP practices

Please use the template below to provide proof of registration for families on the Syrian VPR scheme for the Home Office funding. There is no need to invoice the CCG in addition. Please copy this information onto the practice's headed letter paper, sign and send a scanned pdf copy to linda.adhana@nhs.net

Syrian VPR returns from GP practices

GP Practice Name	
GP Practice Code	
Family 1 VPR Number	
Number of people in the family registered at the GP Practice	
Date of registration	

Family 2 VPR Number	
Number of people in the family registered at the GP Practice	
Date of registration	

Family 3 VPR Number	
Number of people in the family registered at the GP Practice	
Date of registration	

Name and job title :

Signature :

Date :

Appendix 2 Syrian Vulnerable Persons Resettlement Programme General Briefing for GP Practices May 2016

1. Introduction

In September 2015 the Prime Minister announced an expansion of the Syrian Refugee Vulnerable Persons Resettlement (VPR) programme, and a commitment to resettle 20,000 refugees in the UK. District Councils are coordinating the Syrian VPR programme in Oxfordshire, on behalf of the Home Office. This briefing paper provides an overview of the Syrian VPR programme, the role of the OCCG and GP Practices. The briefing also references useful organisations and resources for supporting the health needs of refugees.

Section	Contents	Page
1.	Introduction and overview	5
2.	Background : International context of the VPR programme The resettlement process and UNHCR criteria for identifying people in need of resettlement. Humanitarian Protection status of the refugees arriving.	6, 7
3.	The situation in Oxfordshire : Number of families that will be resettled in Oxfordshire by District Councils in the first year.	8
4.	The role of OCCG and GP practices, including wider health care services : Pre arrival stage and post arrival stage. Home Office funding.	8
5.	Specific health issues to consider for refugees.	9
6.	The wider picture : refugees not part of the VPR programme arriving via the asylum process in Oxfordshire.	9
7.	OCCG contact person for the Syrian VPR programme.	9
8.	Useful organisations : Local organisations in Oxfordshire and national organisations that support the specialist needs of refugees.	10
9.	Useful resources : a range of on-line resources that can be accessed to support the specialist health needs of refugees, including clinical information, country specific health information and a training toolkit.	11

2. Background

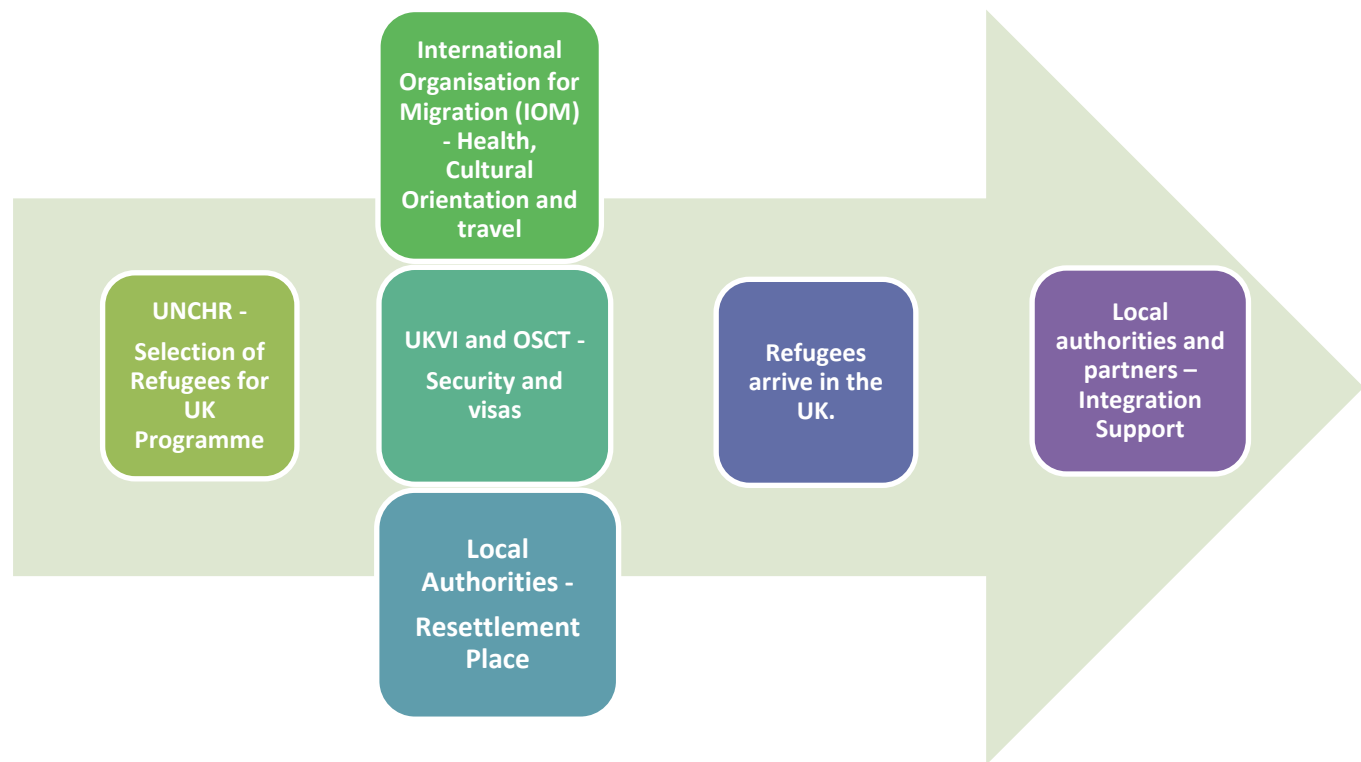
The multisided conflict in Syria started in March 2011. Over 13.5 million people (including 6 million children) are in need of humanitarian assistance within Syria. In January 2016, the UNHCR was aware of around 4.59 million registered Syrian refugees in the region outside of Syria.



The Syrian Vulnerable Persons Resettlement (VPR) Programme was established in January 2014 as a result of the deepening of the conflict in Syria, and the growing refugee crisis. The Syrian VPR Programme initially prioritised vulnerable people who were victims of sexual violence, elderly people, victims of torture, and disabled people. A significant expansion of the Syrian VPR Programme was announced by the Prime Minister on 7th September 2015. The purpose of the expanded programme is to resettle 20,000 Syrian refugees from refugee settlements and camps from the Middle East and North Africa (MENA) region over the life of the Parliament.

The programme is run in partnership with the United Nations High Commission for Refugees (UNHCR). The aim of the programme is to resettle some of the most vulnerable Syrian people into communities within the UK. To be considered for the scheme refugees have to be registered with the UNHCR in Turkey, Iraq, Lebanon, Jordan, Egypt and other countries in the MENA region. The people coming to the UK under the Syrian VPR scheme are in desperate need of assistance and many have significant needs.

The Resettlement Process :



Source : Home Office Presentation

The UNHCR identifies people in need of resettlement based on the following criteria:

- women and girls at risk
- survivors of violence and/or torture
- refugees with legal and/or physical protection needs
- refugees with medical needs or disabilities
- children and adolescents at risk
- persons at risk due to their sexual orientation or gender identity
- refugees with family links in resettlement countries

The resettled refugees are given five years Humanitarian Protection status, with permission to work and access public funds and services, including NHS healthcare. At the end of five years refugees can apply to settle in the UK or they may choose to return to Syria.

3. The Situation in Oxfordshire

In Oxfordshire the resettlement process is led by District Councils, who coordinate partner organisations in accordance with the Home Office [Statement of Requirements](#) for the resettlement scheme.

For the first year Oxfordshire District Councils are currently proposing to integrate :

Oxford City	10 families
West Oxfordshire	6 families
Cherwell	6 families
South Oxfordshire	2 families
Vale of White Horse	6 families

4. What is the role of the Oxfordshire Clinical Commissioning Group (OCCG) and GP practices?

Health needs will be met from mainstream services, including GPs Health Visitors, Dentistry and any specialist medical provision required from hospitals or mental health services. This will be planned for following an initial health assessment. There is a two stage process to assessing likely healthcare needs:

Stage One Pre Arrival : Once a family is identified by UNHCR for resettlement the International Organisation for Migration (IOM) carry out a medical assessment in country, to ensure that the family are fit to travel, as well as to identify potential health needs on arrival in the UK. The Local Authority (in Oxfordshire the District Councils) is informed by the Home Office of potential new arrivals. At this stage the OCCG is required to undertake an initial health assessment based on the UNHCR/IOM medical records, and confirm that health needs can be met locally. The CCG also liaises with GP Practices to identify a suitable practice for the families, and with the Third Sector organisations commissioned by the District Councils to support refugees to register with various services, including the GP. Relevant health services are also informed via the lead contacts.

Stage Two Post Arrival : Initial orientation and support is provided by Third Sector organisations commissioned by the District Councils. This includes registration and support to access healthcare. GP practices undertake a detailed medical assessment to ensure all necessary referrals are made to services, and liaison with those services is in the usual way as with all patients, and not via OCCG. The Home Office provides a per capita payment for healthcare for the first year of a family's arrival. After the first year of a

family's arrival, costs will be covered by the Oxfordshire healthcare system in the usual way for residents.

5. Specific Health Issues to Consider for Refugees

- Help with registering with general practitioners, dentists and opticians and information about the health care system as refugees will be unfamiliar with UK health care and how things work, and expectations may be different.
- Being aware of cultural factors and cultural adaptation to life in Oxfordshire. Gender issues can be significant, and women in particular may prefer to see a female health professional, and female interpreter.
- Country specific health issues – communicable and non-communicable disease.
- Physical and mental health problems arising from past experiences of the conflict in Syria; for example, torture and abuse, war related injuries and psychological trauma, family disappearances and family separation. The need for specialist provision of practitioners experienced in trauma related mental health problems.
- Care of pregnant women, child health, family planning, vaccinations. Primary care services often break down in situations of armed conflict.
- Impact on health of poverty and poor living conditions as refugees. Consider nutritional status, anaemia and other vitamin deficiencies, helminth infections.
- The importance of organisations that can provide advocacy and social support, in particular organisations that support refugees.
- Language interpreting. It is important to use qualified interpreters provided by the OCCG commissioned service. Family members, friends and volunteer organisations should not be used.
- Allowing time and confidential space to discuss traumatic events.

6. The Wider Picture

It is also possible for Syrians not on the VPR scheme to claim asylum upon arrival or after-entry to the UK. Syrian nationals were the fourth-largest group of asylum applicants in the UK in the year ending December 2015. In 2015 in the UK the largest number of applications for asylum came from nationals of Eritrea, followed by Iran, Sudan and then Syria. Many refugees are arriving in Oxfordshire through this route, and may also be extremely vulnerable. [Home Office National Statistics Summary](#)

7. OCCG Contact

Linda Adhana, Assistant Governance Manager

linda.adhana@nhs.net or Linda.Adhana@oxfordshireccg.nhs.uk

Tel : 01865 336867

8. Useful Organisations

Asylum Welcome Oxford (cover Oxfordshire)

Provide support and advice for asylum seekers and refugees. Examples include :

- Unaccompanied children arriving in Oxfordshire
- Food bank
- Advice and practical help on a wide range of topics.
- Teach people English so they can be more independent.
- Visit detainees in Campsfield House Immigration Removal Centre.
- Work closely with lawyers to support access to rights.
- Support refugee voices nationally, and advocate for better asylum policies.

<http://www.asylum-welcome.org/>

Refugee Resource Oxford (cover Oxfordshire)

Aims to relieve distress, improve well-being and facilitate the integration of refugees, asylum seekers and vulnerable migrants by providing psychological, social and practical support.

- Specialist counselling and psychotherapy
- Mentoring
- A weekly Women's Group
- Services for men
- Advice and advocacy

<http://www.refugeeresource.org/>

Freedom from Torture

Formerly the Medical Foundation for the Care of Victims of Torture, and has been working for more than 30 years to provide direct clinical services to survivors of torture who arrive in the UK, as well as striving to protect and promote their rights. Staff and volunteers work with survivors of torture in centres in Birmingham, Glasgow, London, Manchester and Newcastle to help them begin to rebuild their lives. Sharing this expertise with partner organisations in the UK and internationally, Freedom from Torture also operates as a centre of learning and knowledge in the care, treatment and protection of torture survivors.

<https://www.freedomfromtorture.org/>

British Red Cross International Family Tracing Service

Restoring contact between family members separated as a result of conflicts and disasters, including tracing service and sending Red Cross messages.

<http://www.redcross.org.uk/What-we-do/Finding-missing-family/International-family-tracing>

9. Useful Resources

Department of Health : Meeting the health needs of refugees and asylum seekers in the UK: an information and resource pack for health workers (2002). This is an archived resource, so some information is out of date. This resource pack discusses topics such as background situation of asylum seekers and refugees, culture, language and communication; health services summary; key clinical areas; torture and violence; needs of specific groups; other related issues; and useful resources.
http://repository.forcedmigration.org/show_metadata.jsp?pid=fmo:3457

Public Health England Migrant Health Guide (2)

This is an updated version of the former HPA Migrant Health Guide. Information is more up to date. The guide covers a range of topics from assessing health of new patients from overseas, country specific information, health topics for communicable disease, and non-communicable disease, NHS entitlements for migrants.

<https://www.gov.uk/topic/health-protection/migrant-health-guide>

HPA Migrant Health Guide Please note this Guide was produced by the former Health Protection Agency (HPA) and is now archived so it is no longer kept up to date. However there are still some very useful resources in the archived version.

<http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/MigrantHealthGuide/>

WHO (World Health Organisation) Country specific health information Syria
<http://www.who.int/countries/syr/en/>

Please remember Refugees may have been residing for some time in other countries in the MENA region, so any significant health issues within those countries should also be considered.

TravelHealthPro is the website commissioned by Public Health England, comprising the travel health resources of the [National Travel Health Network and Centre \(NaTHNaC\)](#)

<http://travelhealthpro.org.uk/about-us/>

TS4SE

A range of useful resources and a free online training toolkit that provides information and practical tips for effective engagement with patients from migrant, refugee and minority communities. Designed for frontline staff, the toolkit can be easily used by individuals on their own or by teams within a group setting.

<http://ts4se.org.uk/migrants-healthcare.html>

<http://ts4se-health-resources.org.uk/>