

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	13 June 2018	
REPORT TITLE:	Syrian Refugees - Provision of General Medical Service	
SUMMARY OF REPORT:	<p>As part of the National Refugee resettlement programme, the Lancashire Local Authorities in 2016 made a pledge to resettle 150 Syrian Refugee families over the next five years, which could be up to 30 families a year and equating to between 100 and 150 individuals per year.</p> <p>The refugees arriving through this programme are from the Middle East, many of whom will have complex medical health needs, which may include post-traumatic stress disorder and they may be victims of torture and or be vulnerable women and children.</p> <p>In the first year there were a total of 30 families resettled in Lancashire of which Pendle took 10 families. For the second year of the programme, Pendle made a further commitment along with Burnley, whilst for the programmes third year, Burnley, Hyndburn and Rossendale have made commitments to accept refugees for resettlement.</p> <p>Lancashire County Council through its Lancashire Refugee Resettlement is the main point of contact for respective Local Authorities (like Pendle Borough Council) taking this initiative forward. The main role of the CCG is to secure registration for each patient passing entering the programme with a GP Practice.</p> <p>The Service Specification (Appendix 1) includes a detailed explanation of the service and summarises the potential payments under this scheme.</p>	
REPORT RECOMMENDATIONS:	Asks members of the Primary Care Committee to agree the detail of the Service Specification, which seeks to ensure access to General Medical Services for patients coming to East Lancashire as part of the Lancashire Refugee Resettlement Programme.	
FINANCIAL IMPLICATIONS:	Participating CCGs are able to draw down £600 from central government for each patient registration. Furthermore there is up to a further £2,000 per patient for the costs of secondary care.	
PROCUREMENT IMPLICATIONS	None at this point	
REPORT CATEGORY:		Tick
	Formally Receipt	√
	Action the recommendations outlined in the report.	√
	Debate the content of the report	√
	Receive the report for information	
AUTHOR:	Andy Laverty	
	Report supported & approved by your Senior Lead	Yes
PRESENTED BY:	Andy Laverty / Lisa Cunliffe	
OTHER COMMITTEES/ GROUPS CONSULTED:	None	
PRIVACY IMPACT ASSESSMENT (PIA) :	Has an PIA been completed in respect of this report?	N
	If yes, please attach	If no, please provide reason below
		Not appropriate at present
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	N
	If yes, please attach	If no, please provide reason below
		Not appropriate at present
RISKS:	Have any risks been identified / assessed?	N
	Risk Register entry to be prepared	

CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	N
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	N
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	√
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

PRIMARY CARE COMMITTEE

13 June 2018

SYRIAN REFUGEES – PROVISION OF GENERAL MEDICAL SERVICES

1. Introduction / Background

- 1.1 As part of the National resettlement programme the Lancashire Local Authorities in 2016 made a pledge to resettle 150 Syrian Refugee families over the next five years, which could be up to 30 families a year and equating to between 100 and 150 individuals per year. Half of the refugees being resettled are children and each co-hort will be granted leave to remain for five years after which they will be eligible to apply for permanent leave to remain.
- 1.2 The refugees arriving through this programme are from the Middle East, many of whom will have complex medical health needs, which may include post-traumatic stress disorder and they may be victims of torture and or be vulnerable women and children. In the first year there were a total of 30 families resettled in Lancashire (Blackpool 10 families, Pendle 10 families, Preston 5 families and South Ribble 5 families) and they arrived in September 2016. For the second year of the programme, Pendle made a further commitment along with Burnley whilst for the programmes third year, Burnley, Hyndburn and Rossendale have made commitments to accept refugees for resettlement.
- 1.3 A definition of an Refugee is - *“ 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 to or, owing to such fear, is unwilling to avail himself of the protection of that country – (Definition quoted from the 1951 Refugee Convention)”*
- 1.4 So as to avoid any confusion the definition of an Asylum Seeker is - *“Someone who has lodged an application for protection on the basis of the Refugee Convention or Article 3 of the ECHR”*
- 1.5 Refugees are a particularly vulnerable group and may have 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, which includes routine screening for TB, Blood borne disease etc.
- 1.6 NHS England and Clinical Commissioning Groups have a statutory responsibility to assess and meet the healthcare needs of its population.
- 1.7 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 refugees enabling them to benefit from the health and social care system.

2. Purpose

- 2.1 The purpose of this paper is to seek approval of the Primary Care Committee for the Service Specification shown in full at Appendix 1 so that it can be used to inform practices and secure their input to the provision of General Medical Services for this important co-hort of patients.

3. Key principles of the service specification

- 3.1 The main outcome of this locally enhanced service is to secure a GP registration and address the specific healthcare needs of each refugee that is to be placed in East Lancashire. It seeks to

provide equitable access to general medical services by overcoming barriers such as language and any other complex health issues.

- 3.2 A further outcome is to provide a stable environment for the patient to receive continuing health care, addressing any health issues and providing a safe environment for the individuals involved in delivering patient care.
- 3.3 This locally enhanced service should provide for a thorough assessment of the patients clinical, psychological and social needs and health screening.
- 3.4 This service specification is aimed at ensuring that the high concentration of complex and vulnerable patients who have so far been part of the Lancashire Refugee resettlement programme have their needs met. The high number of complex patient's, needs to be well managed by an experienced general practice that has good working relationships with their respective local council, through the CCG, who are overseeing the placement process, local pharmacies and other health professionals who may come into contact with their refugee patients. This joint working is essential to providing the best outcomes for the refugees placed with each respective GP Practice and aid their integration into the community.
- 3.5 Participating CCGs are able to draw down £600 from central government for each patient registration. So for a family of four this equates to £2,400. Furthermore there is up to £2,000 for the costs of secondary care per patient. These values are only applicable to the first year after placement.

4. Conclusion

- 4.1 This service seeks to provide a stable environment for the patient / refugee to receive continuing health care from a GP Practice local to their area of placement. This will allow the assessment and referral to treatment where necessary, so as to address any underlying health issues.
- 4.2 Through following this service specification, the allocated GP practice will be better prepared for the pre and post arrival registration processes, recognising that this co-hort of patients may have both urgent and complex medical needs when compared to other patient cohorts that a practice would see through the standard GMS contract.
- 4.3 Each group of refugees arriving in East Lancashire through the Lancashire Refugee Placement programme are an important patient group and the implementation of this specification will go towards ensuring equity with regard to their continued access to the full range of GMS Medical Services.

5. Recommendations

- 5.1 It is recommended that members of the Primary Care Committee:-
 - a) Recognise the Lancashire Refugee Resettlement programme and the contribution being made in East Lancashire.
 - b) Agree the details of the Service Specification – Appendix 1
 - c) Agree that appropriate GP Practices in those localities involved in the programme be sought to provide this service.

Andy Laverty
Locality Commissioning Manager – Rossendale

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Syrian Refugees – Provision of General Medical Services
Commissioner Lead	Andy Laverty
Provider Lead	Various GP Practices by agreement
Period	2nd July 2018 to 1 st July 2020
Date of Review	June 2020

1. Population Needs

- 1.1 National / Local context and evidence base
As part of the National resettlement programme the Lancashire Local Authorities in 2016 made a pledge to resettle 150 Syrian Refugee families over the next five years, which could be up to 30 families a year and equating to between 100 and 150 individuals per year. Half of the refugees being resettled are children and each co-hort will be granted leave to remain for five years after which they will be eligible to apply for permanent leave to remain.
- 1.2 The refugees arriving through this programme are from the Middle East, many of whom will have complex medical health needs, which may include post-traumatic stress disorder and they may be victims of torture and or be vulnerable women and children. In the first year there were a total of 30 families resettled in Lancashire (Blackpool 10 families, Pendle 10 families, Preston 5 families and South Ribble 5 families) and they arrived in September 2016. For the second year of the programme, Pendle made a further commitment along with Burnley whilst for the programmes third year, Burnley, Hyndburn and Rossendale have made commitments to accept refugees for resettlement.
- 1.3 A definition of an Refugee is - *“ 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 to or, owing to such fear, is unwilling to avail himself of the protection of that country – (Definition quoted from the 1951 Refugee Convention)”*
- 1.4 So as to avoid any confusion the definition of an Asylum Seeker is - *“Someone who has lodged an application for protection on the basis of the Refugee Convention or Article 3 of the ECHR”*
- 1.5 Refugees are a particularly vulnerable group and may have 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, which includes routine screening for TB, Blood bourne disease etc.
- 1.6 NHS England and Clinical Commissioning Groups have a statutory responsibility to assess and meet the healthcare needs of its population.
- 1.7 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 refugees enabling them to benefit from the health and social care system.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

The main anticipated outcome of this locally enhanced service is to address the specific healthcare needs of 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.

2.3 A further outcome is to provide a stable environment for the patient to receive continuing health care, addressing any health issues and providing a safe environment for the individuals involved in delivering that treatment.

2.4 This locally enhanced service should provide for a thorough assessment of the patients clinical, psychological and social needs and health screening.

2.5 This service specification is aimed at ensuring that the high concentration of complex and vulnerable patients with high needs who require over and above core services of a General Medical services contract have their needs met. The high turnover of complex patient's needs to be well managed by an experienced general practice that has good working relationships with the CCG who are overseeing their allocation, local pharmacies and other health professionals who may come into contact with their refugee patients. This joint working is essential to providing the best outcomes for these complex patients to aid their integration into the community.

3. Scope

3.1 Aims and objectives of service

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 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.

3.2 Full registration with a GP Practice - To ensure that the co-hort of refugees allocated to a participating GP Practice have access to GP services in a safe environment for both patients and clinicians. This requires a level of communication between staff overseeing their allocation and the GP Practice on a regular basis.

3.3 This can be achieved by primary healthcare teams devoting additional time and resource to such patients particularly (but not exclusively) on first attendance thus establishing a baseline of clinical

history and healthcare needs. GPs, with the use of interpreters where necessary, can provide the necessary treatment for many existing health conditions to prevent deterioration. Routine appointments will be extended (Double appointments) 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 preventative initiatives such as immunisation and screening.

- 3.4 It is important that every effort is made to achieve continuity of healthcare for each co-hort of refugees.
- 3.5 This enhanced service will fund practices to:-
- a) 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.
 - b) Register refugees (and their families) as patients “permanently” as early as possible. All refugee patients should register with a GP Practice in the normal way, unless there are initial specialised services.
 - c) Undertake a mental and physical assessment that includes routine health screening so as to identify new or on-going 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.
 - d) Able to provide to the CCG when requested a summary of the health needs for each new patient registered through this initiative.
 - e) Ensure that practice staff demonstrate understanding and sensitivity towards refugees particularly with regard to culture and language.
 - f) Provide health education and promotion relevant to the specific health needs of refugees
 - g) Ensure effective liaison so that refugees are aware of how to contact the practice.
 - h) Identify any additional safeguarding support or requirements and take the appropriate action.
- 3.6 The participating practices are required to conduct an annual audit of care for the refugees as agreed in advance by the CCG to inform local service planning. The CCG may find it helpful to discuss suitable audit arrangements with the Local Medical Committee.
- 3.7 GPs and GP Practices who provide services to 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 whilst all agreements to participate in this enhanced service must be in writing.
- 3.8 Language support is the responsibility of the participating GP Practice / CCG, that may be through Language Line or utilising a GP Practice who have a GP / Health Professional able to speak Arabic or relevant other first languages that may be identified. Appropriate use of interpreters is recommended.
- 3.9 Population covered
The co-hort of allocated refugees to the participating practice.
- 3.10 Any acceptance and exclusion criteria and thresholds
Enhanced service only relates to the co-hort of allocated refugees
- 3.11 Interdependence with other services/providers
Meeting the health needs of refugees requires effective partnership working between a number of organisations and agencies which include:-
- GP Practices
 - East Lancashire Clinical Commissioning Group
 - Pendle Borough Council
 - East Lancashire Hospitals NHS Trust

- Lancashire Care Foundation Trust
- Other NHS Trusts
- Lancashire County Council
- Public Health England
- Refugee and Asylum Seeking Agencies

3.12 Disputes

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

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Participating GP practices will comply with all relevant documents and policies including those listed below:-

- Health and social Care Act 2008
- The Equality Act 2010
- The NHS Outcomes Framework
- Care Quality Commission – the essential standards
- NICE Guidelines Quality Standards
- The Code – Standards of Conduct, Performance and Ethics for Nurses and Midwives
- Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control
- NICE Guidance CG139 Infection Control
- NHS England - Patient Registration – Standard Operating principles for Primary Medical Care (General Practice)
- Home Office (2016) Allocation of accommodation policy Vs 4
- Modern slavery Act (2015)
- Working Together (DfE, 2015)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.2.1 Infection Prevention

The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care Act 2008 and NICE Guidance CG139 or relevant guidance which supersedes these detailed.

4.2.2 Safeguarding

The service provider shall devise, implement and maintain a procedure for its staff which ensures compliance with Working Together (2015), Pan-Lancashire procedure for Safeguarding Children and Safeguarding Vulnerable Adults and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan-Lancashire safeguarding children policies and procedures can be accessed at:-

<http://panlancashirescb.proceduresonline.com/index.htm>

Pan-Lancashire safeguarding adult policies and procedures can be accessed at:

<http://plcsab.proceduresonline.com/index.htm>

4.2.3 The service provider will comply with the lead commissioners standards for safeguarding as detailed in the CCGs Safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually.

4.2.4 All staff must be subject to Disclosure and Barring Service (DBS) Checks and Independent Safeguarding Authority (ISA) Checks as applicable to their role and undertake Safeguarding training.

4.2.5 Applicable standards set out in Guidance and / or issued by a competent body (eg Royal Colleges).

4.2.6 Applicable local standards

It is expected that the Practice will ensure all staff are given appropriate training and support in managing this particular cohort of patients. In addition the practice will be required to have an awareness as to how they can access support / training in mental health when necessary. Prescribing should be in line with local formulary and guidelines

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

Annual Submission

- Number of refugees seen by the practice and frequency
- Rate of DNA for refugee patients
- Joint annual report detailing: overview of the service, progress, success, areas of development and actions to continually improve the service and joint working relationship

5.2 Applicable CQUIN goals

Not Applicable

6. Location of Provider Premises

6.1 The Provider's Premises are located at:

Name and Address of the Participating GP Practice to be included

7. Individual Service User Placement

7.1 The Provider's Premises are located at:

Available for chosen service provider

8. Tariff

8.1 The service payment provides the resources for the provision of essential and additional services and recognises the additional workload created by such patients and funds specific security investments required by the provider. The intention is to provide a stable environment in which health needs of the patient can be addressed in a proper and continuing manner.

8.2 These rates have been set by the Home Office. For each registration and full 12 months (or pro rata) of providing General Medical Services per patient is £600. So for a family of 4 this equates to £2,400 per family.

8.3 It is anticipated that participating GP Practices ensure that sufficient funds are identified to meet the costs of communicating with the co-hort of refugees and for any specific staff training which will be beneficial to build up the confidence of all those who come into contact with the patient. Practices should be mindful of the need to protect patient confidentiality by avoiding, where practical, patient flows which identify individuals. However it is well recognised that there is an obligation to share information between professionals and agencies to ensure that appropriate services are provided and safe working practices are adopted. Doctors and providers should be encouraged to share information between health and social services agencies.

9. Key Performance Indicators

9.1 The performance of the service will be measured by:

- Patient satisfaction surveys
- Incident reporting
- Staff / Provider assessments
- Compliance to safeguarding standards as per policy

PROPOSAL TO DELIVER ENHANCED SERVICE FOR REFUGEES

Practice Name:	Address:
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Briefly describe the service to be provided and facilities available at your practice:
Who in your practice will be providing the service?
How will you ensure that staff understand and are sensitive to the needs of refugees?
How do you propose to communicate with the refugee patients joining your list?
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: _____

MIGRANT HEALTH – PRIMARY CARE NEW PATIENT CHECKLIST



Protecting and improving the nation's health

Migrant Health

Primary Care New Patient Checklist

Pre –appointment	<input type="checkbox"/> Country of Birth <input type="checkbox"/> Migration history (others countries lived in) <input type="checkbox"/> Reason for migration (Work/Study/Family/Asylum/Refugee) <input type="checkbox"/> Date of arrival in the UK <input type="checkbox"/> Language and dialect spoken - is an interpreter required? Ensure interpreter is of the same sex. <input type="checkbox"/> Cultural sensitivity eg. female GP or chaperone required <input type="checkbox"/> Disability
Routine New Patient Health Check	<input type="checkbox"/> Past Medical History <input type="checkbox"/> Medication <input type="checkbox"/> Allergies <input type="checkbox"/> Family History <input type="checkbox"/> Social History <input type="checkbox"/> Height and Weight <input type="checkbox"/> Urine – diabetes and kidney function <input type="checkbox"/> Blood pressure <input type="checkbox"/> Lifestyle - Alcohol/Smoking/Physical Activity <input type="checkbox"/> Full Vaccination History. Checked against the PHE Incomplete immunisation schedule.
Review Country-Specific Health Issues	<input type="checkbox"/> PHE Migrant Health Country Specific Guide <input type="checkbox"/> Risk of Communicable Diseases <input type="checkbox"/> Nutritional or Metabolic considerations <input type="checkbox"/> ethnicity and increased risk of health problems
General Health	<input type="checkbox"/> Dental Health <input type="checkbox"/> Vision and Hearing (including child screening) <ul style="list-style-type: none"> • Explain UK health screening programmes (Cervical/Breast/Bowel/Diabetic Eye Screening, Abdominal Aortic Aneurysm AAA) when appropriate • Be alert to signs of neglect or physical abuse
Sexual Health	<input type="checkbox"/> Sexual Health history <input type="checkbox"/> Sexually Transmitted Infections <input type="checkbox"/> Contraception needs
Mental health	<input type="checkbox"/> Consider mental wellbeing needs and assessment <ul style="list-style-type: none"> • Be aware of PTSD, depression, anxiety and underlying mental health disorders
Orientation	<ul style="list-style-type: none"> • Explain how to access healthcare and services (GP, Urgent Care, Pharmacy, A&E) • Referral to health and third sector

TS/HTT/July2016

HEALTH ISSUES IN THE DISPLACED SYRIAN COMMUNITY

Theresa Shryane - 01/07/2016

The arrangement for the Syrian Refugee resettlement programme is that individuals will receive health screening and history taking and commencement of vaccinations or TB treatment by the IOM before leaving the country in which they are staying prior to coming to the UK. This health information history should precede the arrival of the families.

The following is an overview of Health issues reported from refugee camps in neighbouring countries Lebanon, Jordan and Syria, since the Syrian conflict 2013.

Vaccine-preventable diseases

Vaccination coverage in Syria is estimated to have dropped from 91% in 2010 to as low as 45% in some regions by 2013, indicating rapid collapse of immunization systems in conditions of war. Of the 1.8 million Syrian children born since the conflict, over 50% are unvaccinated. In 2013, 36 cases of poliomyelitis were officially reported in Syria after 15 years of eradication. In response to this outbreak, the biggest immunization campaign in the region's history led to the vaccination of over 2.7 million Syrian children and 23 million in neighbouring countries.

Measles – Medicine San Frontier reported an outbreak involving 7000 in Syrian camps.

Non vaccine preventable

Cutaneous leishmaniasis,

Cutaneous leishmaniasis has been endemic in parts of Syria, mainly Aleppo, for decades. However, the Syrian conflict and vast population displacement has significantly increased the incidence of the vector-borne disease (carried by the sand fly) within Syria and spread this epidemic into neighbouring countries.

Reported cases of cutaneous leishmaniasis in Syria continue to rise, with the last official figure reporting 52,982. 77% of the patients manifested the disease after being in Lebanon for more than eight weeks, which is the known incubation period for cutaneous leishmaniasis, suggesting that the sand fly vector was transported to Lebanon with the incoming refugees. Speciation by PCR showed that 85% of cases were caused by *Leishmania tropica*, with 15% of cases as *Leishmania major*. The typing dictates if and what treatment can be used. Experts have warned against the emergence of other vector-borne diseases such as dengue fever and malaria.

Mental Health (briefly)

An assessment of stressors and clinical outpatient data on mental, neurological and substance use (MNS) problems at International Medical Corps supported health facilities serving the Syrian refugee and internally displaced populations in Syria, Lebanon, Turkey and Jordan from March to October 2014.

Stress factors faced by Syrians include: security and protection risks, access and availability of basic services and resources as well as family, community, and sectarian tensions. National mental health systems tend to be.

Rates for MNS problems among Syrians accessing International Medical Corps supported facilities were relatively consistent across countries. Severe emotional disorders (54%), including depression and anxiety, were the most common, followed by epilepsy (17%) and psychotic disorders (11%). Epilepsy (26.6%), intellectual and developmental disorders (26.6%), and severe emotional disorders (3.6%) were the most common among children.

HOW THE NATIONAL HEALTH SERVICE WORKS

This leaflet explains how the National Health Service (NHS) works in England.

The National Health Service provides health care in the UK and is funded by taxation. Refugees on the Syrian Resettlement Programme are entitled to access NHS care without charge. Your Key Worker will help you obtain an HC2 form, which will enable you to receive free medicines, dental treatment, eye tests and some spectacles.

All medical care is confidential. All of the people who work for the NHS, including doctors, nurses and interpreters, will keep information about you securely for your care.

How do I get help with my health?

If you are ill, or worried about your health or the health of anyone in your family, you should go to see your local doctor, called a General Practitioner (GP). The GP's clinic is called a Surgery or a Health Centre.

Your Key Worker will help you register with a GP as soon as possible so that you can get medical care if you need it. To register you will need to give your name, date of birth, address and telephone number if you have one. Your Key Worker, who helped you to move into your accommodation, will know the local arrangements for registering.

Some GPs ask all new patients to have a health check. This will usually be carried out by a nurse. It is important that you go to this appointment even if you are well.

How do I make an appointment?

Before you visit your doctor or one of the nurses at the surgery you will usually need to make an appointment in person or by telephone. You can ask to see a male or female doctor or nurse, although this may not always be possible.

You may have to wait a few days for a non-urgent appointment. If you think you need to see the doctor urgently tell the receptionist when you make the appointment, and you will be seen that day if appropriate. If the doctor thinks you are too ill to come to the surgery, he/she may visit you at home.

Appointments with the doctor will be for ten to twenty minutes. You need to make a separate appointment for each member of the family that wishes to see the doctor.

Please make sure that you arrive on time for your appointment and if you are unable to attend your appointment please make sure you cancel it.

What if I do not speak English?

If you need an interpreter you must tell the receptionist when you make the appointment. Tell the staff which language you speak and they will either, already have a member of staff who can speak this language or book an interpreter for you or get an interpreter on the phone. It is important that you and the doctor understand each other so that he/she can make an accurate diagnosis of your problem.

Who else works with my GP?

- Nurses are very highly trained in the UK. They take care of many health needs including vaccinations, contraception advice, and chronic illnesses such as diabetes, and can give general health advice.
- Midwives look after pregnant women and their new-born babies. Care before the birth of the baby is called 'ante-natal' and after the birth 'postnatal'.

- Health Visitors are nurses who specialise in the care of children and their families and in helping people to stay healthy. They may come to visit you at your home.

What if I need to see a specialist doctor?

Your GP will usually provide most of your health care and will decide if you need to see a specialist doctor (a consultant), or if you need to go to hospital. Everyone in the UK has to wait to see these specialist doctors.

The hospital will write to you with details of your appointment. You must contact your Key Worker or the hospital if you need an interpreter to be present at your appointment.

Hospital appointments may sometimes be in hospitals some distance from where you live, although you can get help with costs of travel if you have an HC2.

Patient Held Records.

If you have been given a Patient Held Record (blue book), please take this with you every time you have an appointment with the doctor or nurse. The information in this book is for yourself and NHS staff. No-one else has a right to read this book.

Who else can help me?

Medicines

If your doctor wants you to take medicines he/she will write you a prescription. Take the prescription to a pharmacy or chemist shop. To get free prescriptions, you need your HC2 form. The pharmacist can give advice on the treatment of minor health problems. Some medicines can be bought from the pharmacist without a prescription, including some pain killers and cough medicines.

Dental Care

If you have a problem with your teeth you should see a dentist. To receive NHS dental treatment you need to register with a dentist. If you have trouble registering with a dentist you can contact NHS Choices. Your Key Worker will help with this.

Eyesight

If you need your eyes testing or need new glasses (spectacles) make an appointment to see an optician. They have shops in most town centres. The HC2 form covers the cost of the eye test and some glasses: ask the optician about this.

When your GP surgery is closed

GP surgeries are generally open from about 0830 to 1830 Monday to Friday. At all other times – at night, on Saturday or Sunday and on public holidays – medical assistance is available for health problems that cannot wait until the GP surgery is open.

To get help you can ring the local out-of-hours service on the number below, and you can receive advice over the telephone. You may be asked to visit a GP surgery, or you may receive a visit from a medical professional at your home.

You can also telephone NHS 111 on (dial 111) for health advice or for medical support when

To contact NHS 111 for health advice, ring: 111

To contact your local out-of-hours service, for medical assistance when the GP surgery is closed, ring:

your surgery is closed. It will cost much less to use a landline, for example in a telephone kiosk, than a mobile phone. If you do not speak English, NHS 111 and the out-of-hours service may be able to provide an interpreter. All you need to do is say in English the language you would prefer to use at the beginning of your call. If you do not speak any English ask a friend or relative or Key Worker to make the call for you and wait until an interpreter is on the line before you describe your problem. You will be asked for some details such as your name and address: this information is important and is not shared with anyone else.

What to do in an Emergency

In an emergency, if you or someone with you becomes seriously ill and cannot wait until the GP surgery is open, you can telephone 999 (free of charge) for an ambulance, or go to the Accident and Emergency Department of your local hospital. However, this service is only for emergencies. Do not use the Accident and Emergency Department for minor medical problems.

Contact details for GP:

QUESTIONS TO ASK FOR PATIENTS – English Version



Questions to ask

Before you leave your appointment make sure you know the following:

What might be wrong? You could ask the following questions:

- Can I check that I've understood what you said? What you're saying is...
- Can you explain it again? I still don't understand.
- Can I have a copy of any letters written about me?

What about any further tests, such as blood tests, scans and so on?

- What are the tests for?
- How and when will I get the results?
- Who do I contact if I don't get the results?

About what treatment, if any, is best for you

- Are there other ways to treat my condition?
- What do you recommend?
- Are there any side effects or risks?
- How long will I need treatment for?
- How will I know if the treatment is working?
- How effective is this treatment?
- What will happen if I don't have any treatment?
- Is there anything I should stop or avoid doing?
- Is there anything else I can do to help myself?



What happens next and who to contact

- What happens next? Do I come back and see you?
- Who do I contact if things get worse?
- Do you have any written information?
- Where can I go for more information, a support group or more help?



QUESTIONS TO ASK – Arabic translated version



Arabic

أسئلة يمكن طرحها

قبل أن تغادر موعدك، تأكد من معرفتك الأمور التالية:

ماذا يمكن أن يكون الخطأ؟ يمكنك أن تطرح الأسئلة التالية:

- هل يمكنني أن أتأكد من أنني قد فهمت ما قلته أنت؟ ما تقوله هو ...
- هل يمكنك أن تشرح ذلك مجدداً؟ مازلت لا أفهم.
- هل يمكنني الحصول على نسخ من أية رسائل كتبت عني؟

ماذا عن أية فحوصات إضافية، مثل فحوصات الدم والصور وهكذا؟

- ما هو الغرض من هذه الفحوصات؟
- كيف ومتى يمكنني الحصول على النتائج؟
- بمن يمكنني الاتصال إن لم أحصل على النتائج؟

حول العلاجات الأفضل لك، إن كانت هناك حاجة لذلك

- هل هناك طرق أخرى لعلاج حالتي؟
- بماذا تتصح؟
- هل هناك أية أعراض جانبية أو مخاطر؟
- ما هي مدة العلاج الذي سأحتاجه؟
- كيف سيمكنني أن أعرف إن كان العلاج ناجحاً أم لا؟
- ما مدى نجاعة العلاج؟
- ماذا سيحدث إن لم ألتقى العلاج؟
- هل هناك أية أشياء يجب أن أتوقف عنها أو أتجنبها؟
- هل هناك أية أشياء أخرى يمكنني القيام بها لمساعدة نفسي؟

ماذا يحدث لاحقاً، وبمن يجب الاتصال

- ماذا يحدث لاحقاً؟ هل يجب أن أعود وأقابلك؟
- بمن يجب علي الاتصال إن ساءت الأمور؟
- هل لديك أية معلومات مكتوبة؟
- أين يمكنني الذهاب للحصول على المزيد من المعلومات، أو إلى مجموعة دعم أو المزيد من المساعدة؟



FEELING UNWELL – NHS SERVICES ON YOUR DOORSTEP

Your local NHS services

Think carefully before going straight to the Emergency Department (A&E)

Choose Well so that:

- Busy Emergency Services can help those who need them most urgently
- Essential treatment is given in the shortest possible time
- You get the right treatment in the right place

Be prepared by having essential medicines available in a child safe cupboard such as:

- Pain killing medicine i.e. Paracetamol
- Anti-diarhoeal medicine
- Rehydration mixture
- Indigestion remedy
- Plasters
- Thermometer

Did you know...?

- One out of every four people who go to A&E could have been treated elsewhere in the community, or could have self-treated.
- 12 per cent of people admit using A&E when they knew there was nothing seriously wrong with them.
- Every time someone goes to A&E and is discharged without needing further treatment, the cost to the NHS is £124.
- Remember A&E and 999 services are for life-threatening and emergency conditions only.

NHS
Chorley and South Ribble
Clinical Commissioning Group

NHS
Greater Preston
Clinical Commissioning Group

Feeling unwell?

There are a range of NHS services on your doorstep.



Make sure you Choose Well.
Get the right treatment for you and help the NHS to manage its resources.