



# The Refugee Council's response to the final draft NASS policy bulletin on dispersing asylum seekers with healthcare needs

August 2005

## **1. About the Refugee Council**

- 1.1 The Refugee Council is the largest charity in the UK providing help and advice to asylum seekers and refugees. We also work with them to ensure that policy makers address their needs and concerns.

### **General comments**

- 1.2 We welcome this opportunity to comment on the draft policy bulletin on dispersing asylum seekers with healthcare needs.
- 1.3 We feel that six weeks is too short a consultation period for a document of such significance and complexity. We are concerned that as a consequence, the policy may not provide sufficient guidance on compliance with key health policies (see 1.4, 4.1, 4.2).
- 1.4 The Refugee Council's view is that the draft policy bulletin provides insufficient information and guidance to ensure that NASS caseworkers safeguard the healthcare needs of asylum seekers and refugees. We recommend NASS link this policy bulletin to the Department of Health National Service Frameworks to ensure consistency in delivery of services within NHS system.

### **1.5 Health is a fundamental right**

Good health is a fundamental right. Article 12 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) recognises "the rights of everyone to the enjoyment of the highest attainable standard of physical and mental health". Inadequate access to health services will impact, not just on an individual's quality of life and self-development, but also on the collective health of the community. Allowing more time to disperse the minority of asylum seekers with complex healthcare needs will ensure continuity of any treatment and promote health and wellbeing.

### **1.5 Refugees' specific health needs**

Refugees can suffer a range of health problems relating to their experiences of war, political persecution, torture and imprisonment and the conditions of flight from their country of origin. Their state of health can also be affected by destitution, prolonged separation from family members, difficulties with cultural adaptation and lack of perspective of one's future during lengthy asylum determination procedures. A recent report by the British Medical Association (BMA)<sup>1</sup> found that although most asylum seekers are healthy on arrival, their health subsequently deteriorates as a result of environmental factors.

- 1.6 In our experience, a number of asylum seekers who arrive in the UK require specialist medical care. With the exception of the newly set up induction centres where healthcare is automatically provided, many pre-dispersal asylum seekers who require medical attention access services through the One-Stop Services. For the majority of newly arrived asylum seekers living in emergency accommodation in the London area specialist medical services are available and adequate to meet their needs, despite access barriers.

---

<sup>1</sup> Board of Science and Education (2002) *Asylum Seekers: meeting their healthcare needs*, London, BMA.

- 1.7 However, the Refugee Council believes there is insufficient information made available about provision of health and support services in all the dispersal areas. We feel that NASS and the Department of Health should lead in collating, updating and disseminating detailed information to facilitate access to health services in dispersal areas.

## **2. Specific comments – medical needs**

Asylum seekers requiring specialist medical care in this context include those who have TB, HIV, mental health needs, and disabilities giving rise to health issues as well as pregnant mothers, infants, elders and victims of torture (including, but not limited to, clients of Medical Foundation).

- 2.1 The Refugee Council recommends that asylum seekers with healthcare needs should not be dispersed until the NASS caseworker has met their client's health information needs, established the appropriate process for transfer of medical information and ensured that the proposed area of dispersal can provide for the healthcare needs of the individual.
- 2.2 In our experience, at least 10 working days would be necessary to obtain medical reports, letters, investigation results and top up medications, all of which are essential to achieving continuity of care for asylum seekers in the dispersal areas. This process should be given priority to avoid delays in provision of care and treatment.
- 2.3 The Refugee Council strongly urges that NASS expand facilities for interpreting services and links to NHS Direct.

## **3. Ensuring continuity of care**

The Refugee Council welcomes NASS's commitment to appointing a named health contact in each of its regional offices. We believe that these nominated health co-ordinators should be responsible for ensuring continuity of care. Over time, this role could contribute to a better understanding of healthcare services in dispersal areas.

The Refugee Council recommends that health access workers linked to housing providers assist dispersed asylum seekers to access primary and secondary healthcare in order to quickly recommence ongoing treatment in dispersal areas. They should also play a key role in liaison with primary care trusts (PCTs) by providing information about potential dispersals. Better information exchange at this level will enable PCTs to commission services to meet increased need or reduce/stop dispersals where existing services are either in high demand or are non-existent.

## 4. Additional comments

### 4.1 Confidentiality

It is essential that this policy establishes a clear standard of confidentiality for NASS caseworkers dealing with the health needs of their clients. In our view, this standard of confidentiality should reflect the NHS Code of Practice<sup>2</sup> and all caseworkers should receive training on the importance of confidentiality in health and health related fields.

### 4.2 Protocols and standards

It is essential that the policy reflects relevant protocols and standards relating to specific medical conditions, in order to ensure that caseworkers are able to support their clients in receiving the standard of medical care to which they are entitled.

For example, the policy should be consonant with the National Standards for NHS HIV services, which clearly identify service deficits in some dispersal areas<sup>3</sup>. Similarly, we recommend that NASS liaises with the National Institute for Clinical Excellence (NICE) in order to ensure that this policy reflects developing guidelines on management and prevention of tuberculosis<sup>4</sup>.

### 4.3 Evaluation

The Refugee Council believes that the impact of this policy should be rigorously evaluated in order to ensure the health needs of vulnerable asylum seekers are met throughout the dispersal process and beyond. An independent evaluation should be commissioned to consider the efficacy of the policy overall, its compliance with the national service frameworks and other relevant health and social care standards. Key issues to consider might include:

- Problems arising from delayed dispersal from emergency accommodation and induction and accommodation centres.
- Late or ineffective referrals between housing and healthcare providers.
- Problems in accessing primary healthcare services, such as registration with GPs.
- Problems with accessing specialist secondary healthcare, such as mental health services.
- Inadequacies in the NASS/PCT planning process leading to unmet needs.

Informants should include dispersed asylum seekers, health professionals, NASS staff and voluntary organisations such as the Refugee Council, Refugee Action, Migrant Help Line and the Refugee Arrivals Project.

August 2005

Helen Murshali, Health Access Adviser  
Refugee Council  
240-250 Ferndale Road  
London SW9 8BB

---

<sup>2</sup> Department of Health (2003) *Confidentiality: NHS Code of Practice*, London, TSO.

<sup>3</sup> Medical Foundation for Aids and Sexual Health (2003) *Recommended Standards for NHS HIV Services*, London, BMA.

<sup>4</sup> 'Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for its prevention and control', accessible at <http://www.nice.org.uk/page.aspx?o=33929>.