

Version Control		
Version	Date Amended	Summary of amendments
LES Final V1 May 19	April 2022	CHAP wording has changed to CAVHIS and Open Exeter changed to FPPS (Family Practitioner Payments System) Revised wording for termination and GMPI added Funding updated for 22-23
LES Final v2	June 2022	Welsh Health Circular updated. Removal of responsibility of practice to verify entitlement.
LES Final v2	May 2023	Fees updated
LES Final v2	June 2023	Revised wording in claims section updated
LES Final v2	August 2023	Fees updated on page 4 from £30 to £31.67

Local Enhanced Service for Asylum Seekers, failed Asylum Seekers and Refugees Specification

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. An enhanced service would provide quality care to asylum seekers, failed asylum seekers and refugees enabling them to benefit from the health and social care system. It is acknowledged that asylum seekers and refugees experience difficulty in accessing mainstream services. The specification of this service therefore outlines the general and more specialised service to be provided that is beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Definitions

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

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

This enhanced service should also apply to:

1. asylum seekers who have been denied support under the National Immigration and Asylum Act 2002, but are still claiming asylum;
2. failed asylum seekers (including those receiving Border and Immigration Agency Section 4 support) awaiting departure from the UK.

Background

Following the implementation of the Immigration and Asylum Act 1999 the Home Office designated four areas within Wales as dispersal areas for asylum seekers: Cardiff, Swansea, Newport and Wrexham, although asylum seekers are located in other parts of Wales. It is important that every effort is made to achieve continuity of healthcare for asylum seekers, failed asylum seekers and refugees.

Asylum seekers, failed asylum seekers and refugees are a particularly vulnerable group and may have had inadequate or haphazard access to healthcare in their previous country. In addition to possible language difficulties these patients may often require longer consultation times to address particular health and social care needs.

Language support is the responsibility of the LHB, generally provided for access by general practice through Language Line. On very rare occasions it may be necessary for practices to arrange for translation of medical notes which usually attracts an additional charge from Language Line. In such circumstances the practice should discuss the need for translation and the payment arrangements with the LHB.

Added to the service specification to support Asylum Seekers, failed Asylum Seekers and Refugees, is the Local Enhanced Service in place since 2012, "*Non UK Citizens – First Medical Registrant in the UK*". The aim of this Local Enhanced Service is to ensure the specific healthcare needs of non-UK citizens who seek registration with a GP in the UK for the first time (excluding overseas students) and recorded and addressed (specification attached at appendix). **Practices that would have previously provided an enhanced service to asylum seekers, failed asylum seekers and refugees under this service should instead receive payment under the Local Enhanced Service for Asylum Seekers, failed Asylum Seekers and Refugees. There should be no double payment.**

Aim of the enhanced service

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

Cardiff and Vale Health Inclusion Service (CAVHIS) previously Cardiff Health Access Practice (CHAP)

Patients will remain full responsibility of CAVHIS until full hand over of care to the registered practice has been received from NWSSSP - PCS.

CAVHIS will provide essential healthcare during this time. All patients will have an Initial Health Assessment whilst at CAVHIS which includes TB screening, and referrals to other services including sexual health services if required. Children are also offered immunisations. A copy of this Health Assessment will be sent to the practice that the patient has registered with.

Records will be transferred via NWSSP - PCS, following on from when the patient completes the appropriate GMS 1 form. Patients may also be given their full medical records computer print by CAVHIS to take with them to present at the time of registration or a request may be made by the practice to CAVIS to send relevant information via secure email.

Service Outline

This enhanced service will fund practices to:

- i. Register asylum seekers, failed asylum seekers and refugees (and their families) as patients “permanently” as early as possible. All asylum seeker/failed asylum seeker/refugee patients should register with a GP practice in the normal way, unless there are initial specialised services.
- ii. Liaise with the CAVHIS clinicians to seek advice and support on specific patients and circumstances via telephone or email via generic email account
- iii. Undertake a mental and physical assessment as determined by the practice 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. Practices must produce and maintain a register and provide evidence for audit purposes
- v. Ensure that practice staff demonstrate understanding and sensitivity towards asylum seekers, failed asylum seekers and refugees particularly with regard to culture and language.
- vi. Provide health education and promotion relevant to the specific health needs of asylum seekers, failed asylum seekers and refugees.
- vii. Ensure effective liaison between the practice and the specialist nurse so that asylum seekers, failed asylum seekers and refugees are aware of how to contact the practice.

Review

The practice is required to conduct an annual audit of care for asylum seekers, failed asylum seekers and refugees to inform service planning.

Accreditation

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

Funding

The funding mechanism for this service is as follows **per annum** for a period of 2 years from the date of **first** registration with a GP practice in the Cardiff and Vale area.

Financial Year 1 £130.43 per patient

Financial Year 2 £78.26 per patient

Payments will cease for patients once the 2nd anniversary of the date of first registration with a GP in the Cardiff and Vale area is reached.

Patient numbers, dates of registration/de-registration and date of first registration with a GP will be kept by the NWSSP PCS and will be used as a basis for payment.

(Under the Non UK Citizens – First Medical Registrants in the UK Local Enhanced Service and where patients are not covered under the Local Enhanced Service for Asylum Seekers, failed Asylum Seekers and Refugees specification, each practice contracted to provide the enhanced service will be eligible to claim £31.67 per new registration for the first year only).

Claims must be submitted via FPPS within 6 months from the end of the quarter in which the service was delivered. Practices will be paid quarterly in arrears and will be subject to post payment verification (PPV).

Duration of service

This service will run from April 1 2019 and will be subject to review each financial year.

Termination Period

Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

- (a) section 41(2) (primary medical services);
- (b) section 42(1) (general medical services contracts);
- (c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice's registered patients.

GP Locums who are registered with and working to the terms of the All Wales Locum Register (AWLT) for Wales have access to the scheme for GMPI.



Local Enhanced Service Non UK Citizens – First Medical Registrants in the UK

1. Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

2. Background

The following information is provided as general background and guidance to practices in understanding the rules for eligibility for access to NHS care.

Cardiff is the centre for migration in Wales. Patients are entitled to register with a practice if they are ordinarily resident in the U.K in line with Welsh Assembly guidance:

Welsh Health Circular (2021) 026 - Overseas Visitors' Eligibility to Receive Free Primary Care

Language support is the responsibility of the UHB, generally provided by access to Language Line. Language Line is available to all practices and should be utilised where appropriate. On very rare occasions it may be necessary for practices to arrange for translation of medical notes which usually attracts an additional charge from Language Line. In such circumstances the practice should discuss the need for translation and the payment arrangements with the UHB.

3. Definition of Service

This enhanced service covers non UK citizens seeking registration with a GP in the UK for first time (**excluding asylum seekers and refugees* and Overseas Students**).

***See Local Enhanced Service for Local Enhanced Service for Asylum Seekers, failed Asylum Seekers and Refugees**

This locally enhanced service specification for non UK citizens seeking registration with a GP in the UK for the first time is designed to provide quality care to newly arrived migrants enabling them to benefit from the health and social care system and recognises the extra time commitment afforded to this group of patients by the practice team and the challenges of hitting their targets especially childhood immunisations.

This can be achieved by primary health care teams devoting additional time and resource to such patients particularly (but not exclusively) on first attendance thus establishing a baseline of clinical history and health care needs. GPs can provide the necessary treatment for many types of existing disease to prevent deterioration. Routine appointments will be extended to allow for language difficulties and increased morbidity in this population. Primary Care Teams can also promote an understanding of the health and social care system and the utilisation of long term preventive initiatives such as immunisation and screening.

4. Aim of the Enhanced Service

The aim of this local enhanced service is to ensure the specific healthcare needs of non-U.K citizens who seek registration with a GP in the U.K for the first time (***excluding asylum seekers and refugees and Overseas Students***) are recorded and addressed. It seeks to provide equitable access to general medical services by overcoming barriers such as language and allowing extended consultation time to address complex issues. Practices who provide this enhanced service to those newly arrived in the UK seeking registration with a GP in the U.K for the first time who are also homeless should receive payments under the homeless enhanced service. There should be no double payment.

Practices should not discriminate in favour of this group to the exclusion of registering indigenous patients. The UHB would expect the practice to apply consistency with registration.

5. Service Outline

Geographic coverage/boundaries

This local enhanced service (LES) is aimed at practices contracted by Cardiff and Vale UHB wishing to register non UK citizens with the practice in the UK for first time.

Location(s) of Service Delivery

The service will be provided from the practice premises, including branch surgeries, health centres and outreach clinics as appropriate.

6. Service Delivery

This Locally Enhanced Service will fund practices to:

- **Identify eligible patients for this enhanced service (i.e. satisfy themselves that patients they register are ordinarily resident in the UK)**
- **Ensure individual health education and health promotion needs of patients are identified and needs are met.**
- **Ensure that all practice staff demonstrate understanding and sensitivity towards the needs of the client group especially in relation to culture and language.**

Practices will be required to:

Permanently register patients as early as possible. Practices should satisfy themselves that all patients they register are ordinarily resident in UK.

- **Record that no previous UK medical record is available.** This information is available from the Shared Services Partnership (SSP) and is used to demonstrate that the patient has not previously registered in the UK as well as evidence to support their claim.
- **Provide health education and promotion relevant to the specific health needs of the patients.** This must be recorded in the patient's life long medical record.
- **Record in the patient's life long medical record the language of choice of the patient in which they would wish to communicate with NHS services, and the country of origin.**
- **Ensure effective liaison between relevant stakeholders in both health & social care in the care of the patient**
- **Record Keeping.** Production of an appropriate clinical record using appropriate Read Codes should be produced for each new patient. When the patient leaves the practice the complete clinical record should be returned to Shared Services Partnership (SSP).

7. Client Group Served / Eligibility / Access Criteria

The Service Provider must ensure that the service offered is accessible to all, sensitive and respecting all areas of Race, Economics, Gender, Age, Religion, Disability and Sexual Orientation. Appropriate arrangements should be made for non-English speaking patients to receive the same high level of service as those not requiring interpreter services.

Practices can claim a payment under this enhanced service for non UK citizens seeking registration with a GP in the UK for the first time.

8. Details of Service Monitoring, Evaluation and Review

The practice will be required to undertake an annual audit as agreed in advance with the UHB and provide the monitoring data to the UHB Primary Care team for annual review of the LES to inform service planning and to identify and share areas of good practice and/or areas for improvement where the service outline has not been met.

9. Accreditation, CPD and Activity

Clinicians should satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the service.

10. Practice responsibilities

Practices signing up to this LES must check and provide a general accreditation application to the UHB Primary Care team and include the names of all clinicians who undertake the services. The application must identify a lead clinician who will take over all accountability for the service.

11. Clinical and Corporate Governance

Service Providers must ensure that they adhere to all relevant legislation and best practice

12. Funding

Each Practice contracted to provide the enhanced service will be eligible to claim the following:

- £31.67 per new registration for the first year only

Claims must be submitted via FPPS within 6 months from the end of the quarter in which the service was delivered. Practices will be paid quarterly in arrears and will be subject to post payment verification (PPV).

13. Termination Period

Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

14. General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

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Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice's registered patients.

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