



**Oxfordshire  
Clinical Commissioning Group**

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Dear Rosalind,

**Re: Oxfordshire Clinical Commissioning Group (OCCG) response to the Refugee Resource Report on Primary Health Care Services for Refugees, Asylum Seekers and Vulnerable Migrants in Oxford City.**

Thank you for your letter dated 9<sup>th</sup> August and the report on 'Primary health care services for refugees, asylum seekers and vulnerable migrants in Oxford City- a study on the experiences of service users and service providers'. OCCG welcomes the opportunity to respond to the Healthwatch Oxfordshire funded report, undertaken by Refugee Resource, on the issues faced by refugees, asylum seekers and migrants and the need to address the health inequalities experienced by these groups of vulnerable patients.

It is positive that the report findings have highlighted that overall, refugees, asylum seekers and migrants have good experiences of primary health care services, whilst recognising that there are still significant barriers. We are also aware that although primary care staff are committed to ensuring that these communities receive equitable care, we acknowledge that some barriers can sometimes impact negatively on this ability. To provide more detail on the points and recommendations you have raised in the report:

- 1. Recognition of the health needs of refugees, asylum-seekers and vulnerable migrants as a key inequality issue that requires specific support and resources, and addressed by the OCCG's Health Inequalities Commission.*

The researchers from Refugee Resource presented evidence from the draft report to the Health Inequalities Commission evidence hearing session in May, where the key issues and proposed recommendations were noted. These will be integrated into the final Health Inequalities Commission report, which will be presented to the Health & Well Being Board in the autumn. Additionally, OCCG's public sector duty as part of the Equality Act 2010 is to address health inequalities and one of OCCG's Equality

Objectives for 2016- 2020 is to *'improve access, quality of experience and outcomes for our population by involving and listening to patients from all protected characteristic groups, and other vulnerable groups, whose voices may be seldom heard'*.

- 2. Funding GP surgeries to run a Locally Enhanced Service where GPs, and possibly Practice Nurses, can provide extended consultations with this patient group. The proposal is that this funding is made available so that all GP practices can offer this enhanced service, with the expectation that this would primarily be drawn on by practices seeing large numbers of refugees, asylum seekers and migrants.*

The CCG is actively working through primary care initiatives to free up time for GPs to have longer appointments with patients when needed. Many practices undertake clinical triage with patients before they can book an appointment to see a doctor and at this stage the GP can determine what length of appointment is needed by the patient. This better suits the need of both patients and the doctors.

Oxford City Locality, together with OxFed, has produced a draft joint Sustainability and Transformation Plan which has a focus on specific needs of their population. A number of aims are set out in the plan, one of which outlines implementing services that reduce health inequalities and improve health outcomes for the diverse population in Oxford City. Additionally, plans are well developed to provide enhanced primary care services in the Health Hub within the new Rose Hill Community Centre. It is envisaged that this service will be offered at the end of 2016/ beginning of 2017.

- 3. Greater availability of face-to-face interpreters, carefully selected and trained, when there is specific need (e.g. for longer initial consultations, complex cases or mental health issues) and better sign-posting of service-users to telephone interpreting services (including offering a choice of gender of interpreter).*

The Oxfordshire Interpreting Services Commissioning Consortium, which includes the Oxfordshire CCG, Oxford University Hospitals NHS Foundation Trust and Southern Health NHS Foundation Trust have recently re-commissioned interpreting face to face interpreting services from the Hertfordshire Interpreting and Translation Service (HITS). Oxfordshire County Council and Oxford Health Foundation Trust have also commissioned similar services from Language Empire Limited. All local NHS and social care staff are therefore aware that the face to face service is available in circumstances where telephone interpreting is not appropriate, for example for longer and more complex appointments, where there are multiple family members present and where the patient has mental health issues or learning disabilities.

In order to ensure the highest possible quality, all interpreters must be registered with the National Register of Public Sector Interpreters (NRPSI) and hold appropriate interpreting qualifications i.e. Diploma of Public Service Interpreting (DPSI) or equivalent qualification recognised by the NRPSI. Where there is no DPSI accreditation for a rare language, the service provider must ensure that there is evidence of appropriate levels of education and equivalent interpreting training and assessment. Interpreters are also required to have safeguarding training. Interpreters are expected to be allocated as culturally appropriate and, as far as availability allows, in line with patient preference, including

choice of gender of interpreter. Compliance with these quality requirements is monitored at quarterly contract monitoring meetings.

Demand for interpreting services has increased considerably over the past few years and the commissioning organisations are supporting training organisations such as HITS in continuing to build up the available resource, including monitoring trends in language usage to anticipate growing demand.

Both HITS and the telephone interpreting provider Language Line also provide training sessions and supporting educational materials for NHS and social care staff to raise awareness of the needs of service users requiring language support and to promote wider usage of this service. In addition, the Consortium has worked with Language Line to produce a small card for patients to carry with them when booking or attending appointments. The card advises of the availability of the language and Deaf interpreting services via a single telephone point of access and requests staff to make an interpreter available in the patient's language. The card has been widely distributed via local voluntary organisations and community groups as well as in health and social care venues.

4. *Awareness-raising sessions or training for health care professionals on working with this patient group to include: experiences of refugees, asylum-seeker and vulnerable migrants; entitlements of this group to primary health care, and other support services available in the community. The making of a short video about these issues featuring the voices of service users would provide a high impact awareness-raising tool.*

The CCG is currently updating its internet and would be happy to signpost practices to useful resources including the entitlements of refugees and asylum seekers and vulnerable migrants to primary health care. We would also be happy to signpost to any national on line tools which could be used as a training resource within primary care if felt necessary by practices.

5. *Outreach work in communities where there are high numbers of refugees, asylum-seekers and migrants to raise awareness and provide orientation on how to use the primary health care services (entitlements, registration, pharmacies, prescriptions, health promotion issues and preventative care, availability of interpreters, the role of the different HCPs). The vital role played by voluntary sector support workers in liaising between HCPs and patients' needs to be financially supported whenever possible e.g. on a sessional basis according to need.*

OCCG employs a team of Equality and Access Commissioners, who already undertake work conducting outreach to seldom heard groups. They ensure dissemination of the 'Your Health: The NHS' leaflets, which provide information on accessing primary care services. They are translated into the 10 most used languages. The team also distribute the interpreting services cards, both to Black and Minority Ethnic Communities and also to health care professionals. OCCG will ensure that this activity is repeated and

additionally, through our work with GP partners, that Practices are encouraged to use interpreting services for these communities.

Other resources to support patients are the Care Navigators, who work within the city GP Practices and community networkers who are employed by Age UK Oxfordshire's Circles of Support project. Both work with vulnerable patients, enabling them to access additional services which impact on health and wellbeing.

I hope this helps to provide more clarification on our aims to address the inequalities and meet the needs of this population and OCCG would be happy to discuss further, as you feel appropriate.

Yours sincerely

Julie Dandridge  
Deputy Director, Head of Primary Care and Localities