

Prepared for:



**Leicester, Leicestershire  
and Rutland**

---

# **Consultation Report:**

Asylum Seeker GP Service  
Consultation Survey –  
Leicester, Leicestershire and  
Rutland.

---

January 2024

**Produced by JW Research Limited**

# Contents

Executive Summary .....	3
Introduction .....	7
Section 1: Respondent Profile .....	12
Section 2: Opinions on Proposal to Have One GP Service Delivered Across LLR for Asylum Seeker Patients .....	20
Section 3: Opinions on How to Best Deliver Specialist Asylum Seeker GP Service .....	31
Section 4: Current Access to Health Services .....	40
Section 5: Most Important Aspects of a Specialist GP Service for Asylum Seekers .....	45
Section 6: Specialist GP Service Communication Preferences .....	52
Appendix A: Asylum Seeker GP Service Consultation Survey Questions.....	60

# Executive Summary

## Opinions on Proposal to Have One GP Service Delivered Across LLR for Asylum Seeker Patients

Overall, the large majority of respondents to the consultation say that they agree to some extent with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland for asylum seeker patients. In total, 76% (131 respondents) to the online survey and 83% (55 respondents) who took part in the asylum seeker focus groups agree to some extent (either 'strongly agreeing' or 'agreeing') with the proposal. More specifically, in the online survey, 35% (60 respondents) indicate that they 'strongly agree' with this proposal, with a further 41% (71 respondents) saying that they 'agree' with it. Meanwhile, in the asylum seeker focus groups, 44% (29 respondents) indicate that they 'strongly agree' with this proposal, with a further 39% (26 respondents) saying that they 'agree' with it.

However, a minority of respondents to the consultation disagree to some extent with the proposal. In total, 14% (24 respondents) to the online survey and 14% (9 respondents) who took part in the asylum seeker focus groups disagree to some extent (either 'strongly disagreeing' or 'disagreeing') with the proposal. More specifically, in the online survey, 5% (8 respondents) indicate that they 'strongly disagree' with this proposal and 9% (16 respondents) saying that they 'disagree' with it. Meanwhile, in the asylum seeker focus groups, 9% (6 respondents) indicate that they 'strongly disagree' with this proposal, with a further 5% (3 respondents) saying that they 'disagree' with it.

The most commonly mentioned specific themes mentioned for agreeing with the proposal in the online survey relate to issues around breaking down barriers to medical access that asylum seekers believe they face. In particular, the issues that respondents feel would be addressed by the proposal are that **'it is hard for asylum seekers to get GP appointments/ treatment more quickly'** (7% - 12 respondents), **'it will provide simple/convenient/free GP access to all asylum seekers'** (6% - 10 respondents), **'it will save on travel times/costs'** (4% - 7 respondents) and **'it will help asylum seekers who have no English language skills/ID cards/cannot return home for treatment'** (4% - 7 respondents). No specific comments were recorded in the community focus groups in relation to agreement or disagreement with the proposal.

Amongst the minority who disagree to some degree with the proposal, the main theme from the online survey respondents relates to a feeling of concern that the provision of a specialist GP service for asylum seekers could actually create a barrier in terms of integration into wider society. Around 5% (8 respondents) disagree to some extent with the proposal due to **'concern that asylum seekers should be able to access any GP, not just a specialist GP service only'**, while 4% (7 respondents) express the **'concern that it may prevent asylum seekers from integrating into society/create barriers'**. The other main theme amongst those disagreeing with the proposal is the concern of actually being able to physically access a specialist GP service – more specifically a **'concern about the difficulty of accessing these specialist GP services e.g. too busy/may not be enough specialist centres'** (3% - 5 respondents) and **'concern about how far asylum seekers would have to travel to access specialist GP services'** (2% - 3 respondents).



went on to answer this question (rather than just the 8 respondents who should have answered the question), indicating that some asylum seekers are also accessing health services at another location as well as at their own GP practice. However, of those answering, 14% (24 respondents) said they **call NHS 111**, 10% (17 respondents) **go to Accident & Emergency** and 5% (8 respondents) **go to a walk-in centre or urgent care centre**.

### Most Important Aspects of a Specialist GP Service for Asylum Seekers

The most important aspect to the asylum seeker sample about their GP service is the ability to be able to make appointments. Specifically, more than two-fifths (42% - 73 respondents) of those answering the online survey select **'an urgent appointment you can make on the same day'** as the most important thing about their GP service, while 12% (21 respondents) choose **'an advanced appointment you can book for the future'**. The two other aspects that are seen as being fairly important for more than a tenth of respondents are **'health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)'** (15% - 25 respondents) and **'mental health services and support'** (12% - 20 respondents).

For those taking part in the consultation through a **community group**, across the twelve focus groups, responses largely mirrored the online/paper survey, with by far the most important aspect being the ability to make **'same day urgent appointments'**, although **'translation services'** is also desired by several respondents.

### Specialist GP Service Communication Preferences

There is a clear preference for direct telephone contact by GP practices to asylum seeker patients when they need to contact them. In the online survey, the GP practice contact channels that respondents express the greatest preference for are a **telephone call** (51% - 87 respondents – selecting this as a way they would like to be contacted) and/or a **text** (49% - 85 respondents – selecting this method). However, two fifths (40% - 68 respondents) would like to be contacted by their GP practice via **email**, while just over a sixth (15% - 26 respondents) express a liking for contact **by post to a postal address that they provide**.

For those taking part in the consultation through a **community group**, across the twelve focus groups responses largely mirrored the online/paper survey, with **a telephone call** (26 respondents), **text** (25 respondents) and **email** (20 respondents) being the most preferred contact channels.

There also appears to be a need to consider providing specialist GP services in a wide range of languages other than English if at all possible. Although approaching a quarter (23% - 40 respondents) to the online/paper survey indicate that English is their preferred spoken language, other languages such as Arabic, Kurdish, Persian/Farsi, Eritrean/Tigrinyan and Pasho are the mother tongues of 5% or more of the sample. A similar pattern of results is also evident amongst those who took part in a community focus group.

# Introduction









In addition to analysing the closed questions, JW Research Limited carried out thematic analysis of the open comments from the online survey and postal survey on a question-by-question basis, coding them into themes so that these could be quantified.

This document summarises the findings from the independent analysis.

# Section 1: Respondent Profile

## 1.1 Respondent Profile

In total, 238 usable responses to the consultation were received across all means of engaging – 172 responses were received for the online survey (including paper copies that were inputted by hand into the main QuestionPro questionnaire) and 66 responses were received as part of the focus group sessions. As mentioned previously, the online survey responses will be shown first in each section, followed by a table summarising the responses given as part of the focus group sessions.

A profile of the respondents to the consultation is provided below (tables 1 to 14).

**Table 1: Q1. Please tell us in what capacity you are completing this survey. I am completing the survey...**

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
As a person seeking asylum	150	87%
As a carer, friend or family member of someone seeking asylum	3	2%
As someone who works with asylum seekers	4	2%
As a provider of asylum seeker services in Leicester, Leicestershire and Rutland	2	1%
As someone who is interested in services for asylum seekers	11	6%
Other, please tell us	2	<0.5%
No information	0	0%

The large majority of respondents (87% - 150 respondents) say that they are completing the consultation as a person seeking asylum. A total of 6% (11 respondents) are completing the consultation as someone who is interested in services for asylum seekers, while only a small minority are taking part in the consultation in another capacity.

**Table 2: Q5. Which district council area are you currently living in?**

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Leicester City	96	56%
Charnwood (Loughborough and surrounding areas)	10	6%
North West Leicestershire (Coalville and surrounding areas)	3	2%
Oadby and Wigston	1	1%
Other area	3	2%
No information	59	34%

### Table 3: Q4. What is your age?

OVERALL RESULTS (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Under 16	0	0%
16-24	19	11%
25-34	43	25%
35-44	17	10%
45-54	14	8%
55-64	7	4%
65-74	4	2%
75-84	0	0%
85+	1	1%
Prefer not to say	5	3%
No information	62	36%

Respondents are from a spread of age groups, with 36% (62 respondents) aged under 35. Only 6% (12 respondents) to the consultation are aged 55 or over. However, it should be noted that for 36% (62 respondents), no information on age is available.

### Table 4: Q1. What is your sex?

OVERALL RESULTS (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Male	83	48%
Female	36	21%
Intersex	0	0%
I prefer not to say	3	2%
No information	50	29%

In total, 48% (83 respondents) are male and 21% (36 respondents) are female. However, it should be noted that for 29% (50 respondents), no information on gender is available.

### Table 5: Q2. Do you identify as the gender you were assigned at birth?

OVERALL RESULTS (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Yes	90	52%
No	11	6%
Prefer not to say	17	17%
No information	54	54%

**Table 6: Q6. What is your ethnicity? Select one option.**

**OVERALL GROUPED RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	15	9%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	36	21%
Black or Black British (i.e. Caribbean, African, or any other Black background)	23	13%
Mixed (i.e. White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	6	3%
Other	27	16%
Prefer not to say	3	2%
No information	62	36%

The large majority of responses received are from respondents who consider their ethnic origin to fall into the BAME category (53% - 92 respondents). Only a small minority of responses (9% - 15 respondents) are from White respondents. However, it should be noted that for 36% (62 respondents), no information on ethnicity is available.

**Table 7: Q7. What is your religion or belief? Please select one option.**

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Muslim	41	24%
Christian	28	16%
Buddhist	3	2%
Hindu	2	1%
Sikh	1	1%
Jewish	0	0%
Baha'i	0	0%
Jain	0	0%
Other religion/belief	3	2%
No religion	6	3%
Prefer not to say	21	12%
No information	67	39%

Overall, 24% (41 respondents) taking part in the consultation identify with, or follow, the Muslim religion, with 16% (28 respondents) saying that they identify with the Christian religion. However, it should be noted that 12% (21 respondents) preferred not to say what their religion is, while 39% of all respondents taking part in the consultation provided no information about this issue.

### **Table 8: Q9. What is your sexual orientation (preference)?**

**OVERALL RESULTS** (all responses to online survey: n=172).

<b>Respondent type</b>	<b>No. responses</b>	<b>% responses</b>
Heterosexual/straight (male to female relationship)	69	40%
Bisexual (relationship with any gender/s)	3	2%
Gay or lesbian (same sex relationship)	2	1%
Other	1	1%
Prefer not to say	36	21%
No information	61	35%

Only a small minority (3%) of respondents have a sexual orientation that is not heterosexual.

However, it should be noted that 21% (36 respondents) preferred not to say what their sexual orientation was, while 35% (61 respondents) of those taking part in the consultation provided no information about this issue.

### **Table 9: Q8. What is your relationship status?**

**OVERALL RESULTS** (all responses to online survey: n=172).

<b>Respondent type</b>	<b>No. responses</b>	<b>% responses</b>
Married or in a civil partnership	41	24%
Single	36	21%
Partnered/living with a partner	6	3%
Widowed/surviving civil partner	2	1%
Separated or divorced	2	1%
Prefer not to say	24	14%
No information	61	35%

More than a quarter (27% - 47 respondents) of those taking part in the consultation are either married or in a civil partnership or partnered/living with a partner, while 21% (36 respondents) are single.

It should be noted that a significant minorities of respondents either preferred not to say what their relationship status is (14% - 24 respondents) or did not answer this question (35% - 61 respondents).



**Table 10: Q5a. Do you consider yourself to have a disability or suffer from poor health?**  
*(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (i.e. 12 month period or longer) or substantial adverse effect on their ability to carry out day-to-day activities).*

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Yes, I have a disability	10	6%
Yes, I have poor health	19	11%
Neither	70	41%
I prefer not to say	37	22%
No information	36	21%

In total, 17% (29 respondents) of those taking part in the consultation consider themselves to have a disability or suffer from poor health – although it should be noted that minorities either preferred not to say whether they have a disability or suffer from poor health (22% - 37 respondents) or did not answer this question (21% - 36 respondents).

**Table 11: Q5b. If you have selected 'yes', please tell us which condition(s).** *Select as many options as appropriate.*

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Mental health condition	13	8%
Physical	9	5%
Long standing illness or condition	5	3%
Partial or total loss of hearing	4	2%
Partial or total loss of vision	1	1%
Learning disability/difficulty	0	0%
Speech impediment or impairment	0	0%
Other medical condition or impairment (please specify)	6	3%
I'd rather not say	37	22%
No information (did not give reason for disability or poor health)	5	3%
<i>I do not have a disability or poor health</i>	70	41%
<i>No information (about whether have a disability or not)</i>	36	21%

Of the 17% of respondents who indicate they have a disability or suffer from poor health, the most common condition is a mental health condition (8% - 13 respondents) or a physical condition (5% - 9 respondents).

However, it should be noted that a minority of respondents would rather not say what their disability or poor health relates to (22% - 37 respondents) or did not provide information for this question (24% - 41 respondents).

**Table 12: Q3. Are you pregnant or have you given birth in the last 26 weeks?** *(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)*

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Yes	6	3%
No	91	53%
Prefer not to say	19	11%
No information	56	33%

Overall, only 3% (6 respondents) say that they are pregnant or have given birth in the last 26 weeks.

It should be noted that a minority preferred not to say whether they are pregnant or have given birth in the last 26 weeks (11% - 19 respondents), while a third of respondents not answer this question (33% - 56 respondents).

**Table 13: Q10. Do you provide care for someone?** *Select as many options as are appropriate.*

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Yes - Care for young persons(s) younger than 24 years of age	16	9%
Yes - Care for adults(s) 25 to 49 years of age	8	5%
Yes – Care for older person(s) over 50 years of age	7	4%
No (not a carer)	65	38%
Prefer not to say	19	11%
No information	58	34%

Overall, 14% (24 respondents) say that they provide care for someone – the most common care provided is for a younger person aged under 24 (9% - 16 respondents). However, nearly two-fifths (38% - 65 respondents) say they do not provide care for someone.

It should be noted that a minority preferred not to say whether they provide care for someone (11% - 19 respondents), while a third of respondents did not answer this question (34% - 58 respondents).

**Table 14: Q11. Have you ever served in the Armed Forces?**

**OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
Yes	9	5%
No	93	54%
Prefer not to say	24	14%
No information	46	27%

Overall, a small minority (5% - 9 respondents) say that they have served in the Armed Forces.

It should be noted that 14% (24 respondents) preferred not to say whether they have served in the Armed Forces, while more than a quarter did not answer this question (27% - 46 respondents).

In the remainder of this report, where appropriate, analysis has been conducted to determine how views differ by some of the different respondent types and demographic groups outlined above. Please note, however, that the base sizes for all sub-groups outlined in the report are under 100 (and in most cases under 50), so any findings by sub-groups should be treated as indicative rather than statistically significant.

## **Section 2: Opinions on Proposal to Have One GP Service Delivered Across LLR for Asylum Seeker Patients**

## 2.1 Headline Findings – Online Survey

Those responding to the online and paper survey were presented with the following Proposal:

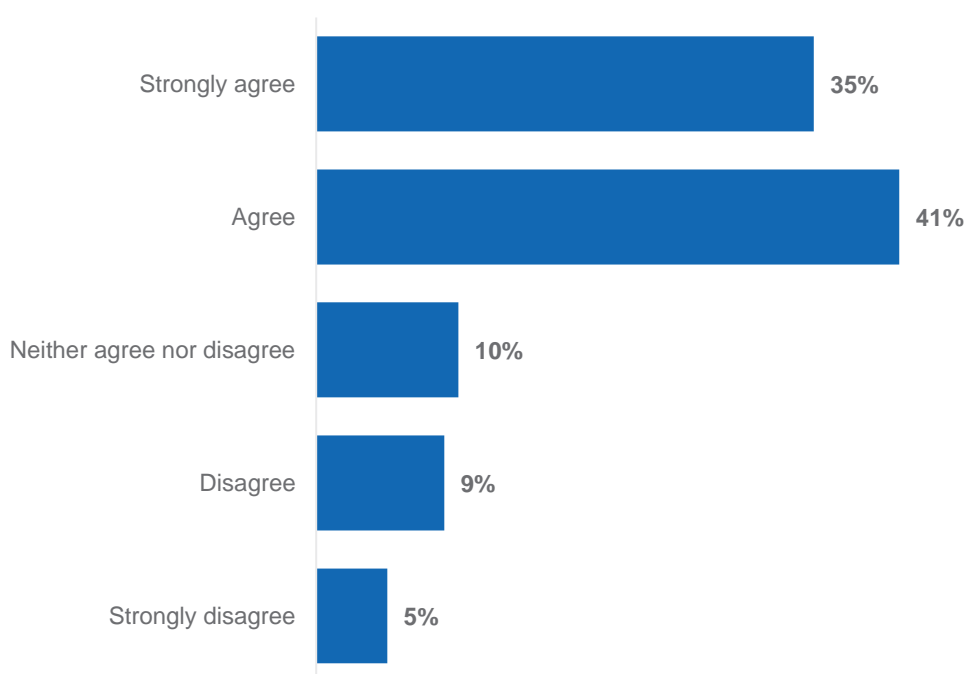
### PROPOSAL:

**For asylum seeker patients, we are proposing to have one GP service delivered across Leicester, Leicestershire and Rutland. This means that, no matter where you live in the area, if you are seeking asylum, you will be able to access a specialist GP service. You won't need to go to a regular GP practice.**

Respondents were then asked to indicate their level of agreement or disagreement with this proposal. The overall results for this question from the online and paper survey are summarised in Figure 1 below.

**Figure 1: Q2a. What do you think about this (proposal)?**

**OVERALL RESULTS** (all responses to online survey: n=172).



Overall, the large majority (76% - 131 respondents) to the consultation say that they agree to some extent with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland for asylum seeker patients. In total, 35% (60 respondents) indicate that they 'strongly agree' with this proposal, with a further 41% (71 respondents) saying that they 'agree' with it.

However, 14% (24 respondents) disagree to some extent with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland for asylum seeker patients, with 5% (8 respondents) saying they 'strongly disagree' with this and 9% (16 respondents) indicating that they 'disagree'.

## 2.2 Results by Respondent Type – Online Survey

Table 15a shows how responses to this question vary by respondent status, while Tables 15b shows responses by age and gender, Table 15c shows responses by disability status, carer status and GP registration status and Table 15d shows responses by ethnicity.

**Table 15a: Q2a. What do you think about this (proposal)? RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Answering As:				
		A Person Seeking Asylum (150)	Carer/ Friend/ Family Member (3)	Someone Working With Asylum Seekers (4)	Provider of Asylum Seeker Services (2)	Someone Interested in Asylum Seeker Services (11)
Strongly agree	35%	38%	67%	25%	50%	9%
Agree	41%	42%	0%	0%	50%	45%
Neither agree nor disagree	10%	7%	33%	25%	0%	36%
Disagree	9%	10%	0%	25%	0%	0%
Strongly disagree	5%	3%	0%	25%	0%	9%
<i>Net 'Agree':</i>	<i>76%</i>	<i>80%</i>	<i>67%</i>	<i>25%</i>	<i>100%</i>	<i>55%</i>
<i>Net 'Disagree':</i>	<i>14%</i>	<i>13%</i>	<i>0%</i>	<i>50%</i>	<i>0%</i>	<i>9%</i>
No information	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with the Proposal between those answering as an asylum seeker and respondents answering in a different capacity.

**Table 15b: Q2a. What do you think about this (proposal)? RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (172)	Age:			Gender:	
		Under 35 (62)	35-54 (31)	55+ (12)	Male (83)	Female (36)
Strongly agree	35%	39%	61%	17%	41%	31%
Agree	41%	31%	32%	33%	39%	31%
Neither agree nor disagree	10%	11%	6%	25%	6%	19%
Disagree	9%	11%	0%	0%	8%	11%
Strongly disagree	5%	8%	0%	25%	6%	8%
<i>Net 'Agree':</i>	<i>76%</i>	<i>69%</i>	<i>94%</i>	<i>50%</i>	<i>80%</i>	<i>61%</i>
<i>Net 'Disagree':</i>	<i>14%</i>	<i>19%</i>	<i>0%</i>	<i>25%</i>	<i>14%</i>	<i>19%</i>
No information	0%	0%	0%	0%	0%	0%

Although agreement levels are high across all age groups, the highest levels of agreement with the Proposal appears to be registered amongst those aged 35-54 (94% - 29 respondents), with the lowest recorded for those aged 55+ (50% - 6 respondents).

However, there is some evidence to suggest that males may be slightly more likely than females to agree to some extent with the Proposal, with 80% (66 respondents) of males either agreeing or strongly agreeing with the Proposal.

**Table 15c: Q2a. What do you think about this (proposal)? RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (28)	No (71)	Yes (30)	No (65)	Yes - Local (53)	Yes - Assist (52)	No (8)
Strongly agree	35%	46%	41%	30%	43%	36%	35%	38%
Agree	41%	36%	27%	47%	32%	40%	38%	50%
Neither agree nor disagree	10%	4%	15%	7%	12%	8%	6%	13%
Disagree	9%	11%	10%	13%	5%	15%	13%	0%
Strongly disagree	5%	4%	7%	3%	8%	2%	8%	0%
<i>Net 'Agree':</i>	<i>76%</i>	<i>82%</i>	<i>68%</i>	<i>77%</i>	<i>75%</i>	<i>75%</i>	<i>73%</i>	<i>88%</i>
<i>Net 'Disagree':</i>	<i>14%</i>	<i>14%</i>	<i>17%</i>	<i>17%</i>	<i>12%</i>	<i>17%</i>	<i>21%</i>	<i>0%</i>
No information	0%	0%	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with Proposal 1 between those with or without a disability or poor health, or between respondents with or without carer responsibilities or whether they are registered with a GP practice or not.

**Table 15d: Q2a. What do you think about this (proposal)? RESULTS BY ETHNICITY** (base sizes in brackets).

	Total (Online Survey) (172)	Ethnicity:				
		White (15)	Asian (36)	Black (23)	Mixed (6)	Other (27)
Strongly agree	35%	0%	58%	43%	33%	26%
Agree	41%	40%	31%	26%	50%	41%
Neither agree nor disagree	10%	40%	0%	9%	17%	7%
Disagree	9%	7%	6%	13%	0%	22%
Strongly disagree	5%	13%	6%	9%	0%	4%
<i>Net 'Agree':</i>	<i>76%</i>	<i>40%</i>	<i>89%</i>	<i>70%</i>	<i>83%</i>	<i>67%</i>
<i>Net 'Disagree':</i>	<i>14%</i>	<i>20%</i>	<i>11%</i>	<i>22%</i>	<i>0%</i>	<i>26%</i>
No information	0%	0%	0%	0%	0%	0%

Although there are no significant differences in agreement with the proposal by ethnicity, it is interesting that no respondents of White ethnicity feel that they ‘strongly agree’ with the proposal.

### 2.3 Reasons Given for Agreement Levels with Proposal – Online Survey

When respondents were asked to explain the reason(s) why they agreed or disagreed with the proposal - namely the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where an asylum seeker lives they will be able to access a specialist GP service - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 16: Q2b. Please tell us why (you agree or disagree with the proposal to have one specialist GP service for asylum seekers delivered across Leicester, Leicestershire and Rutland).**

**OVERALL RESULTS** (all responses to online survey: n=172).

Theme of comment	No. responses	% responses
<b>Reasons why <u>agree</u> with Proposal:</b>		
It is a good idea/it is good for us (general comments)	26	15%
It is hard for asylum seekers to get GP appointments/ treatment more quickly	12	7%
It will provide simple/convenient/free GP access to all asylum seekers	10	6%
It will save on travel times/costs	7	4%
It will help asylum seekers who have no English language skills/ID cards/cannot return home for treatment	7	4%
It will help to prevent anxiety/depression /suicide amongst asylum seekers	5	3%
It will provide specialist GP access	4	2%
It will allow for a better GP-patient relationship for asylum seekers (e.g. continuity with same GP service)	4	2%
It will/should provide access to a range of GPs/take pressure off one single GP	3	2%
It may result in less discrimination against asylum seekers/healthcare should be fair for all	2	1%
ASSIST GP practice has good/caring/understanding staff	2	1%



**Table 16 (Continued): Q2b. Please tell us why (you agree or disagree with the proposal to have one specialist GP service for asylum seekers delivered across Leicester, Leicestershire and Rutland).**

**OVERALL RESULTS** (all responses to online survey: n=172).

Theme of comment	No. responses	% responses
<b>Reasons why <u>disagree</u> with Proposal:</b>		
Concern that asylum seekers should be able to access any GP, not just a specialist GP service only	8	5%
Concern that it may prevent asylum seekers from integrating into society/create barriers	7	4%
Concern about the difficulty of accessing these specialist GP services (e.g. too busy/may not be enough specialist centres)	5	3%
Concern about how far asylum seekers would have to travel to access specialist GP services	3	2%
Concern that services for all patients in Leicester should not worsen as a consequence of the asylum seekers GP service	1	1%
Do not agree with the proposal (general comment)	1	1%
<b>Other information:</b>		
<i>Other comment</i>	9	5%
<i>Do not understand the question</i>	2	1%
<i>Answer written in foreign language/needs translation/unclear comment</i>	5	3%
<i>Don't know/not sure</i>	4	2%
<i>No information/no comment made</i>	55	32%

Reflective of the high level of agreement with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where an asylum seeker lives they will be able to access a specialist GP service, the large majority of comments about this proposal are positive.

Perhaps owing to the limited English language abilities of some respondents, the most common theme cited for agreeing with the proposal is a general and non-specific comment that **'it is a good idea/it is good for us'** (15% - 26 respondents). However, the most commonly mentioned specific themes relate to issues around breaking down barriers to medical access that asylum seekers believe they face. In particular, the issues that respondents feel would be addressed by the proposal are that **'it is hard for asylum seekers to get GP appointments/ treatment more quickly'** (7% - 12 respondents), **'it will provide simple/convenient/free GP access to all asylum seekers'** (6% - 10 respondents), **'it will save on travel times/costs'** (4% - 7 respondents) and **'it will help asylum seekers who have no English language skills/ID cards/cannot return home for treatment'** (4% - 7 respondents).

Amongst the minority who disagree to some degree with the proposal, the main theme relates to a feeling of concern that the provision of a specialist GP service for asylum seekers could actually create a barrier in terms of integration into wider society. Around 5% (8 respondents) disagree to some extent with the proposal due to '**concern that asylum seekers should be able to access any GP, not just a specialist GP service only**', while 4% (7 respondents) express the '**concern that it may prevent asylum seekers from integrating into society/create barriers**'. The other main theme amongst those disagreeing with the proposal is the concern of actually being able to physically access a specialist GP service – more specifically a '**concern about the difficulty of accessing these specialist GP services e.g. too busy/may not be enough specialist centres**' (3% - 5 respondents) and '**concern about how far asylum seekers would have to travel to access specialist GP services**' (2% - 3 respondents).

In total, 172 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with the Proposal are shown below.

**Example comments** (for why respondents either ‘strongly agree’ or ‘agree’ with the Proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where an asylum seeker lives they will be able to access a specialist GP service.)

Comment	Status	Age	Gender
<i>“We sometimes have emotional and mental health issues. We would like to keep these known by the same service rather than having to deal with different GPs. In a stressful situation like ours, you need people trained and familiar with asylum seekers challenges.”</i>	Person seeking asylum	45-54	Male
<i>“Asylum seekers are often clueless on how to get services and most hospitals don’t want them on their list of patients. They’re people from different races of life with challenges like languages, no identity cards and so are prevented from getting medical services. GPs, like Assisted Practice, are the only hope for asylum seekers. If you take this away, you’ll have lots of people committing suicide because the asylum system is very difficult and is mentally torturing people.”</i>	Person seeking asylum	No info	No info
<i>“Because it’s important to get access to different GPs, just not one.”</i>	Person seeking asylum	45-54	Male
<i>Because seeing a different GP practice will reduce the burden on just one regular GP practice and give the opportunity to see a specialist.”</i>	Person seeking asylum	45-54	Male
<i>“Because health conditions differ with patients so a patient needs a specialist who understands the condition of the patient over time and can give services tailored to a particular individual.”</i>	Person seeking asylum	55-64	Male
<i>“Having one specialised GP service like the ASSIST practice for all asylum seekers because the GP staff are more caring, very understandable, co-operative and very fast to act.”</i>	Person seeking asylum	45-54	Female
<i>“As an asylum seeker myself, I believe having a specialist GP for asylum seekers makes everything a lot easier for us. We often struggle to get an appointment with local GPs.”</i>	Person seeking asylum	16-24	Male
<i>“It is better for asylum seekers to go to a general centre for treatment due to the conditions of lack of familiarity and not knowing the language.”</i>	Person seeking asylum	55-64	Male
<i>“First of all, thank you very much for your work, good members This is a good thing for refugees because they are not used to the climate so they get sick quickly, but having such a good team will save these people.”</i>	Carer/friend/family member of asylum seeker	25-34	Male
<i>“If they are unable to return to their own countries and have been asked to submit paperwork to the Home Office, a fair start in life in the UK would be required.</i>	Someone who works with asylum seekers	25-34	Female
<i>“Asylum seekers are frequently moved around so it would provide continuity - and hopefully better access to language translation. On the other hand, a separate service might invite stigma and lack of integration into normal, local life.”</i>	Someone who is interested in services for asylum seekers	85+	Female

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with the Proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where an asylum seeker lives they will be able to access a specialist GP service).

<b>Comment</b>	<b>Status</b>	<b>Age</b>	<b>Gender</b>
<i>“It will be too busy and people will not get the service they deserve. It will also discriminate and divided asylum seekers against the local community.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Female</i>
<i>“Because it is already difficult to book appointments as there are too many people trying to get a limited number of appointments.”</i>	<i>Person seeking asylum</i>	<i>16-24</i>	<i>Male</i>
<i>“Yes we are asylum seekers but we need to get the health service with other people of the UK.”</i>	<i>Person seeking asylum</i>	<i>16-24</i>	<i>Female</i>
<i>“This will make asylum seekers more isolated and divided with local society.”</i>	<i>Person seeking asylum</i>	<i>16-24</i>	<i>Male</i>
<i>“Because it's important to be more than one specialised GP service to avoid pressure and delay.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Male</i>
<i>“People should have more choice and should get service close to where they live..”</i>	<i>Someone who works with asylum seekers</i>	<i>55-64</i>	<i>Male</i>
<i>“Public transport across Leicestershire and Rutland is very poor. There are widely available translation services which can be accessed anywhere.”</i>	<i>Someone who is interested in services for asylum seekers</i>	<i>65-74</i>	<i>Female</i>
<i>“Asylum seekers shouldn't get the benefit of a 'one stop service'. The rest of society have to register and endure the queuing for appointments etc. Fund GP's where asylum seekers are placed.”</i>	<i>Other – 'resident who funds said service'</i>	<i>55-64</i>	<i>Male</i>







### 3.1 Headline Findings – Online Survey

Those responding to the survey were asked for their opinions on how the ICB should deliver the specialist GP service for asylum seeker patients across Leicester, Leicestershire and Rutland so that it is fair for all. The overall results for this question from the online and paper survey are summarised in Table 19 below.

**Table 19: Q3. How do you think we should deliver the specialist GP service for asylum seeker patients across Leicester, Leicestershire and Rutland, so that it is fair for all?**

**OVERALL RESULTS** (all responses to online survey: n=172).

Theme of comment	No. responses	% responses
Make specialist GP service accessible/in a good location (general comments)	24	14%
Staff to be patient/understanding/ sympathetic/ specially trained (e.g. of patient situation, of culture, ability to speak different languages)	16	9%
Provide access to all services for asylum seeker patients (not just specialist GP services)	14	8%
Offer transport for asylum seekers to get to specialist GP services (e.g. shuttle bus, taxi)	14	8%
Make it easy to get an appointment/to telephone/ shorter waiting times (e.g. via text, email)	9	5%
Offer translation/interpreter services	6	3%
Provide 'Assist' service in multiple locations	6	3%
Continue to deliver the current service/current service is good/nothing else needs to be done (e.g. at Assist)	5	3%
Consult with asylum seekers about their needs	4	2%
Make services available when needed	3	2%
Offer a mobile service (to visit accommodations)	3	2%
Better signposting to other health services	3	2%
Offer ability to have appointments remotely (e.g. by telephone, internet)	3	2%
Increase number of GPs/healthcare employees in Leicestershire generally	3	2%
Improve general availability of/access to GPs and nurses	1	1%
Advertise specialist GP service better (e.g. locations, languages)	1	1%
Ensure service is free/no cost	1	1%
<i>Comment written in foreign language/needs translating</i>	3	2%
<i>Agree with proposal (general/non-specific comment)</i>	10	6%
<i>Other</i>	7	4%
<i>Don't know</i>	7	4%
<i>No information (no comment made)</i>	53	31%



The most common theme mentioned regarding fairness for all when delivering the specialist GP service for asylum seeker patients relates to the physical accessibility of the service. Around 14% (24 respondents) feel it is important to ***'make the specialist GP service accessible/in a good location'***, while a further 8% (14 respondents) saying it is important to ***'offer transport for asylum seekers to get to specialist GP services'*** and 2% (3 respondents) would like them to be ***'offered a mobile service (to visit accommodations)'***.

Meanwhile, there is a feeling that GP/medical professional empathy is a key issue in fairness, with just under a tenth (9% - 16 respondents) feeling that ***'staff need to be patient/understanding/ sympathetic/ specially trained (e.g. of patient situation, of culture, ability to speak different languages)'***.

However, there is also a feeling amongst some respondents that GP services would be fairer to all if asylum seekers were able to access the same GP services as the general population with 8% (14 respondents) saying that the ICB should ***'provide access to all services for asylum seeker patients (not just specialist GP services)'***.

The other key theme mentioned in comments to this question relates to the ease of getting appointments, with 5% (9 respondents) feeling that fairness would be achieved by ***'making it easy to get an appointment/to telephone (e.g. via text, email) to shorten waiting times'*** and a further 2% (3 respondents) would like ***'the ability to have appointments remotely (e.g. by telephone, internet)'***.

At lower levels, other issues that minorities of respondents think would make specialist GP services for asylum seekers fairer for all are ***'to offer translation/interpretation services'*** (3% - 6 respondents) and to ***'provide (the current) 'Assist' service in multiple locations'*** (3% - 6 respondents).

In total, 119 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons given are shown below.

**Example comments** (for the question, ‘How do you think we should deliver the specialist GP service for asylum seeker patients across Leicester, Leicestershire and Rutland, so that it is fair for all?’)

<b>Comment</b>	<b>Status</b>	<b>Age</b>	<b>Gender</b>
<i>“If possible, in the areas where the refugees are settled and have a high density, assign a GP doctor like the current Assist practice in Leicester.”</i>	<i>Person seeking asylum</i>	<i>35-44</i>	<i>Male</i>
<i>“Create more awareness to the asylum seekers, particularly at the accommodation where they’re lodged and also through services like the Red Cross.”</i>	<i>Person seeking asylum</i>	<i>No info</i>	<i>No info</i>
<i>“Provide an interpreter because many of us don’t speak English. If the location is far for some, then transport should be provided.”</i>	<i>Person seeking asylum</i>	<i>No info</i>	<i>No info</i>
<i>“Activating an online program that helps in booking appointments.”</i>	<i>Person seeking asylum</i>	<i>35-44</i>	<i>Male</i>
<i>“GPs who can speak different languages, access to GPs needs to be quicker.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Female</i>
<i>“Assist Practice in Leicester do it perfectly, follow the model. If it is Assist Practice having different branches, that will be fine.”</i>	<i>Person seeking asylum</i>	<i>45-54</i>	<i>Male</i>
<i>“First talk online and if it is a bad situation, book them a face-to-face appointment.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Male</i>
<i>“Everything. Things like communication and commute is important to understand what patients want and for the service to be easy to get to and quickly.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Male</i>
<i>“That they are not distinguished by the type of health service provided for ordinary citizens because they are asylum seekers. They are human beings like the rest.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Male</i>
<i>“Identify the needs associated with them, prompt response to their medical needs, signposts to relevant organisation where they get the required help.”</i>	<i>Person seeking asylum</i>	<i>45-54</i>	<i>Male</i>
<i>“Transport services must be available and also translators. Asylum seekers and their different cultures must be respected.”</i>	<i>Person seeking asylum</i>	<i>No info</i>	<i>No info</i>
<i>“Access to GP as well as providing transport and translation services.”</i>	<i>Person seeking asylum</i>	<i>16-24</i>	<i>Male</i>
<i>“More than one location to make it more accessible and to provide transport.”</i>	<i>Person seeking asylum</i>	<i>45-54</i>	<i>Female</i>
<i>“Making sure there’s more centres available to assist people seeking asylum.”</i>	<i>Person seeking asylum</i>	<i>No info</i>	<i>No info</i>
<i>“You should deliver the specialist GP service to all people from Leicester whether they are asylum seekers or not.”</i>	<i>Person seeking asylum</i>	<i>No info</i>	<i>No info</i>
<i>“Transport needs to be thought about as not everyone has cars.”</i>	<i>Person seeking asylum</i>	<i>No info</i>	<i>Male</i>
<i>“Transport - we have little money and may have to walk a long distance.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Male</i>
<i>“Firstly, it should be carried out by phone, then if it is emergency, the patient should be transferred to the GP.”</i>	<i>Person seeking asylum</i>	<i>25-34</i>	<i>Male</i>

**Example comments (continued)** (for the question, ‘How do you think we should deliver the specialist GP service for asylum seeker patients across Leicester, Leicestershire and Rutland, so that it is fair for all?’)

Comment	Status	Age	Gender
<i>“Ensure non-asylum seeker patients don’t feel shortchanged. Asylum seekers already face a hostile environment.”</i>	Someone who is interested in services for asylum seekers	65-74	Female
<i>“Every small town/centre of population should have local access, not just the biggest towns. If you are ill you don’t want to travel 20 miles.”</i>	Someone who is interested in services for asylum seekers	45-54	Female
<i>“Proportionate to need, including health and wellbeing outcomes. Avoid worsening health inequalities by putting into place barriers e.g. service situated somewhere out of the city that is not accessible.”</i>	Someone who is interested in services for asylum seekers	35-44	Female
<i>“Particular surgeries could specialise, but also need outreach to the hotels that are used, in particular those with families/children.”</i>	Someone who is interested in services for asylum seekers	85+	Female
<i>“Every small town/centre of population should have local access, not just the biggest towns. If you are ill you don’t want to travel 20 miles.”</i>	Someone who is interested in services for asylum seekers	45-54	Female
<i>“As people seeking asylum have very limited financial resources, many cannot afford the costs of public transport. In addition, many of the hotels housing asylum seekers are not well connected in terms of public transport. So we suggest the specialist GP service operates primarily out of Assist Healthcare in Leicester but also includes a mobile service with a team of a GP, nurse, health visitor or social worker, and interpreter visiting Home Office accommodation locations outside Leicester to provide initial health assessments, deliver vaccinations and offer drop-in appointments. But this team should also help those seeking asylum access and navigate other healthcare services, such as maternity services, mental health support, dentistry, podiatry and other secondary care services as required. For those living in Leicester city and its suburbs, the GP service could arrange a special transport service to take patients from their accommodation to Assist Healthcare and back (e.g. having a bus run one day each week for the hostel/s and hotel/s in one area). The GP service should also ensure the offer is well advertised in all relevant languages by supported accommodation providers, charities supporting asylum seekers, and Home Office accommodation providers.”</i>	Someone who is interested in services for asylum seekers	25-34	Female
<i>“Multi language; recognise special needs e.g. of women, gay people; overtly non-discriminatory; easily accessible.”</i>	Someone who is interested in services for asylum seekers	65-74	Female
<i>“Ensure all asylum seekers can access local GP services at the nearest GP practice like the general population. They should not be required to travel longer distances unless it is their choice. It is important for GP practices to have access to translation services to ensure a quality consultation.”</i>	Other – Citizens Panel member	45-54	Female

Those responding to the online and paper survey were also subsequently asked if there was anything else that they felt needed to be considered when planning health services for asylum seeker patients. The overall results for this question from the online and paper survey are summarised in Table 20 below.

**Table 20: Q4. What else do we need to consider when planning health services for asylum seeker patients?**

**OVERALL RESULTS** (all responses to online survey: n=172).

Theme of comment	No. responses	% responses
Continue to deliver the current service/current service is good/nothing else needs to be done	15	9%
Offer translation/interpreter services	14	8%
Staff to be patient/understanding/sympathetic (e.g. of situation, of culture)	12	7%
Make it easy to get an appointment/shorter waiting times	8	5%
Fairness for all/treat all patients the same regardless of whether they are an asylum seeker or not/background	8	5%
Provide access to all services for asylum seeker patients (not just specialist GP services)	7	4%
Make specialist GP services local/easily accessible by public transport	5	3%
Include mental health services	5	3%
Make specialist GP service accessible (general comments)	3	2%
Provide pathways for continuation of care/treatment (i.e. after initial specialist GP appointment)	3	2%
Improve general availability of GPs and nurses	2	1%
Make specialist GP services equal to regular GP services	1	1%
Include physical health services	1	1%
Better signposting to health services	1	1%
Provide education services	1	1%
Specialist care for children/females	1	1%
GPs/staff to be aware of common treatments in other countries	1	1%
Health scans to be provided	1	1%
Offer a dental service	1	1%
<i>Comment written in foreign language/needs translating</i>	8	5%
<i>Other</i>	5	3%
<i>Don't know/not sure</i>	5	3%
<i>No information (no comment made)</i>	77	45%

The most common themes mentioned in terms of other things that respondents feel need to be considered when planning health services for asylum seekers are fairly reflective of those seen in the previous question. The key additional themes cited by respondents relate to the

**provision of translation/interpreter services** (8% - 14 respondents - mentioning this feature), **staff to be patient/understanding/ sympathetic of patient situations and cultures** (7% - 12 respondents), **making it easy to get an appointment/shortening waiting times** (5% - 8 respondents) and **providing fairness for all or treating all patients the same regardless of whether they are an asylum seeker or not** (5% - 8 respondents).

In total, 95 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons given are shown below.

**Example comments** (for the question, ‘What else do we need to consider when planning health services for asylum seeker patients?’)

Comment	Status	Age	Gender
<i>“That they are not distinguished by the type of health service provided from ordinary citizens because they are asylum seekers. They are human beings like the rest who have gone through a lot of suffering. This does not require the health service to distinguish them as only a human being in need of health care.”</i>	Person seeking asylum	25-34	Male
<i>“That they might need more help, because they are coming from different countries which they are not getting proper health care.”</i>	Person seeking asylum	No info	No info
<i>“No long explanations and automated messages/options on the phone line as this is difficult to understand. Language services like interpretation must be available.”</i>	Person seeking asylum	25-34	Male
<i>“that most asylum seekers do not have access to their own transport, and cannot afford public transport, so services need to be accessible.”</i>	Person seeking asylum	16-24	Male
<i>“Remove third party, like any report can come from accommodation provider’s company or Migrant Help, to avoid confidentiality breach. These reports are, from my experience, malicious and would cause distraction and medical crime. Generally, asylum seekers have zero rights. If you just deal with asylum seeker like others, it would be safe in related to GDPR. In my experience, those requested my police records through NHS for blackmailing of my clean past and they created false stories to collect it. The Home Office gives them this access but they use it to hurt. I am a Saudi girl with a political asylum case, I was under psychology violence around the time I claimed asylum. Generally, Remove the third party.”</i>	Person seeking asylum	25-34	Female
<i>“Just being prepared psychologically to face these people. Some will be alright but others will be challenging.”</i>	Person seeking asylum	45-54	Male
<i>“It is very painful to understand the stress of the asylum seeker, the fact that he had to leave his life. What he experienced on the way warms the human soul. And the most important thing is the patience of the doctor. For example: In the previous city where I was in a hotel, I really needed a doctor but they didn't give me an appointment at 8am. After two weeks of trying and calling every day at 8 o'clock, I was able to get a phone appointment. When the doctor called me, the doctor was impatient. And after 15 minutes in the middle of my conversation, he said goodbye and did not give me medicine and said to make another appointment tomorrow. I tried to make an appointment at 8:00am. for a few days but the hours quickly filled up and I was connected at around 8:20am, when it was my turn. They said that all the appointments were full today. I saw that my nerves were getting worse and I didn't call. I did not see a GP once in the previous city. He didn't even write a blood test for me. And this issue of not having a good doctor scared me. Until we came to Leicester and thank God, the doctors of this GP centre are very patient and kind, and the good thing is that even if we go in person at 8am they give us an appointment. Because most of us asylum seekers do not speak well or do not have phone chargers, it is much better to make an appointment in person.”</i>	Person seeking asylum	25-34	Female

**Example comments (continued)** (for the question, ‘What else do we need to consider when planning health services for asylum seeker patients’)

Comment	Status	Age	Gender
<i>“The centres chosen should have same level of service, monitored closely with SMART KPIs, so there is no post code inequality.”</i>	Someone who works with asylum seekers	55-64	Male
<i>“Provide a safe secure environment for them. Take into account local views/prejudices, aim not to inflame an already tense situation within communities where asylum seekers are placed.”</i>	Someone who works with asylum seekers	No info	Female
<i>“Language needs. Cultural needs. Asylum seekers may have experienced torture, so will have special health care needs. Ensure the health care is specialist but not isolating.”</i>	Someone who is interested in services for asylum seekers	65-74	Female
<i>“Recognise these may be torture survivors, people who have experienced persecution in their own country, people who may be afraid of authority.”</i>	Someone who is interested in services for asylum seekers	65-74	Female
<i>“Staff within the GP service should be trained in providing culturally competent care, as patients from other cultures may not communicate their health concerns in the way typical for UK residents. This is especially the case for mental health problems. There should be a pathway for continuity of care and ongoing access to mainstream primary care services once asylum seekers move to dispersal accommodation or are granted refugee status, particularly if registered with specialist services commissioned locally. The GP service should provide physical copies of health records so that the patient can easily carry that information with them in the case of any moves, which can be very sudden. The Integrated Care Board should channel information about the rights of asylum-seekers to healthcare across all of its partner Trusts, so that no one is wrongly denied care. Locally commissioned interpreting services should be available for all patients in line with NHS England guidance, ‘NHS England Guidance for Commissioners: Interpreting and Translation Services in Primary Care’. We would also commend to the ICB: the Doctors of the World toolkit for ICBs and Primary Care Commissioners, ‘Access to healthcare for people seeking asylum in initial and contingency accommodation’, the Safe Surgeries Toolkit, and the BMA’s Refugee and asylum seeker patient health toolkit.”</i>	Someone who is interested in services for asylum seekers	25-34	Female
<i>“Mental health support because of the trauma and distress of their escape and current conditions.”</i>	Someone who is interested in services for asylum seekers	85+	Female



# Section 4: Current Access to Health Services

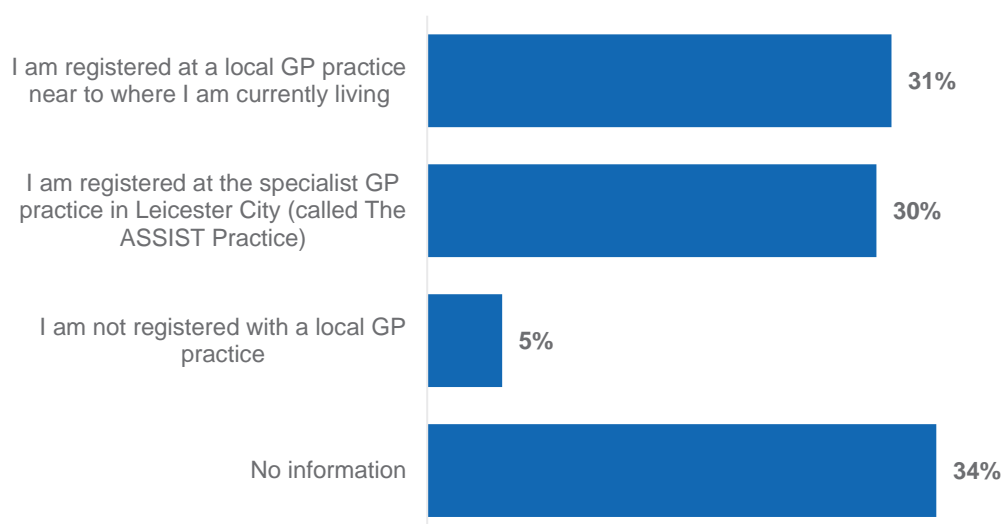


## 4.1 Headline Findings – Online Survey

Those responding to the survey were asked whether they are currently registered with a GP practice. The overall results for this question are summarised in Figure 2 below.

**Figure 2: Q6a. Please tell us how you currently use your GP practice.**

**OVERALL RESULTS** (all responses to online survey: n=172).



Overall, 61% (105 respondents) to the online survey say that they are registered to a GP practice – either at a local GP practice near to where they are currently living or at the specialist GP practice (Assist Practice) in Leicester. Only a small proportion (5% - 8 respondents) indicate that they are not currently registered with a local GP practice. However, it should be noted that 34% (59 respondents) did not provide an answer for this question.

NB: When asylum seeker respondents who say they are not registered with a local GP practice were asked how they access health services, a total of 64 respondents went on to answer this question (rather than just the 8 respondents who should have answered the question). However, of those answering, 14% (24 respondents) said they **call NHS 111**, 10% (17 respondents) **go to Accident & Emergency** and 5% (8 respondents) **go to a walk-in centre or urgent care centre**.

## 4.2 Results by Respondent Type

Table 22a shows how responses to this question vary by respondent status, while Table 22b shows responses by age and gender, Table 22c shows responses by disability status, carer status and GP registration status and Table 22d shows responses by ethnicity.

**Table 22a: Q6a. Please tell us how you currently use your GP practice. RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Answering As:				
		A Person Seeking Asylum (150)	Carer/ Friend/ Family Member (3)	Someone Working With Asylum Seekers (4)	Provider of Asylum Seeker Services (2)	Someone Interested in Asylum Seeker Services (11)
I am registered at a local GP practice near to where I am currently living	31%	35%	0%	0%	0%	0%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	30%	33%	33%	25%	0%	9%
I am not registered with a local GP practice	5%	5%	0%	0%	0%	0%
No information	34%	27%	67%	75%	100%	100%

There are no significant differences in how respondents currently use their GP practice between those answering as an asylum seeker and respondents answering in a different capacity (nearly all of whom did not answer this question).

**Table 22b: Q6a. Please tell us how you currently use your GP practice. RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (172)	Age:			Gender:	
		Under 35 (62)	35-54 (31)	55+ (12)	Male (83)	Female (36)
I am registered at a local GP practice near to where I am currently living	31%	52%	19%	8%	39%	31%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	30%	29%	48%	25%	36%	33%
I am not registered with a local GP practice	5%	6%	6%	0%	7%	6%
No information	34%	13%	26%	67%	18%	31%

There are no significant differences between age groups or genders in terms of GP practice registration.

**Table 22c: Q6a. Please tell us how you currently use your GP practice. RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (28)	No (71)	Yes (30)	No (65)	Yes - Local (53)	Yes - Assist (52)	No (8)
I am registered at a local GP practice near to where I am currently living	31%	21%	38%	53%	29%	100%	0%	0%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	30%	50%	24%	17%	40%	0%	100%	00%
I am not registered with a local GP practice	5%	7%	6%	3%	8%	0%	0%	100%
No information	34%	21%	32%	27%	23%	0%	0%	0%

There are no significant differences in terms of GP practice registration between those with or without a disability or poor health, or between respondents with or without carer responsibilities or whether they are registered with a GP practice or not. However, there is some evidence to suggest that those with a disability or health issue may be slightly more likely to be registered at the ASSIST Practice compared to those with no disability or health issues.

**Table 22d: Q6a. Please tell us how you currently use your GP practice. RESULTS BY ETHNICITY** (base sizes in brackets).

	Total (Online Survey) (172)	Ethnicity:				
		White (15)	Asian (36)	Black (23)	Mixed (6)	Other (27)
I am registered at a local GP practice near to where I am currently living	31%	0%	36%	65%	33%	37%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	30%	13%	44%	17%	50%	48%
I am not registered with a local GP practice	5%	0%	3%	9%	17%	7%
No information	34%	87%	17%	9%	0%	7%

There are no significant differences in terms of GP practice registration between different ethnic groups.



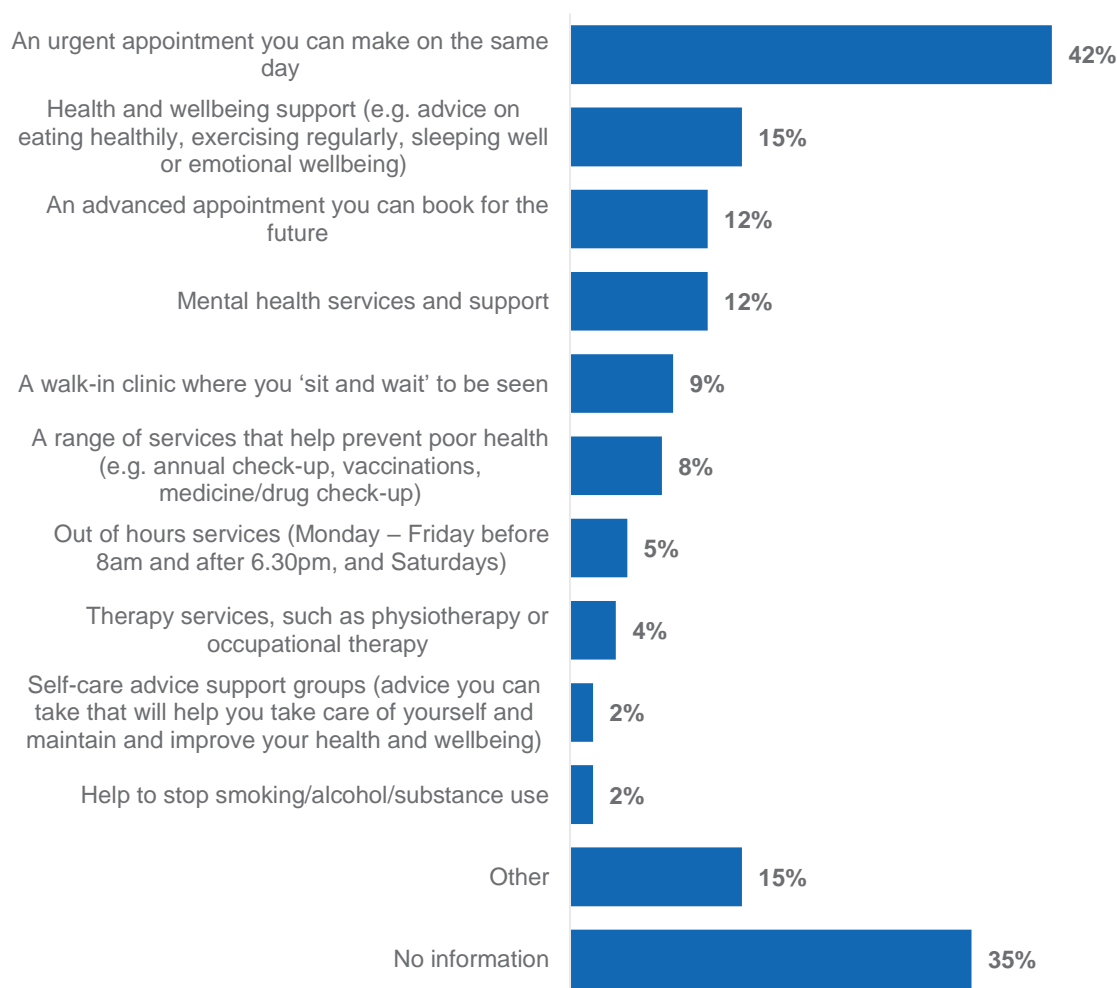
# **Section 5: Most Important Aspects of a Specialist GP Service for Asylum Seekers**

## 5.1 Headline Findings – Online Survey

Those responding to the survey were presented with a list of aspects that could be offered by their GP service and were asked to select the most important one(s) to them. The overall results for this question are summarised in Figure 3 below.

**Figure 3: Q7. As an asylum seeker patient, what is the most important thing to you about your GP service? (select as many as apply)**

**OVERALL RESULTS** (all responses to online survey: n=172).



The most important aspect to the asylum seeker sample about their GP service is the ability to be able to make appointments. Specifically, more than two-fifths (42% - 73 respondents) select ***'an urgent appointment you can make on the same day'*** as the most important thing about their GP service, while 12% (21 respondents) choose ***'an advanced appointment you can book for the future'***. The two other aspects that are seen as being fairly important for more than a tenth of respondents are ***'health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)'*** (15% - 25 respondents) and ***'mental health services and support'*** (12% - 20 respondents).

However, it should be noted that 35% (60 respondents) did not provide an answer to this question.

## 5.2 Results by Respondent Type

Table 24a shows how responses to this question vary by respondent status, while Table 24b shows responses by age and gender, Table 24c shows responses by disability status, carer status and GP registration status and Table 24d shows responses by ethnicity.

**Table 24a: Q7. As an asylum seeker patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Answering As:				
		A Person Seeking Asylum (150)	Carer/ Friend/ Family Member (3)	Someone Working With Asylum Seekers (4)	Provider of Asylum Seeker Services (2)	Someone Interested in Asylum Seeker Services (11)
An urgent appointment you can make on the same day	<b>42%</b>	48%	0%	25%	0%	0%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	<b>15%</b>	15%	33%	25%	0%	9%
An advance appointment you can book for the future	<b>12%</b>	14%	0%	0%	0%	0%
Mental health services and support	<b>12%</b>	13%	0%	0%	0%	0%
A walk-in clinic where you 'sit and wait' to be seen	<b>9%</b>	10%	33%	0%	0%	0%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	<b>8%</b>	8%	0%	0%	0%	0%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	<b>5%</b>	5%	0%	0%	0%	0%
Therapy services, such as physiotherapy or occupational therapy	<b>4%</b>	4%	33%	0%	0%	0%
Self-care advice support groups	<b>2%</b>	2%	33%	0%	0%	0%
Help to stop smoking/alcohol/substance use	<b>2%</b>	2%	0%	0%	0%	0%
Other	<b>15%</b>	17%	0%	0%	0%	0%
No information	<b>35%</b>	27%	67%	75%	100%	91%

There are no significant differences in how respondents rate the importance of various aspects of their GP practice between those answering as an asylum seeker and respondents answering in a different capacity (nearly all of whom did not answer this question).

**Table 24b: Q7. As an asylum seeker patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY AGE & GENDER (base sizes in brackets).**

	Total (Online Survey) (172)	Age:			Gender:	
		Under 35 (62)	35-54 (31)	55+ (12)	Male (83)	Female (36)
An urgent appointment you can make on the same day	<b>42%</b>	58%	48%	17%	53%	36%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	<b>15%</b>	16%	32%	0%	17%	22%
An advance appointment you can book for the future	<b>12%</b>	13%	26%	17%	16%	17%
Mental health services and support	<b>12%</b>	15%	26%	0%	16%	14%
A walk-in clinic where you 'sit and wait' to be seen	<b>9%</b>	10%	19%	0%	12%	8%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	<b>8%</b>	6%	26%	8%	13%	6%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	<b>5%</b>	5%	13%	0%	8%	3%
Therapy services, such as physiotherapy or occupational therapy	<b>4%</b>	3%	13%	0%	6%	3%
Self-care advice support groups	<b>2%</b>	5%	3%	0%	5%	0%
Help to stop smoking/ alcohol/substance use	<b>2%</b>	2%	6%	0%	4%	0%
Other	<b>15%</b>	15%	13%	0%	16%	19%
No information	<b>35%</b>	15%	26%	67%	19%	31%

Although there are no significant differences between age groups or genders in terms of how they rate the importance of various aspects of their GP practice, there is some evidence to



suggest that having the ability to make an urgent appointment on the same day may be more important to younger age groups.

**Table 24c: Q7. As an asylum seeker patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS (base sizes in brackets).**

	Total (Online Survey) (172)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (28)	No (71)	Yes (30)	No (65)	Yes - Local (53)	Yes - Assist (52)	No (8)
An urgent appointment you can make on the same day	42%	54%	45%	47%	54%	64%	62%	75%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	15%	29%	17%	17%	22%	15%	29%	25%
An advance appointment you can book for the future	12%	29%	13%	10%	22%	9%	27%	25%
Mental health services and support	12%	29%	11%	13%	20%	8%	29%	13%
A walk-in clinic where you 'sit and wait' to be seen	9%	7%	11%	17%	12%	19%	10%	13%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	8%	21%	7%	10%	11%	11%	13%	0%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	5%	4%	8%	3%	9%	4%	10%	13%
Therapy services, such as physiotherapy or occupational therapy	4%	11%	6%	3%	8%	8%	6%	0%
Self-care advice support groups	2%	4%	4%	3%	5%	0%	6%	13%
Help to stop smoking/ alcohol/substance use	2%	4%	3%	0%	3%	4%	2%	0%
Other	15%	18%	11%	20%	15%	23%	23%	25%
No information	35%	21%	32%	27%	23%	2%	0%	0%

There are no significant differences between those with or without a disability/in poor health, or between those with or without carer responsibilities, or between whether or not they are registered to a GP practice, in terms of how they rate the importance of various aspects of their GP practice. However, there may be some evidence to suggest that those registered with the Assist Practice in Leicester may be slightly more likely than other respondents to rate a few of the aspects as being slightly more important than others, such as ‘health and wellbeing support’, ‘mental health services’ and ‘an advance appointment you can book for the future’.

**Table 24d: Q7. As an asylum seeker patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY ETHNICITY** (base sizes in brackets).

	Total (Online Survey) (172)	Ethnicity:				
		White (15)	Asian (36)	Black (23)	Mixed (6)	Other (27)
An urgent appointment you can make on the same day	42%	0%	53%	57%	67%	59%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	15%	0%	31%	30%	0%	11%
An advance appointment you can book for the future	12%	13%	22%	9%	33%	7%
Mental health services and support	12%	7%	28%	13%	0%	15%
A walk-in clinic where you ‘sit and wait’ to be seen	9%	0%	25%	9%	0%	15%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	8%	0%	19%	13%	33%	4%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	5%	13%	6%	4%	33%	0%
Therapy services, such as physiotherapy or occupational therapy	4%	0%	11%	4%	17%	0%
Self-care advice support groups	2%	0%	8%	0%	17%	0%
Help to stop smoking/ alcohol/substance use	2%	0%	6%	0%	0%	0%
Other	15%	0%	25%	13%	17%	33%
No information	35%	87%	17%	0%	0%	11%

There are no significant differences between different ethnic groups in terms of how they rate the importance of various aspects of their GP practice.

### 5.3 Headline Findings – Community Consultation Events

For those taking part in the consultation through a **community group**, feedback for this question was collected by moderators on behalf of the whole group. For this question, a summary of the feedback received from each group/event relating to this question is shown in Table 25 below – but across the twelve focus groups, responses largely mirrored the online/paper survey, with by far the most important aspect being the ability to make ‘same day urgent appointments’, although ‘translation services’ is also desired by several respondents.

**Table 25: Q7. As an asylum seeker patient, what is the most important thing to you about your GP service? SUMMARY OF FINDINGS BY EVENT** (number of respondents in each focus group in brackets).

<b>Event</b> (No. of people attending):	<b>Date</b>	<b>% 'AGREEING' with Proposal</b>	<b>Overall Summary of Discussion Themes from Each Group</b>
Loughborough - Cedars Hotel (2)	30/10	<b>100% (2)</b>	<i>‘Same day urgent appointments, mental health support and translation services.’</i>
Loughborough - Cedars Hotel (9)	30/10	<b>100% (9)</b>	<i>‘Same day urgent appointments, translation services and someone to refer to a specialist if further action is required.’</i>
Loughborough - Cedars Hotel (3)	07/11	<b>100% (3)</b>	<i>‘Same day appointments, medication provided and GP home visits.’</i>
Loughborough - Cedars Hotel (2)	07/11	<b>100% (2)</b>	<i>‘Health and wellbeing and medication.’</i>
Loughborough - Cedars Hotel (3)	07/11	<b>100% (3)</b>	<i>‘Same day appointments x 2 and translation services x 1.’</i>
Best Western Appleby Magna Hotel (3)	14/11	<b>100% (3)</b>	<i>‘Same day appointments, transport services, translation services and dental services.’</i>
Best Western Appleby Magna Hotel (10)	14/11	<b>100% (10)</b>	<i>‘Same day appointments, transport services, translation services.’</i>
Ramada Hotel by Wyndham, Loughborough (2)	21/11	<b>100% (2)</b>	<i>‘Looking after us when we are ill and give us the medication and giving us support to get better.’</i>
Ramada Hotel by Wyndham, Loughborough (3)	21/11	<b>0% (0)</b>	<i>‘Same-day urgent appointments, translators and close location.’</i>
Ramada Hotel by Wyndham, Loughborough (10)	21/11	<b>100% (10)</b>	<i>‘Access to GPs in hotels, same-day appointments, translation services, close location, prioritise for severe illnesses, referral letters when needed quickly.’</i>
Ramada Hotel by Wyndham, Loughborough (3)	21/11	<b>100% (3)</b>	<i>‘We need to see GP’s quicker when we are not well.’</i>
Assist Practice, Charles Berry House, Leicester (16)	21/11	<b>50% (8)</b>	<i>‘3 people mentioned: Same day appointments, translation services, health and wellbeing services provided, support and mental health support; 7 people mentioned: Same day appointments, translation; 1 person mentioned: Walk in appointments; 1 person mentioned: Mental health the most important.’</i>

# Section 6: Specialist GP Service Communication Preferences

## 6.1 Headline Findings – Online Survey

Those responding to the survey were presented with a list of contact methods that could be used by their GP service and were asked to select the one(s) that they would most like their GP practice to use. The overall results for this question are summarised in Figure 4 below.

**Figure 4: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option)**

**OVERALL RESULTS** (all responses to online survey: n=172).



There is a clear preference for direct telephone contact by GP practices to asylum seeker patients when they need to contact them. The GP practice contact channels that respondents express the greatest preference for are a **telephone call** (51% - 87 respondents – selecting this as a way they would like to be contacted) and/or a text (49% - 85 respondents – selecting this method). However, two fifths (40% - 68 respondents) would like to be contacted by their GP practice via **email**, while just over a sixth (15% - 26 respondents) express a liking for contact **by post to a postal address that they provide**.

It should be noted that 21% (36 respondents) did not provide an answer to this question.

Those responding to the survey were also asked to indicate their preferred spoken language – the overall results for this question are summarised in Table 26 below.

**Table 26: Q9. What is your preferred spoken language?****OVERALL RESULTS** (all responses to online survey: n=172).

Respondent type	No. responses	% responses
English	40	23%
Arabic	18	10%
Kurdish (including Badini, Sorani)	18	10%
Persian/Farsi	16	9%
Eritrean/Tigrinya	10	6%
Pashto	8	5%
Amharic	7	4%
Dari	4	2%
Tamil	4	2%
Punjabi	3	2%
Spanish	3	2%
Bangla/Bengali	2	1%
Gujarati	2	1%
Mandarin	2	1%
Urdu	2	1%
Hindi	2	1%
Turkish	1	1%
French	1	1%
Albanian	1	1%
Nepalese	1	1%
Somali	1	1%
Vietnamese	1	1%
Answer not understandable/needs translating	3	2%
Don't know/not sure	2	1%
No information	38	22%

The responses to this question indicate the need to consider providing specialist GP services in a wide range of languages other than English if at all possible. Although approaching a quarter (23% - 40 respondents) to the online/paper survey indicate that English is their preferred spoken language, other languages such as Arabic, Kurdish, Persian/Farsi, Eritrean/Tigrinyan and Pasho are the mother tongues of 5% or more of the sample.

However, it should be noted that 22% (38 respondents) did not provide an answer to this question.

## 6.2 Results by Respondent Type

Table 27a shows how responses to this question vary by respondent status, while Table 27b shows responses by age and gender, Table 27c shows responses by disability status, carer status and GP registration status and Table 27d shows responses by ethnicity.

**Table 27a: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Answering As:				
		A Person Seeking Asylum (150)	Carer/ Friend/ Family Member (3)	Someone Working With Asylum Seekers (4)	Provider of Asylum Seeker Services (2)	Someone Interested in Asylum Seeker Services (11)
Telephone call	51%	56%	33%	75%	50%	9%
Text	49%	52%	0%	25%	0%	45%
Email	40%	41%	0%	25%	0%	36%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	15%	15%	33%	0%	0%	18%
Contacting somebody you trust using contact details you provide	5%	2%	0%	25%	0%	45%
Other (please tell us)	3%	2%	0%	0%	0%	9%
No information	21%	20%	67%	25%	50%	0%

There are no significant differences in the contact preferences of respondents between those answering as an asylum seeker and respondents answering in a different capacity (nearly all of whom did not answer this question).

**Table 27b: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (172)	Age:			Gender:	
		Under 35 (62)	35-54 (31)	55+ (12)	Male (83)	Female (36)
Telephone call	51%	71%	58%	33%	60%	58%
Text	49%	55%	74%	58%	57%	64%
Email	40%	56%	61%	25%	53%	50%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	15%	16%	26%	25%	18%	19%
Contacting somebody you trust using contact details you provide	5%	3%	3%	42%	4%	17%
Other (please tell us)	3%	0%	6%	0%	1%	6%
No information	21%	6%	6%	0%	8%	3%

Although there are no significant differences between age groups or genders in terms of contact preferences from their GP practice, there is some evidence to suggest that direct telephone calls may be preferred by younger age groups, whereas those aged 35-54 may have a slight preference for text message contact.

**Table 27c: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS** (base sizes in brackets).

	Total (Online Survey) (172)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (28)	No (71)	Yes (30)	No (65)	Yes - Local (53)	Yes - Assist (52)	No (8)
Telephone call	51%	64%	58%	50%	66%	72%	69%	63%
Text	49%	57%	55%	50%	63%	62%	67%	38%
Email	40%	46%	54%	50%	57%	53%	44%	63%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	15%	21%	20%	10%	25%	17%	25%	0%
Contacting somebody you trust using contact details you provide	5%	4%	10%	3%	12%	2%	4%	0%
Other (please tell us)	3%	7%	1%	7%	0%	4%	2%	0%
No information	21%	14%	8%	17%	3%	0%	0%	0%



There are no significant differences between those with or without a disability/in poor health, or between those with or without carer responsibilities, or between whether or not they are registered to a GP practice, in terms of how they would like their GP practice to communicate with them.

**Table 27d: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY ETHNICITY (base sizes in brackets).**

	<b>Total (Online Survey) (172)</b>	<b>Ethnicity:</b>				
		<b>White (15)</b>	<b>Asian (36)</b>	<b>Black (23)</b>	<b>Mixed (6)</b>	<b>Other (27)</b>
Telephone call	<b>51%</b>	13%	64%	74%	67%	74%
Text	<b>49%</b>	47%	58%	70%	67%	56%
Email	<b>40%</b>	53%	31%	83%	83%	48%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	<b>15%</b>	0%	19%	30%	17%	15%
Contacting somebody you trust using contact details you provide	<b>5%</b>	33%	11%	0%	0%	0%
Other (please tell us)	<b>3%</b>	13%	0%	0%	0%	4%
No information	<b>21%</b>	13%	14%	0%	0%	0%

There are no significant differences between different ethnic groups in terms of how they would like their GP practice to communicate with them.

### 6.3 Headline Findings – Community Consultation Events

For those taking part in the consultation through a **community group**, feedback for this question was collected by moderators on behalf of the whole group. For this question, a summary of the feedback received from each group/event relating to this question is shown in Table 28 below – but across the twelve focus groups responses largely mirrored the online/paper survey, with telephone (26 respondents), text (25 respondents) and email (20 respondents) being the most preferred contact channels.

**Table 28: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). SUMMARY OF FINDINGS BY EVENT** (number of respondents in each focus group in brackets).

<b>Event</b> (No. of people attending):	<b>Date</b>	<b>% 'AGREEING' with Proposal</b>	<b>Overall Summary of Discussion Themes from Each Group</b>
Loughborough - Cedars Hotel (2)	30/10	<b>100% (2)</b>	'Text message and email.'
Loughborough - Cedars Hotel (9)	30/10	<b>100% (9)</b>	'Text message, telephone and email.'
Loughborough - Cedars Hotel (3)	07/11	<b>100% (3)</b>	'Text or email x 3.'
Loughborough - Cedars Hotel (2)	07/11	<b>100% (2)</b>	'Telephone, email and post.'
Loughborough - Cedars Hotel (3)	07/11	<b>100% (3)</b>	'Text message and telephone with interpretation x 3.'
Best Western Appleby Magna Hotel (3)	14/11	<b>100% (3)</b>	'3 x telephone with interpreter.'
Best Western Appleby Magna Hotel (10)	14/11	<b>100% (10)</b>	'10 x telephone.'
Ramada Hotel by Wyndham, Loughborough (2)	21/11	<b>100% (2)</b>	'Phone call, emails and text messages.'
Ramada Hotel by Wyndham, Loughborough (3)	21/11	<b>0% (0)</b>	'Email and text messages.'
Ramada Hotel by Wyndham, Loughborough (10)	21/11	<b>100% (10)</b>	'Email and text messages (translated).'
Ramada Hotel by Wyndham, Loughborough (3)	21/11	<b>100% (3)</b>	'Phone call, emails or letter in Punjabi.'
Assist Practice, Charles Berry House, Leicester (16)	21/11	<b>50% (8)</b>	'7 people - telephone; 7 people - text; 1 person - Telephone, friend, or family; 1 person - email; 1 person - Face to face.'

Those taking part in the consultation through a **community group** were also asked to indicate their preferred spoken language and a summary of the feedback received from each group/event relating to this question is shown in Table 29 below. Across the twelve focus groups, responses largely mirrored the online/paper survey, with Kurdish, Arabic, Persian and Eritrean/Tigrinyan being the non-English languages spoken most widely amongst those taking part in the focus groups.

**Table 29: Q9. What is your preferred spoken language? SUMMARY OF FINDINGS BY EVENT** (number of respondents in each focus group in brackets).

<b>Event</b> (No. of people attending):	<b>Date</b>	<b>% 'AGREEING' with Proposal</b>	<b>Overall Summary of Discussion Themes from Each Group</b>
Loughborough - Cedars Hotel (2)	30/10	<b>100% (2)</b>	Arabic x2.
Loughborough - Cedars Hotel (9)	30/10	<b>100% (9)</b>	Arabic x3, Kurdish x1, Persian/Farsi x1, Punjabi x1, Dari x1, Pashto x1.
Loughborough - Cedars Hotel (3)	07/11	<b>100% (3)</b>	Persian/Farsi x3.
Loughborough - Cedars Hotel (2)	07/11	<b>100% (2)</b>	Arabic x2.
Loughborough - Cedars Hotel (3)	07/11	<b>100% (3)</b>	Kurdish x3.
Best Western Appleby Magna Hotel (3)	14/11	<b>100% (3)</b>	Persian/Farsi x3.
Best Western Appleby Magna Hotel (10)	14/11	<b>100% (10)</b>	English x1, Arabic x1, Turkish x1, Eritrean/Tigrinyan x1, Persian/Farsi x1, Dari x1, Tamil x1, No information x3.
Ramada Hotel by Wyndham, Loughborough (2)	21/11	<b>100% (2)</b>	Turkish x2.
Ramada Hotel by Wyndham, Loughborough (3)	21/11	<b>0% (0)</b>	Arabic x3.
Ramada Hotel by Wyndham, Loughborough (10)	21/11	<b>100% (10)</b>	Kurdish x10.
Ramada Hotel by Wyndham, Loughborough (3)	21/11	<b>100% (3)</b>	Punjabi x3.
Assist Practice, Charles Berry House, Leicester (16)	21/11	<b>50% (8)</b>	English x3, Urdu x2, Amharic x1, Arabic x1, Persian/Farsi x1, Eritrean/Tigrinyan x1, Pashto x1, Kurdish x1, Tamil x1, Gujarati x1, No information x3.

# **Appendix A:**

## **Asylum Seeker GP Service Consultation Survey Questions**

## Asylum Seeker GP service consultation survey

**Note: To view this survey in other languages, download the Google Translate app via the App Store or Google Play store.**

Specialist asylum seeker GP services are currently provided to people living in Leicester City by a contract – an arrangement between the NHS and the GP practice. This contract will end on 31<sup>st</sup> March 2025.

The organisation responsible for planning and improving local health services, including GP practices, is called the Integrated Care Board (ICB). The ICB has been looking at how services will be provided to asylum seeker patients not only in Leicester, but also in Leicestershire and Rutland, after the contract ends.

At the moment, if you are seeking asylum in Leicester, you will receive GP services from Inclusion Healthcare in the city centre.

If you are seeking asylum in Leicestershire or Rutland, you will receive GP services from your nearest GP practice.

We want to have one service for asylum seeker patients whether they live in Leicester, Leicestershire or Rutland.

This means that, in the future, GP services for asylum seeker patients may be delivered in a different way and by a different organisation.

For the purpose of this service an asylum seeker is defined as:

Someone who arrives in the country and makes a formal application for protection. If their application is successful, then they are granted refugee status.

*Home Office and United Nations Human Rights Council (UNHRC)*

Cohorts that do not meet the definition of asylum seeker, including refugees, will fall outside of the intended cohort and inclusion criteria for this service, unless commissioners are made aware and condone appropriate exceptions.

We have developed a proposal (a plan for how we could deliver asylum seeker GP services in the future) that we would love to hear your thoughts on. So, we are inviting you to complete a short survey. Your views will help us to shape how we deliver asylum seeker GP services across Leicester, Leicestershire, and Rutland.

---

The survey can take up to 10 minutes to complete. Please ensure that you don't share any personal information in the survey (information that could be used to identify you, such as your name).

The survey closes on **Tuesday 21 November 2023**.

If you would prefer to complete the survey online, please visit:

<https://llrnhs.questionpro.eu/asylumseekergpservices> or scan the QR code below



### Returning a completed survey

Please post your completed survey to:

Freepost Plus RUEE–ZAUY–BXEG

LLR ICB, G30, Pen Lloyd Building, Leicestershire County Council, Leicester Road, Glenfield,  
Leicester, LE3 8TB

### Data Protection Statement

All the information you provide will be considered when we are planning services. Please be aware that, by completing the survey, you are giving your consent to include your response in the analysis of the survey responses. We will publish a Report of Findings so that you can see what matters most to responders. Any reports published using your feedback will not contain any personally identifiable information.

If you have any questions about the survey and need assistance with completing the survey, please email us: [LLRICB-LLR.beinvolved@nhs.net](mailto:LLRICB-LLR.beinvolved@nhs.net)

Thank you for your time and support.

## Survey questions

**Q1.** Please tick to confirm you have read and agree with the data protection act statement on the previous page. **(Please note that we cannot use any surveys that don't have this box ticked)**

**Q2.** Please tell us in what capacity you are completing this survey.  
**I am completing the survey...**

- As a person seeking asylum
- As a carer, friend or family member of someone seeking asylum
- As someone who works with the asylum seekers
- As a provider of asylum seeker services in Leicester, Leicestershire and Rutland
- As someone who is interested in services for asylum seekers
- Other (please tell us)

**Q3a. For asylum seeker patients, we are proposing to have one GP service delivered across Leicester, Leicestershire and Rutland. This means that, no matter where you live in the area, if you are seeking asylum, you will be able to access a specialist GP service. You won't need to go to a regular GP practice.**

**What do you think about this?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**Q3b. Please tell us why**

**Q4. How do you think we should deliver the specialist GP service for asylum seeker patients across Leicester, Leicestershire and Rutland, so that it is fair for all?**

**Q5. What else we need to consider when planning health services for asylum seeker patients?**

**Q6. Are you currently seeking asylum?**

- Yes
- No

**Q7. Which district council area are you currently living in?**

- Blaby
- Hinckley and Bosworth

- Leicester City
- Charnwood (Loughborough and surrounding areas)
- Lutterworth
- Harborough (Market Harborough, Lutterworth and surrounding areas)
- Melton
- North West Leicestershire (Coalville and surrounding areas)
- Oadby and Wigston
- Rutland
- Other area (please tell us) \_\_\_\_\_

**Q8a. Please tell us how you currently use your GP practice.**

- I am registered at a local GP practice near to where I am currently living
- I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)
- I am not registered with a local GP practice

**Q8b. If you are not registered with a local GP practice, how do you access health services?**

- Go to A&E
- Go to a walk in centre or urgent care centre
- Call NHS 111
- Don't know
- Other (please tell us) \_\_\_\_\_

**Q9. As an asylum seeker patient, what is the most important thing to you about your GP service?**

- An urgent appointment you can make on the same day
- An advanced appointment you can book for the future
- A walk-in clinic where you 'sit and wait' to be seen
- Therapy services, such as physiotherapy (helping people affected by injury, illness or disability through movement), or occupational therapy (helping people to participate in activities in everyday life)
- A range of services that help prevent poor health, e.g. an annual check-up, vaccinations, or a medicine/drug check-up
- Help to stop smoking/alcohol/substance use
- Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well, or emotional wellbeing)
- Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)
- Self-care advice support groups (advice you can take that will help you take care of yourself and maintain and improve your health and wellbeing)
- Mental health services and support
- Other (please tell us) \_\_\_\_\_



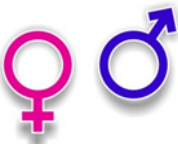

**Q10. How would you like you like your GP practice to communicate with you? (You may tick more than one option)**

- Telephone call
- Text
- Email
- By post to a postal address you provide (not necessarily the address of where you are sleeping)
- Contacting somebody you trust using contact details you provide
- Other (please tell us) \_\_\_\_\_

**Q11. What is your preferred spoken language?**

**Equality monitoring questions**

Please complete as much of the information about yourself as you feel comfortable with, as this will help us understand who is taking part in the consultation. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes and questionnaire analysis.

 <p><b>Sex</b></p>	<p><b>Q1. What is your sex? (Select one option)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Male</li> <li><input type="checkbox"/> Female</li> <li><input type="checkbox"/> Intersex</li> <li><input type="checkbox"/> Prefer not to say</li> </ul>
 <p><b>Gender reassignment</b></p>	<p><b>Q2. Do you identify as the gender you were assigned at birth? (Select one option)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No, please write in your gender identity _____</li> <li><input type="checkbox"/> Prefer not to say</li> </ul>



**Pregnancy/maternity**

Q3. Are you pregnant or have you given birth in the last 26 weeks? (Select one option)

- Yes
- No
- Prefer not to say



**Age**

Q4. What is your age? (Select one option)

- Under 16
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+
  
- Prefer not to say



**Disability**

Q5a. Do you consider yourself to have a disability or suffer from poor health? (Select one option)

- Yes, I have a disability
- Yes, I am in poor health
- Neither
  
- Prefer not to say



Q5b. If you have selected 'yes', please tell us which condition: (Select one option)

- Physical
- Partial or total loss of vision
- Learning disability/ difficulty
- Partial or total loss of hearing
- Mental health condition
- Long standing illness or condition
- Speech impediment or impairment

**Condition**

Other medical condition or impairment, please tell us here:



**Race**

Q6. What is your ethnicity? (Select one option)

**Asian or Asian British:**

- Bangladeshi
  - Chinese
  - Indian
  - Pakistani
  - Any other Asian background
- 

**Black or Black British:**

- African background, please tell us here \_\_\_\_\_
  - Caribbean
  - Any other Black background
- 

**Mixed:**

- Asian and White
  - Black African and White
  - Black Caribbean and White
  - Any other Mixed or multiple background
- 


**White:**

- British, English, Northern Irish, Scottish, Welsh
  - Irish
  - Gypsy/ Irish Traveller
  - Roma
  - Any other White background
- 

**Other:**

- Arab
- Polish

	<input type="checkbox"/> Somali <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other ethnicity <hr/>
--	--




**Religion or belief**

Q7. What is your religion or belief? (Select one option)

No religion  
 Bahá'i  
 Buddhist  
 Christian  
 Hindu  
 Jain  
 Jewish  
 Muslim  
 Sikh

Prefer not to say  
 Other, please tell us here:



**Relationship Status**

Q8. What is your relationship status?

Single  
 Married/civil partnership  
 Separated or divorced  
 Partnered/living with partner  
 Widowed/surviving civil partner  
 Prefer not to say






**Sexual orientation**

Q9. What is your sexual orientation (preference)? (Select one option)

Bisexual (relationship with any gender/s)  
 Gay or lesbian (same sex relationship)  
 Heterosexual/ straight (male to female relationship)  
 Prefer not to say

Other, please tell us here:

Q10. Do you provide care for someone? (Tick as many as appropriate)

 <p><b>Carers</b></p>	<input type="checkbox"/> Yes - Care for young persons(s) aged younger than 24 years of age <input type="checkbox"/> Yes - Care for adults(s) aged 25 to 49 years of age <input type="checkbox"/> Yes – Care for older person(s) aged over 50 years of age <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
 <p><b>Armed Services</b></p>	<p>Q11. Have you ever served in the Armed Services? (Select one option)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
	<p>Q12. What is your postcode?</p> <p>Please tell us the first few digits (e.g. LE11 1AA)</p>

**Please ensure that you have ticked the consent box at the beginning of the survey. (Please note that we cannot use any surveys that don't have this box ticked)**

If you would like us to stay in touch with you and update you of other NHS surveys and involvement opportunities, or just keep up to date with news about the NHS locally, then join our online Citizens' Panel. You can join right now at <https://bettercaretogetherlfr.questionpro.eu/a/panel.do>

Thank you for completing this survey.