

COMMISSIONING HEALTH SERVICES FOR DESTITUTE ASYLUM SEEKERS HOUSED IN CONTINGENCY / INITIAL ACCOMMODATION IN 2021/22

FREQUENTLY ASKED QUESTIONS – 11 MAY 2021

1. Why are CCGs responsible for commissioning health services for asylum seekers in initial accommodation?

This is a responsibility transferred from Primary Care Trusts to Clinical Commissioning Groups (CCGs) as part of the 2012 NHS reforms and is confirmed as a CCG responsibility in "[Who pays?](#)" guidance.

2. What is 'Contingency' Initial Accommodation?

This includes all accommodation put in place by Home Office accommodation providers for asylum seekers who would otherwise reside in one of the core Initial Accommodation Centres if capacity had allowed.

Contingency accommodation currently includes use of hotels, repurposed MoD facilities, student and other self-contained accommodation.

Given increased length of stays, some contingency initial accommodation has been referred to as 'pre-dispersal' accommodation.

3. What services need to be commissioned for asylum seekers in contingency accommodation?

People in initial accommodation are traditionally served by dedicated health assessment services that recognise the unique health needs and challenges that can arise prior to, during or after seeking asylum.

This is a model of care designed to:

- a) identify and manage during initial residence (normally weeks) immediate health and care requirements that can include long-term conditions, mental health needs and conditions of public health concern (such as communicable diseases).
- b) provide a dedicated stop gap service that also ensures there is no disproportionate impact on local GP services ahead of dispersal to more permanent accommodation and subsequent access to mainstream healthcare provision.

However, with the significant increase in the use of contingency accommodation and increase in length of residence (months) due to the pandemic, NHSEI has advised commissioners to support [full] GP registration. This provides a more sustainable approach to accessing care and recognises anyone is entitled to register for GP services.

Many commissioners have developed and used local enhanced services and incentive schemes to support GP registration, which recognise the additional



resource needed to meet the complex needs of this population when registered in numbers and often at short notice due to a practice's proximity to the contingency accommodation.

Hybrid models have also been developed for some contingency accommodation (e.g. MoD type facilities) with an emphasis on onsite healthcare provision being available for initial assessment and managing immediate needs, alongside GP registration.


Ultimately commissioners will need to consider and decide on the most appropriate service and model of care in view of the local context for contingency accommodation use in their area.

4. Is there any service specifications available?

NHSEI produces a national outline service specification for Initial Accommodation Centre Health Assessment Services which reflects a common core service offer across these sites.

The version provided in the table below has been updated for 2021/22 to recognise and support the Covid context although it is recognised it is for commissioners to decide on the service and model of care in view of the local context and population needs.

Also provided is an example of local enhanced services used to support GP registration.

Service Specifications	
2021-22 Initial Accommodation Centre Health Assessment Service Specification	 2021-22 Outline Health Assessment Service Specification
North West London GP Enhanced Service	 NWL CCG Enhanced Service Specification

5. Is GP registration for people in Initial Accommodation Centres, who will soon be moved on to other accommodation, appropriate?

Anyone in the UK is entitled to register for GP services in UK.

People in initial accommodation have tended not to routinely register for GP services prior to onward dispersal unless they had specific health needs requiring access to a general practitioner, usually identified through their initial health assessment.

However, as a result of Covid, the flow of initial accommodation residents into dispersal accommodation continues to be significantly impacted (slowed). People



now stay in initial accommodation for much longer and need access to services that are able to manage their ongoing or longer-term health needs.

Full GP registration ensures such needs are able to be met, including to protect the most vulnerable during the Covid-19 pandemic and we have seen an initial surge in registrations to support access to Covid vaccination.

Commissioners are therefore asked to support GP registration alongside initial health assessment services as and until the throughflow of residents returns to pre pandemic levels.

Generally, full registration should be proactively supported where residency in an area is likely to exceed more than 3-months.

6. When is the use of contingency accommodation expected to end?

The Home Office are implementing recovery plans to reduce the need to use contingency accommodation in 2021/22.

Given the current population, it is clear this will take time to achieve and as accommodation needs are demand led, plans may need to be updated.


CCGs will need to continue to work closely with their local accommodation providers to understand the timing of any possible changes in their area.

7. Is funding support still available to CCGs for their commissioning costs?

Additional commissioning costs incurred by CCGs will continue to be reimbursed in line with NHSEI guidance. The guidance as applied last year has been refreshed for 2021/22 and is included in the table below.

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8. What about help with prescription costs?

Asylum Seekers eligible for Section 95 support are automatically issued with HC2 regardless of accommodation they may be in. The Home Office are now updating weekly so that HC2s can be issued, but in cases where this is overdue or needs to be fast tracked due to a health need this can be reported to Migrant Help who will inform UK Visas and Immigration so that help can be requested separately. For anybody who is not yet eligible for support, they will need to complete the HC1. [Migrant Help](#) provides a free telephone service 24 hours a day, 365 days a year to service users on a range of services including Covid-19.

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Any concerns about the length of hotel stay of any family should be reported to [Migrant Help](#) who will inform UK Visas and Immigration so that they can be prioritised for more semi-permanent accommodation.

11. Are accommodation providers allowed to move asylum seekers from one contingency accommodation to another?

It is not recommended to move residents between contingency accommodation but recognised this can occur frequently, particularly sites near ports of entry, which may be used for overnight or temporary accommodation as part of onward travel to their destination hotel or as contingency accommodation is decanted. Individuals may also be moved to support infection control requirements.

Wherever possible as much information should be made available to the receiving local commissioner/health provider on individuals' access to health services (e.g. GP registration, Health Assessment previously offered etc.) alongside any information the accommodation provider may be able to provide.

12. What is the pre-Covid model of care?

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Remote service provision may need to be facilitated practically whether through access to dedicated facilities available at the hotel premises (managed appropriately to minimise infection risks) or individual access to a



phone/smartphone (e.g. ensuring free access to WIFI).

13. Who is responsible for the provision of PPE during the health assessment / health services?

It is the responsibility of the appointed health service provider to ensure it has the Personal Protective Equipment (PPE) it needs to carry out its services unless otherwise agreed with its commissioner.

All health service providers and their staff should follow the latest Infection Control Guidance for delivering services where there is sustained close contact, including with possible Covid cases.

14. Where can I find the contact details for Home Office and Initial Accommodation providers?

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