

Derby City Primary Care Trust Derwent Court 1 Stuart Street Derby DE1 2FZ

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MC/AS/FOI Log 561

12th August 2009

Pamela Thompson
Derby City Council
c/o Pamela.Thompson@derby.gov.uk

Dear Ms Thompson

Further to your request under the Freedom of Information Act received on 17th July 2009 I can now formally respond on behalf of NHS Derby City.

In your request you asked:

1. Does the health service have a programme to develop the interpretation service in Derby? If not, why not.

Our response is:

NHS Derby City currently commissions an interpreting service through its provider service. This delivers interpreting for the local primary care system but has been able to provide some support to other services at times. The PCT is currently considering what interpreting services should be made available in the future to ensure the local population is able to access primary care. The PCT is not responsible for interpreting for other service providers but will, of course, consider the social outcomes and partnership impact of any interpreting service that may be commissioned for the city in the future.

2. What is the current position of developing the need for migrants in the city, in regards to health checks?

Our response is:

NHS Derby City recognises that some health providers face difficulties in meeting the wide ranging and complex needs of migrant communities on their arrival to the city. The organisation has carried out some work on health needs of new and emerging communities and has secured funding to develop the health element of an assertive outreach style service for such communities. This service will include as core health provision, midwifery, health visiting, support work and GP sessions. This work is being carried out in line with the Community Safety Partnerships New and Emerging Communities Strategy Group.

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Chairman: John Beswarick Chief Executive: Prem Singh

3. What is the situation for migrant workers who have no recourse to public funds? Can they still access the health service? If not, what provisions can be made for them?

Our response is:

There is no obligation to provide non-emergency medical treatment or medical treatment that is not immediately necessary to overseas visitors. When an overseas visitor from any country requests non-emergency treatment or treatment that is not immediately necessary, it is for the GP to decide whether to accept that person to his or her list for NHS treatment. If the GP accepts the patient onto his or her list, the GP is required by his or her terms of service to provide that treatment free of charge to the patient. If the GP does not wish to accept the overseas visitor onto his or her list, the GP can offer to treat the patient on a private paying basis and is encouraged to do so on the grounds that eligibility to receive free medical treatment is intended to relate to whether a person is ordinarily resident in the UK.

The Department of Health intends there to be a public consultation regarding access to the NHS by foreign nationals. We cannot be specific over the timing but anticipate publication in late winter (2009)/early spring (2010). Once the consultation process is complete appropriate guidance will be issued regarding the rules for eligibility for access to the NHS by foreign nationals.

Costs may apply in other NHS treatments such as acute care except for:

- Treatment given in an Accident and Emergency Department (excludes emergency treatment given elsewhere in the hospital).
- Treatment given in a Walk in Centre providing similar services to those of an Accident and Emergency Department of a hospital.
- Treatment for certain communicable diseases (excluding HIV/AIDS where it is only the first diagnosis and connected counselling sessions that are charge free).
- Compulsory psychiatric treatment.
- Family planning services.

In terms of alternative provisions to primary care please refer to our answer to question 2 regarding assertive health outreach.

4. Are there any proposals on how we are going to deal with homelessness? Are there any strategic approaches to deal with the health issues these groups of people are facing?

Our response is:

The Government's Strategy Document 'No one Left Out' published in November 2008 gives a clear direction on how services for people who are homeless should be organised. NHS Derby City currently commissions specific nursing and GP services for Homeless people which meet the needs of this vulnerable group. As with all primary care services they have access to the interpreters' service should it be required.

I hope this information meets your requirements. If you have any queries about this response or are dissatisfied with it, please do not hesitate to contact me.

Yours sincerely

Mark Clutton

Head of Risk Management and Information Governance