LETTER HEAD

<Organisation Address>

<Organisation Details>

<Today's date>

To whoever it may concern

**Name: <Patient Name>**

DOB: <Date of Birth>

Address: <Patient Address>

NHS number: <NHS number>

**Request for Information for Asylum Claim[[1]](#endnote-2)**

We have been asked to provide medical information from the GP record by …………………..

We can only provide basic information because of a lack of time in the NHS for such pieces of work.[[2]](#footnote-2)

**Medical Problems:**

<Problems(table)>

**Regular Medications:**

<Repeat Templates(table)>

**Commentary:**

*Requests from patients and vol sector may not ask any specific questions so you may have to think about what you can usefully say.*

*You may need to check that your problem headers cover the issues adequately.*

*Issues of relevance in asylum claim include*

* *Anything you have been told about human rights abuses (no need for lots of detail)*
* *Mental health symptoms and diagnoses*
* *Risk issues*
* *Injuries – scars, MSK, pains attributed to ill treatment.*
* *Communication – how someone comes across eg poor eye contact, , frequent crying in appointments, irritable behaviour. Can you help explain anything?*
* *Fitness to be interviewed/attend Court – eg cognitive impairment to be aware of.*

**Important Notes:**

When using GP records in asylum claims, as evidence of past heath and healthcare, it is important to consider their nature and limitations. The same applies to short reports based on GP records. The purpose of a GP record is to record health and health interventions and for clinicians and others to communicate with one another. In recent years, the GP record has become complex with entries from multiple GP services, primary care team members (not just clinicians) and other services. They are not written with a view to the record being used as evidence in medico-legal situations. It is important to be aware of the following points, which may vary across different GP practices:

* 1. **Attendance.** Not all patients make use of their GP service. This can be for many reasons including lack of awareness about health and what can be offered, lack of assertiveness trying to get appointments, fearfulness and lack of trust. Some clinicians are confident in managing trauma and ask about it and facilitate regular follow-up. Other clinicians are not. Workload pressures in General Practice are severe and have a bearing on availability of support. The fact a patient is not regularly attending their GP practice does not necessarily mean that they are not having problems with their health.
	2. **Disclosure.** A significant proportion of patients do not disclose details of any past abuse (such as torture, trafficking or domestic violence), unless asked directly about it. Even when clinicians do ask, some patients may still take months to disclose full details. Some will never disclose everything that has happened to them. Sometimes patients even deny that anything adverse has happened because they are not comfortable, at that point in time, with a disclosure.
	3. **Quality of interpreting.** The quality of interpreters used by the NHS cannot be guaranteed. Most interpreting work is now provided via contracts with telephone interpreting services. Regrettably some consultations have to be conducted without interpreters. As a consequence, information available may be limited, and/or errors may be introduced.
	4. **Accuracy.** Whilst every effort is taken to ensure accuracy, GP records can nevertheless be inaccurate. Records may contain unclear abbreviations. There may be typing errors. Misunderstandings and interpreting mistakes are not uncommon. Patients do not get any opportunity to correct factual errors.
	5. **Mental health care.** GP practices and individual clinicians vary in their interest and skills around mental health, the amount of mental health prescribing they are happy with, and referrals made. Not many GPs have training in trauma and asylum related issues. In many areas it is also very difficult to get access to counselling and therapy for people seeking asylum because of a lack of resources in mental health services. Patients are often treated by default with medications for sleep and depression/anxiety. If these are prescribed medications without engagement and follow up, the individual may often just stop taking them and stop seeking help. The absence of appointments about, medications and referrals for mental health need is not always because there is no mental health need. Non-adherence to medication prescribed, in the absence of other support, does not indicate that a person is free of mental health difficulties.
	6. **GP records and suicide risk.** GP suicide risk assessments are usually made in the moment. They relate to acute suicidal ideation, rather than the level of chronic background risk which relates to life experience, social circumstances, and personality style. There can be sudden changes in risk level in response to changes in a person’s circumstances. Presence or absence of acute suicidal ideation at a particular point in time is only one component of overall suicide risk assessment and cannot be taken as a measure of risk at a different point in time.
	7. **Examinations of injuries and scars relating to ill-treatment.** If there have been any examinations made in general practice these are not likely to be comprehensive. Many GPs will be unaware of the significance of physical injuries in asylum claims.
	8. **Gaps in GP records.** There are many reasons why there may be gaps in a GP record or an apparent delay in registration. There are many possibilities including a patient choosing not to register, difficulty registering, lack of awareness of services or fears about registering. It is not rare for some patients to have more than one NHS number and set of records due to mistakes with the spelling of names and other personal details. If this comes to light the records can be merged as one, but there will be circumstances when it does not come to light and results in a gap in the record.

Dr ................add name ................... Quals

Signature

 Consider scanning in a signature

**Curriculum Vitae: Dr ...................................**

..........It is a good idea to have a brief CV..........suggestion below. Amend.

I am a General Practitioner (GP) who qualified from ................................ in ................. I completed GP training in .............................. This included time spent working in ..........list them...............................specialities.

Describe any particular experience, training you have had in working with asylum seekers and refugees.

**Qualifications**

**List**

**Membership of Professional Organisations**

General Medical Council (GMC): .............................

Defence Union: ..............................

1. This template has been created by TortureID as part of a bank of resources for NHS clinicians who are working with people who are seeking asylum. [www.tortureid.org](http://www.tortureid.org). It has been created by Dr Jo Miller who is a GP working with people seeking asylum. They are suggestions, drawn from practical GP experience, about how to respond to common requests.  They are not 'official' templates with the endorsement of any organisations. The asylum environment is fast changing, and materials are likely to need updating regularly. Each template needs to be read through, agreed and adapted to the needs of the service planning to use them. [↑](#endnote-ref-2)
2. Ideally all people seeking asylum who are unwell and/or have experienced abuse or ill-treatment would have access to medico-legal assessment and reports. We are aware of difficulties with obtaining solicitors, medico-legal reports and accessing legal aid. [↑](#footnote-ref-2)