Author's response to reviews

Title: The Impact of Direct Provision Accommodation for Asylum Seekers on Organisation and Delivery of Local Primary Care and Social Care Services: A Case Study

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Author's response to reviews:

Prof Mark Harris
BioMed Central Editorial Team
January 24th 2011

Dear Professor Harris,

RE: MS: 3116265374630609
The Impact of Direct Provision Accommodation for Asylum Seekers on Organisation and Delivery of Local Primary Care and Social Care Services: A Case Study

Thank you for feedback on our paper and to our reviewers for comments and suggestions for editing.

As per your e-mail of 17.12.2010, we have edited our paper based on the reviewers’ suggestions for minor editing. We have outlined our responses below on a point-by-point basis.

Also, at your request, we have added an Authors’ contributions section before the Acknowledgements and Reference list. Finally, we have checked that our revised manuscript conforms to the journal style.

We hope that these revisions are satisfactory and look forward to this paper being published in BioMed Central Family Practice.

Please do not hesitate to contact me with any further questions or queries.

Yours sincerely,

Anne MacFarlane PhD
Lecturer in Primary Care

RESPONSE TO REVIEWERS

Reviewer 1

- The "Context" paragraph under Methods would sit far better under Background; Response: This has been moved and incorporated into the Background section.

- Box 1 graphic should be understandable on its own, without further text - thus the heading should be something like "Asylum applications in the Republic of Ireland, 1991 to May 2010" (or similar);
Response: The heading has been changed to the one suggested by the reviewer.

- A comma is needed on page 2, para 2 after "Second..."
Response: A comma has been inserted.

Reviewer 2

– I would have expected the context that is presented in the method section to be better suited to the introduction - following on from the background however this may depend on the preference of the editors.
Response: As above, material about the study context is now in the section on study background.

– In this context section there is a comment that one out of ten persons comes from a non-Irish background. I felt it was unclear if this referred to migrants or the population in Ireland at the moment and a change of wording could improve this sentence.
Response: The point being made is that, currently one out of ten persons living in Ireland comes from a non-Irish background. The phrase ‘living in Ireland’ has been included in this sentence to clarify the point.

– The next paragraph referring to the RIA should mention that this is a section of the Department of Justice, Equality and Law (if that is the case) to orient the international reader.
Response: This is the case and this has been made clear in the text.

– It would also be helpful to clarify that this paper is about asylum-seekers who have applied for asylum but have not yet been granted asylum (which I assume is the case). At present this is only presumed by the definitions in the introduction and in many countries this difference will determine the services available to the
individual.
Response: This paper is about asylum seekers who have applied for asylum but have not yet been granted asylum and this has been made clearer in the introduction section of the paper.

– The second paragraph under the sub-heading of “Policy and service planners” on page 9 is unclear and needs to be re-written. I think it is important that these unusual circumstances are acknowledged in the paper but it is confusing to understand how 17000 extra people “arriving” related to the law reform. I also wondered if reference 33 had a web address as this might be helpful.
Response: This paragraph has been modified and a web address for reference 33 has been added.

– I note that most of the quotes were from GP 1 and it would seem that this is because GP1 was the GP who actually saw most of the asylum seekers. I understand that this doctor had most to offer and is therefore readily justified but in the limitations in the discussion this point may need to be raised.
Response: GP1 was not the GP who saw most of the asylum seekers so we have not made amendments to the section on limitations in the discussion section. In addition, we have added data from another GP participant – GP3.

– On page 11 when referring to the duplication of tests etc I think that it is appropriate to clarify that this resulted in increased cost. Although the word ‘resources’ with its broader implications is used, I think that specific reference to the financial burden to the community with this sort of cost is important.
Response: This point has been explicitly made.

– On page 12 the first sentence under the third heading reads better without the word ‘of’.
Response: The word ‘of’ has been removed.

– I was surprised about the lack of comment on the quote from GP1 here stating the lack of experience in the different needs of the asylum seeker and I feel that this is such an important point that this should have been better highlighted in the presentation of the results and then in the discussion. This lack of skills including clinical skills needs to be addressed at an organisational level to enhance the capacity of primary health care delivery to the asylum-seeker/refugee communities. I would recommend adding more direct comment on the needs of the primary care provider (GP) which is currently only indirectly discussed. This is not to suggest that the comments on mental health needs and health promotion
issues are any less important but the GP perspective is quickly lost without further comment.
Response: Data from another GP (GP3) have been added to add more direct comment on the needs of GPs as primary care providers.

In the discussion:
– I feel that it would be appropriate to mention the need for increased education/training in clinical knowledge/skills in the first paragraph page 16.
Response: This point has been added into the first paragraph.

– In the second paragraph page 16 I found it very interesting that the asylum seekers did not experience negativity etc when compared to other research. It would seem appropriate for the researchers to comment more on this – I wondered if this might relate to the very newness of the asylum-seekers health needs and the fact that they fortuitously went to a single GP who tried to make the practice “asylum-seeker friendly”.
Response: We agree that this finding warrants more comment and have added material to the discussion. We argue that the asylum seekers’ perceptions of friendliness in the community may have been influenced by the single GP who worked with them, but also by their experiences of working with other committed health and social care workers.

– I wonder if the authors felt that it might be appropriate to address the issue raised early in the paper about the concern that advanced notification for local authorities would make the settlement difficult due to opposition within the community. This fear seems unfounded but if it is possible to provide substantiated comment either way then this might be helpful. It would certainly seem at odds that the providers received a maximum of a few days notice whereas it would seem that it would take many weeks notice for the local community to be able to muster a significant opposition – there is an implication in the paper that the fear would appear unfounded. It may be worth directly confronting this perception given that the authors did raise this issue.
Response: We do not feel it is appropriate to address this particular issue because we feel we do not have sufficient data to make further comments or points.

Box 3 could be improved. I felt some of the key issues were missing e.g. the limited knowledge of the GP; the uncertainty of needs of the clients for the Public Health Nurses. It is possible that the authors would like to add a few other points.
and a slight increase in length of this table would add to the presentation of the results.

Response: Box 3 is intended to summarise section 2, ‘Planning and preparing appropriate primary care and social care’ and we feel that it does summarise the key issues in this section. The issues raised by Reviewer 2 above are more to do with section 3, ‘Skills for providing for primary care and social care needs of the asylum seekers’. Therefore we have not made changes to Box 3 but we have modified the title of Box 3 to make it clear that it is about findings in section 2.

There is also a spelling mistake in the Community Welfare section (ill-feeling), and a punctuation error in the next line with the unnecessary apostrophe.
Response: The spelling mistake and punctuation error have been fixed.