Reviewer's report

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

Version: 3 Date: 10 December 2010

Reviewer: Margaret Kay

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Response to authors:

I would like to congratulate the authors for presenting an interesting, well-structured paper that offers readers an important insight into the settlement process for asylum-seekers. Although this paper is set in Ireland, the issues are relevant to all countries facing the demands of providing primary care for asylum-seekers and refugee.

I feel that it is very important that this paper is published.

My brief response is as follows:

1. Is the question posed by the authors well defined? Yes
2. Are the methods appropriate and well described? Yes and good number and good breath of participants
3. Are the data sound? Yes and the limitations wrt objectivity are addressed
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes
6. Are limitations of the work clearly stated? Yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes
8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable? Very acceptable

I do have a number of comments about the paper that may be worth addressing with a minor review.

There are a couple of structural issues and a couple of issues relating to clarifying some issues to avoid difficulties for the international reader.

– 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.

– In this context section there is a comment that on 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.

– 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.

– 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.

The first paragraph of the results was very helpful esp in acknowledging the knock on effect that the researchers noted. The results were well set out with the four themes.

– 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.

– 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.

– 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.

– On page 12 the first sentence under the third heading reads better without the word ‘of’.

– 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.
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.
– 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”.
– 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.

The conclusion was a well-worded overview of the paper’s findings.

Box 1 is well presented
Table 1 is essential to understanding the paper.
Box 2 is useful though not essential because the results are very well-presented.
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. 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.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
'I declare that I have no competing interests'