

Annex

Afghan Resettlement – Enhanced Health Assessments

Service Specifications

The enhanced health assessment approach draws on current arrangements in place for asylum seekers and so available service specifications here are being shared in support.

This includes NHSEI's national outline service specification for Initial Accommodation Centre (IAC) Health Assessment Services which reflects a common core service offer across all IAC sites.

Also provided is an example of local enhanced services used to support GP registration and initial health assessment of asylum seekers/

Both can be easily adapted in support of local commissioning models to support relocated families in bridging hotels.

Outline Health Assessment Service Specification for Initial Accommodation Centres (IAC) for People Seeking Asylum (Updated May 2021)

<p>1. Effective service and team management</p>	<p>1.1 Overall management of the health team and the service (including any relevant KPIs to be specified by the commissioner).</p> <p>1.2 Provide information and performance data about the service as specified by the commissioner.</p>
<p>2. Health Assessment: Every person arriving in initial accommodation is offered a health assessment and appropriate referrals are made (obtaining consent and following the Mental Capacity Act where a person cannot provide consent).</p>	<p>2.1 Assessment of health status of residents and their dependents (adult and child) and addressing health issues of any immediate concerns.</p> <p>2.2 The health assessment offered should include the following:</p> <p>2.2.1 Recording of relevant medical history.</p> <p>2.2.2 Recording of a woman's pregnancy and maternity history.</p> <p>2.2.3 Referring and facilitating access to comprehensive ante-natal and post-natal care (agreeing a bespoke pathway with local provider trust for pregnant women).</p> <p>2.2.4 Identification, triage and relevant treatment and/or referral for any active health problems.</p> <p>2.2.5 Assessment, testing and treatment and/or referral when indicated for communicable diseases such as TB, Hepatitis A, B and C and HIV as outlined here: https://www.gov.uk/government/publications/pre-entry-health-assessments-guidance-for-uk-refugees Hepatitis C testing should be offered to anyone at risk. See hepatitis C section of the PHE Migrant Health Guide.</p> <p>2.2.6 Recording the history of vaccinations and offering catch up required in line with the NHS vaccination schedule, particularly for babies, children and at-risk groups.</p> <p>2.2.7 Advice and facilitation (and/or provision as may be commissioned separately) of testing, treatments and/or vaccinations in outbreak or pandemic situation. Must contact local the Public Health (PHE) Health Protection Team (HPT) in the case of any outbreak.</p> <p>2.2.8 Recording of sexual health history, any active concerns and contraception advice and referral for treatment for both men and women including termination of pregnancy services. STI testing as per NICE guidance (2007) and BASSH guidance (2015) provides a useful summary of tests by priority groups.</p> <p>2.2.9 Referral when appropriate to specialist trauma services such as those for Female Genital Mutilation (including mandatory reporting), Rape Crisis, support following torture or for those who are victims of trafficking (victims of trafficking should be referred via the national referral mechanism for appropriate Home Office support).</p> <p>2.2.10 Support / facilitate (via bespoke pathway) local health visiting team to assess newborns and children under the age of 5 years and for over the age of 5 years refer to school nursing services as may be appropriate.</p>

	<p>2.2.11 Identification of health or care needs (e.g. learning difficulties, mobility issues) and liaison with Home Office / UK Visas and Immigration (UKVI), or whoever is sub-contracted to oversee dispersal.</p> <p>2.2.12 Share information with UKVI / Home Office to ensure people are provided with accommodation appropriate to their clinical or social care needs where required (e.g. if need dispersal to a specific area, liaison with social care)</p>
<p>3. Minor and more complex illness: Appropriate assessment, triage and care provided to people presenting with minor illness and more complex health issues arising from the health assessment.</p>	<p>3.1 Access to a minor illness service / NHS111.</p> <p>3.2 Provide appropriate referral arrangements to residents to access emergency dental and optometry care treatment as required. Local dentists and details on how to access urgent dental care can be found here.</p> <p>3.3 Access to a healthcare professional in primary care as required, including GP (except where patients require immediate onward referral for secondary care services).</p> <p>3.4 Appropriate pathway for triage of patients.</p> <p>3.5 Arrangements to cover 'in hours' period.</p> <p>3.6 Appropriate pathways for referral for out-of-hours care.</p> <p>3.7 Prescribing as appropriate, including access to over the counter (OTC) medications (given that the population is destitute and may be unable to afford OTC medication).</p>
<p>4. Managing in COVID-19 context (for the avoidance of doubt)</p>	<p>4.1 Adherence to all appropriate and applicable standard operating procedures and infection control procedures as may apply.</p> <p>4.2 Recording the history of Covid-19 vaccination and facilitating (and/or provision as may be commissioned) catch up required in line with recommendations https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020 and any other guidance that may be issued¹.</p> <p>4.3 Assessment and facilitating access to testing (and/or provision of testing as may be commissioned) for Covid-19 and facilitating access to treatment and/or referral when indicated.</p> <p>4.4 Must contact local the Public Health (PHE) Health Protection Team (HPT) in the case of any Covid-19 outbreak.</p> <p>4.5 Business continuity plan for remote delivery in the event of an outbreak.</p>
<p>5. Mental Health: Residents with symptoms are referred on appropriately</p>	<p>5.1 Mental health history, including any active concerns and provision of advice.</p> <p>5.2 Identifying low level signs and symptoms of poor mental health / psychological wellbeing, facilitating access to appropriate support.</p> <p>5.3 Ensure referral pathways to appropriate services including those who are acutely mentally unwell and need prompt referral into crisis care.</p> <p>5.4 Provide trauma-informed care for those who are acutely mentally unwell and need prompt referral into crisis care.</p>
<p>6. All contact will be facilitated with appropriate</p>	<p>6.1 Interpreting support to be provided (including making more use of digital interpreting support where appropriate) for</p>

<p>interpreting support as required.</p>	<p>patients unable to speak English or who require British Sign Language interpreting.</p> <p>6.2 Support in line with NHS England's Guidance for Commissioners: Interpreting and Translation Services in Primary Care and the Accessible Information Standard (formally known as DCB1605 Accessible Information).</p>
<p>7. Health Assessment Staff training and supervision.</p>	<p>7.1 All health care professionals delivering clinical services under the service should have such clinical experience and training as are necessary to enable them to properly perform such services, taking account of population specific issues, including delivery of care in a trauma informed way.</p> <p>7.2 Clinical and safeguarding supervision for staff given the level of trauma experienced by residents and safeguarding risks. This support could include:</p> <p>7.2.1 Access to supervision sessions</p> <p>7.2.2 at least 1 hr/month for each member of staff</p> <p>7.2.3 Multi-disciplinary teams for health staff</p> <p>7.2.4 Regular partnership meeting (accommodation provider, Migrant Help, health staff and Home Office)</p> <p>7.3 Staff access to appropriate occupational health and wellbeing services.</p>
<p>8. Provide training, development and audit</p>	<p>8.1 Audit certain aspects of service as agreed with commissioner.</p> <p>8.2 Keeping staff up to date with the latest needs of this client group (e.g. attendance at appropriate meetings).</p> <p>8.3 In-reach education to other local services (e.g. midwifery, dental services) so that there is clear understanding of and clear pathways to services.</p> <p>8.4 Support delivery of training for non-clinical and accommodation staff (noting external agencies' responsibility to provide training to their own employees) to raise awareness of population specific issues and support effective management, for example,</p> <ul style="list-style-type: none"> • Mental Health First Aid. • Trauma informed care. • Safeguarding protocols. • Outbreak control measures. • Working with and access to interpreters (patient entitlements, including women presenting late in pregnancy). • Access to health and social care services. <p>8.5 Access relevant training to understand the wider context e.g. understanding the asylum process.</p>
<p>9. Administration and co-ordination of the service provided to residents</p>	<p>9.1 Electronic patient record system in place.</p> <p>9.2 Systems are in place for the smooth and effective running of any necessary clinics.</p> <p>9.3 IT systems and data sharing arrangement in place e.g. sharing information across IACs, other local health systems.</p> <p>9.4 Data collection returns consistently to commissioner to support future planning and contract monitoring.</p>

	<p>9.5 SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of DATIX.</p> <p>9.6 Recording of issues and incidents and investigate all serious incidents in accordance with the NHS Serious Incident Framework.</p> <p>9.7 Use of NHS numbers allocated to patients to ensure appropriate flow of information.</p>
<p>10. Statutory Safeguarding Responsibilities</p>	<p>10.1 Mandatory safeguarding protocol (make safeguarding referrals as required to children and/or adult social care where there are concerns about any form of abuse or neglect).</p>
<p>11. Wider systems partnership working as required</p>	<p>11.1 A duty to support continuity of care and appropriately share information including with:</p> <ul style="list-style-type: none"> • Voluntary sector • Regional Strategic Migration Partnerships (RSMPs) • Home Office • Initial accommodation providers • Local authority (especially children and adult social care and public health in particular) • Community services • Public Health England (PHE) • Maternity services • Mental health services • Information for patients (e.g. pregnant women not hiding that they're pregnant for fear of being returned) • Entitlements to care / health literacy for patients. <p>11.2 Support for onward dispersal or removal of residents wherever possible through engagement with "receiving" local health system with a focus on:</p> <ul style="list-style-type: none"> • continuity of any ongoing medical treatment/needs, including mental health needs • provision of health record (electronic or hand-held)

Enhanced Service Specification – Wraparound Support for Asylum Seekers

Service Specification No.	1
Service	Additional Support for practices registering Asylum Seekers in Interim Asylum Centre (IAC) sites in NW London
Commissioner Lead	NWL CCG
Provider Lead	GP
Period	1 st August 2020- end of March 2021
Date of Review	January 2021

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p>Asylum seekers face many of the same health problems as the UK population. In addition, they may:</p> <ul style="list-style-type: none"> • Have poor awareness of the NHS and fear barriers to accessing treatment • Come from countries of origin with poor healthcare • Suffer health impacts (mental and physical) after leaving their country and being detained in the UK • Have experienced war, conflict, or torture • Be separated from family, have poor housing and be socially isolated. <p>Some asylum seekers incorrectly believe they are not entitled to free treatment, while some practices may think individuals are not entitled to free NHS services. This service will be in line with the NHS Long Term Plan and the aim of ‘More NHS action on prevention and health inequalities’</p> <p>This service aims to provide asylum seekers at the Initial Assessment Centre (IAC) no matter their country of origin with fair and equal access to primary medical services. The service will provide both the individual and the local GP Practice where the individuals are registered with additional support to be able to manage this patient group.</p> <p>Patients that are temporarily housed in Initial Accommodation Centres should have their health needs generally considered in the same way that those of primary medical care permanent residents plus uplift in service provision to reflect the public health and acute care needs of this vulnerable patient cohort.</p> <p>The IAC will also support the self-isolation of transient and vulnerable group’s directives from central government during the COVID-19 Pandemic, including the principles of social distancing and adherence to National Guidance in respect of the management of Covid-19 in local populations.</p> <p>The CCG have commissioned two external providers, Greenbrook and Greenlight to conduct initial health screening (IHS), make appropriate referrals made to the UTC/GP/ local mental health trust and support with GP registration.</p> <p>The asylum seekers are presently based in 25 IAC sites across NWL.</p> <p>2. Outcomes</p>

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

The purpose of this service is to support the delivery of better health, improved integrated health and social care services and access to those services for people who are asylum seekers.

As a minimum the benefits to patients are expected to include:

- An integrated service with primary care services to improve the health of the patient and meet their psycho-social and medical needs
- Improved equality of access to services
- Multi-agency partnership working is strengthened to deliver better health outcomes for asylum seekers.
- Continuity of care in a safe and trusted environment
- Collaborative working with local agencies to ensure a joined-up service
- Address health inequalities experienced by asylum seekers.

3. Scope

3.1 Aim

This specification has been put in place in recognition the additional administrative pressures placed on practices, given the complexity of the asylum seekers and the volume of throughput in delivering health services for this patient population.

3.1.1 Requirements

- Provide seamless and supported process of individual's registering for Primary Care Services
- Enable positive experiences for asylum seekers when registering for Primary Care Services
- To ensure all patients have access to locally commissioned interpretation services - language line
- Collaboratively working across local agencies, that support asylum seekers, to provide the right services
- Signpost patients to additional support services and facilitate them in doing so eg. Prescription exemption applications.
- Should work with the IAC staff at the sites to facilitate consultations, notify them of booked health appointments that will require transport and provide a contact for urgent health needs.
- Provide information/advice on the NHS system, care pathways and self-care

3.2 Service description/care pathway

All patients supported by this service will be registered as a permanent registration on the practice clinical system. Patient registrations will be using one of the listed points below with support from either the hotel staff or Patient Champions and using Language Line where an interpreter is required:

- ✓ Online on practice website
- ✓ Via paper registration forms
- ✓ Using completed Greenbrook/ Greenlight IHS forms emailed to practices

All individuals will have received a prior health screening by Greenbrook Healthcare but in some cases patients will need to register in advance of screening if acute health needs are identified.

The external providers will undertake the IHS through different means, Greenbrook will be conducting remote IHS via the telephone and Greenlight will conduct face to face IHS.

Due to the high numbers of asylum seekers placed across NWL, prioritisation of all hotels will be based on site capacity and date opened. As this process will take some time, it is essential GP registration is undertaken in the meantime.

The IHS will facilitate identification of those asylum seekers that warrant priority and non-priority registration with a local GP surgery to have their health needs addressed. Thereafter, Patient Champions will provide support with GP Registration of these asylum seekers.

NWL CCG primary care teams have provided lists of local GP surgeries that will register asylum seekers along with contact details and email addresses for IHS to be sent to.

GP practices must:

- Adopt the following principles:
 - Do not insist on proof of address documents
 - Do not insist on proof of identification
 - Never ask to see a visa or proof of immigration status
 - Comply with the NHS Accessible Information Standard
 - Use Interpreting Services where appropriate, as commissioned by the CCG/NHSE
 - Empower frontline staff with training and an inclusive registration policy
- Ensure that staff demonstrate understanding and sensitivity towards asylum seekers
- Ensure relevant staff are meeting the required children and adult safeguarding training levels (commensurate with those set out in the relevant intercollegiate documents)
- Support with timely registration of asylum seekers
- Maintain an up to date register of asylum seeker using a SNOMED code (Asylum Seeker 390790000)
- Collect information for any asylum seeker which will include the following areas:
 - General physical health
 - Drug and alcohol usage
 - Mental health
 - Medications
 - Utilise IHS forms where provided and discuss future plans for any screening and vaccinations
- Issuing of prescriptions and either dispensing of medication or electronic transfer of prescription to nominated pharmacy

- Recording of all test results, investigations etc. on a patient's medical record, taking necessary action in relation to any abnormal results as part of the patients care plan
- Referrals to secondary care and other services as and when necessary
- Ensure that the specific vulnerabilities of these patient groups to Covid, TB, hepatitis B and C, HIV and substance misuse are recognised and onward referral for the screening is conducted

The above list is not exhaustive and must be relevant for the patient's needs and it may not be possible to deliver the entire assessment within a single appointment.

If any individual demonstrates symptoms of Covid 19, practices should notify the Hotel Manager who will then notify the accommodation provider to consider if it is necessary to move the individual and contacts to a specialist London centre. Clearsprings Ready Homes will facilitate this transfer. In the meantime the registered practice should continue to provide advice and treatment for the patient in line with guidance.

3.3 Population covered

All asylum seekers residing in the **current 25 IACs** across NWL (listed at Appendix A).

3.4 Any acceptance and exclusion criteria and thresholds

Those with all types of condition placed at the site are eligible under the terms of this specification, regardless of age.

Only practices identified by the CCG to receive registrations from the NW London IAC sites can opt in to this service.

Only patients resident at the IAC sites listed at Appendix A are covered by this service specification and payment arrangement.

3.5 Interdependence with other services/providers

The service may access appropriate specialist support and input for patients through wider system services such as:

- Safeguarding Teams
- Mental Health
- Local Drug and Alcohol services
- Pharmacies
- Housing Departments
- Hostel and Sheltered Housing organisations
- Benefits Advisors
- Charitable and Voluntary Groups
- Police
- Disease Specific Nurses
- Disease Specific Therapists
- Community Nursing & Therapy teams
- Palliative Care
- Public Health Departments
- Adult Social Care Departments
- Sexual Health Services
- Lifestyle services i.e. smoking, weight management etc.
- Secondary care
- OUT of Hours- 111

Please see appendix B for information on Migrant Health resources.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

To ensure the practice is demonstrating adherence to safeguarding adults and children legislation and policies in this area and completion of relevant training.
To ensure the practice is demonstrating adherence to safeguarding adults and children legislation and policies in this area and completion of relevant training.
Compliance with:

- The Care Act 2014 and accompanying Statutory Guidance
- Children Working Together to Safeguard Children 2018
- The NHS Safeguarding Accountability and Assurance Framework 2019

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

[Homeless and Inclusion Health standards for commissioners and service providers](#)

[CQC - Registration and treatment of asylum seekers, refugees and other migrants](#)

[Follow the guidance in the NHS England leaflet for asylum seekers and refugees; How to Register with a Doctor \(GP\) – Gateway Reference 06277](#)

[Advisory Council on the Misuse of Drugs Report 2019](#)

4.3 Applicable local standards

The Provider is required to assure the Commissioner of performance against the below:

- The Provider is CQC registered with no conditions.
- That all CQC quality outcomes and registration requirements are met and maintained
- The Provider will be comply fully with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Be fully compliant with all requirements of their Primary Medical Services contract
- Practices are to report any incidents (including near misses, significant events, incidents and Serious Incidents (SIs), complaints and patient feedback relating to this service to NWL CCG Quality Team. SIs must be reported within 24 hours following identification.
- Have a named lead clinician for the service
- Have a named safeguarding lead (who can be the clinical lead too)
- Ensure staff and clinicians participate in the appropriate training and education to improve knowledge and understanding of the needs of asylum seekers, refugees and the homeless. Doctors of the world, a third sector medical charity offer free 1-1.5 hour training sessions for GP practices accessible at: <https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/resources-for-medics/safe-surgeries-peer-to-peer-training/>

4.3.1 IT

- The provider must use its existing clinical templates available within its clinical systems. The provider must ensure the appropriate Snomed codes are utilised and maintain an up to date register of asylum seeker using a **SNOMED code (Asylum Seeker 390790000)**

4.3.2 Data standards

- The provider must have in place appropriate data sharing protocols which meet the DPA 2018 and GPDR
- Sharing data by fax, even a secure fax, is prohibited

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

- Patients are treated with privacy, dignity and respect at all times, all aspects of their service comply with the ten key components of 'The Dignity Challenge.' (Dept of Health, 2007).
- Patient information is treated confidentially by all staff and in strict accordance with Caldicott and Data Protection policies.
- The provider conforms to legislation prohibiting discrimination and the service should be open to all patient groups including housebound and hard to reach groups.
- The provider operates a complaints procedure in line with current guidelines. All complaints should be monitored, audited and appropriate action taken as required. The CCG is to be informed of any complaint made in relation to the service provided.
- All relevant employees are trained in and comply with relevant infection control techniques and in accordance with best practice and local policies.
- The provider has a contingency plan for failure of or breakdown in the Service as part of its overall Business Continuity plans.

5.2 Applicable CQUIN goals

Not applicable for this service or associated contract

6. Location of Provider Premises

The service provider's delivery points should be from sites where GMS/PMS/APMS services are delivered and/or remote or telephone consultations should be available for the patients, as appropriate.

7.Finance

The practice will receive a one off payment based on a sliding scale for every Asylum Seeker at an IAC site who registered permanently with the practice.

Sliding scale payment:

1-99 residents: **£50 per patient** for the period 1st August 2020 to 31st March 2021

100+ residents: **£60 per patient** for the period 1st August 2020 to 31st March 2021

8. Contract and Monitoring Arrangements

Contract Management

The contract for the provision of the above service will be issued and managed by the CCG.

Management and monitoring of the contract will also be led by the CCG. Claims are expected to be submitted on a quarterly basis for the patients newly registered from an IAC with the practice in the previous quarter. Payment will be made subsequent to relevant checks/audit as detailed below.

Provider to ensure **SNOMED code (Asylum Seeker 390790000)** is used to register all residents, as data extraction from clinical system will be required for any validation required.

Appeals about the awards made and any penalties taken can be made subject to the normal appeals process. The CCG's decision is final.