

- To:
- ICS leaders
 - CCG Chief Executives
 - CCG Accountable Officers
 - CCG Directors of Primary Care

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- cc.
- Regional Medical Directors
 - Regional Heads of EPRR
 - Regional Directors of Nursing
 - Regional IPC leads
 - Regional Directors of Primary Care and Public Health
 - UK Health Security Agency
 - Department of Health and Social Care
 - Department for Housing, Levelling Up and Communities

14 June 2022

Dear Colleagues,

Meeting the initial health needs of people arriving in the UK from Ukraine

This letter sets out expectations and support for GP registration and the management of the initial health needs for individuals and families coming to England fleeing the conflict in Ukraine.

The UK Government has confirmed that individuals and families arriving under the Ukraine Family or the Ukraine Sponsorship (Homes for Ukraine) [Schemes](#)¹, coming to UK residential addresses, are free to live, work and access public services and benefits. Data is being routinely published on the [number of visa applications and approvals](#)², including at local authority level.

It is important that all people arriving fleeing the conflict in Ukraine are registered permanently with their local GP practice as soon as possible, as this is the main way for them to access NHS services. Local NHS services will already be working through ICSs with their local authority partners to understand the implications for services in their areas and will be working with wider partners such as voluntary and community sector organisations to support health, wellbeing, and possible

¹ <https://www.gov.uk/guidance/support-for-family-members-of-british-nationals-in-ukraine-and-ukrainian-nationals-in-ukraine-and-the-uk>

² <https://www.gov.uk/government/publications/ukraine-family-scheme-application-data/ukraine-family-scheme-and-ukraine-sponsorship-scheme-homes-for-ukraine-visa-data--2>

safeguarding needs. ICSs will be mindful of the possible challenges for local translation and interpretation services and will need to ensure local primary care providers know how to access these.

GP registration

GP Registration should be managed sensitively. Proof of ID and address documentation are not required for registration, although will be needed for access to online services. The inability of anyone to present such information is not a reason to refuse registration. Confirmation of immigration status is not required and should not be requested.

NHS numbers will be already available for arrivals, as these flow from the visa process and the person's existing number should be used at GP registration (there may be some exceptions where a new NHS number needs to be requested).

Initial health assessments

GP practices are required to offer a new patient consultation in the first six months of registration. However, people fleeing the conflict in Ukraine may have a range of health requirements that need to be assessed and managed as soon as possible after their arrival. The UK Health Security Agency has issued [guidance for primary care](#)³ on the range of recommended health checks.

To ensure there is a robust approach to identifying individual's initial health needs (both for all current and future arrivals) we are now asking all systems to locally commission additional capacity for delivering robust initial health assessments. Assessment of any safeguarding concerns will be a key priority alongside assessment of health needs, keeping people safe and taking appropriate actions to prevent harm. Commissioners are expected to meet any additional costs arising from these services within the inflationary uplifts already provided in allocations.

Given the dispersed geographical nature of arrivals, Clinical Commissioning Groups (CCGs) may wish to commission directly from general practice; or where large numbers of arrivals are anticipated, a dedicated provider to guard against impacts on local GP services. Two service specifications are included in the **Annex** to support local commissioning. CCGs can use and adapt these as they need locally.

³ <https://www.guidelines.co.uk/ukhsa-arrivals-from-ukraine-guidance-for-primary-care/456927.article>

Further support

We will continue to signpost to useful materials in support and ongoing developments through our routine bulletins. If you have any issues and queries these can be raised at england.incident14@nhs.net.

Yours sincerely



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Annexes

Specifications to support the commissioning Initial Health Assessment Services for people fleeing the conflict in Ukraine

Cover note

Introduction

These service specifications are intended to support local systems in arranging the services needed to assess and manage the initial health needs, as advised by the [UK Health Security Agency](#)¹, for people fleeing the conflict in Ukraine and arriving in the UK under one of the UK government's visa schemes (currently the [Ukraine Family Scheme](#)² and the Ukraine Sponsorship Scheme ([Homes for Ukraine](#)³)).

Specification overview

Two model service specifications are provided to commissioners in support, reflecting two different pathways for securing initial health assessments (from a patients' own GP practice or from a dedicated outreach provider):

1. A **Local Enhanced Service Template (Appendix A)** supporting an enhanced health assessment offer from general practice. It is recognised people coming to the UK from Ukraine will be widely dispersed and the delivery of the initial health assessment from patients own registered GP practice may be appropriate but needs to be supported.
2. An **Outline Initial Health Assessment Service Specification (Appendix B)** which is intended to support the design of dedicated health assessment services for people fleeing the conflict in Ukraine. This is for use in areas where an at-scale outreach service response may be required in view of potential large numbers of patients arriving and requiring an initial health assessment and/or to minimise the impacts on local GP services.

These specifications are intended to be adapted locally in view of both the local provider context and the number of arrivals at place/system level. These services are not mutually exclusive, and the specifications may be used in whole or in part.

Services should be commissioned at a price which reflects any services already paid

¹ <https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care>

² <https://www.gov.uk/guidance/apply-for-a-ukraine-family-scheme-visa>

³ <https://www.gov.uk/guidance/apply-for-a-visa-under-the-ukraine-sponsorship-scheme>

for. We would not expect contracts to value the Initial Health Assessment at more than £150 per patient, when including both any new payments and the services that are already paid for.

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Appendix A

Template Local Enhanced Service Specification 2022/23

Enhanced Health Check and Support for practices registering people fleeing the conflict in Ukraine

Introduction

This template local enhanced service template specification has been produced by NHS England and NHS Improvement to assist local commissioners secure initial health assessment services for people arriving in England from Ukraine under Government visa schemes.

It is intended to be offered by local commissioners to GP practices when alternative provider arrangements for the provision of robust initial health assessment services are not in place or where such arrangements need enhanced support from patients' own registered GP practice.

The decision to offer this local enhanced service and the specific terms of it are therefore for local commissioners to determine. Local commissioners will consult the relevant Local Medical Committee on the terms of any such local enhanced service.

This local enhanced service is designed to cover and/or support enhanced aspects of clinical care, all of which are beyond the scope of essential and additional services and the additional workload consequences arising. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

This local enhanced service may be offered, amended or withdrawn by the Commissioner subject to such terms it may specify.

Background

People fleeing the conflict in Ukraine and arriving in the UK under the [Ukraine Family Scheme](#)¹ or the Ukraine Sponsorship ([Homes for Ukraine](#))² Scheme have the same entitlements to NHS care as UK residents. However, while many individuals will face many of the same health problems as the UK population, they will likely in addition have:

¹ <https://www.gov.uk/guidance/apply-for-a-ukraine-family-scheme-visa>

² <https://www.gov.uk/guidance/apply-for-a-visa-under-the-ukraine-sponsorship-scheme>

- Suffered health impacts as a consequence of the war in Ukraine and their journey to the UK
- Been separated from family and friends, including possible recent bereavement within members of their family or friendship circle due to the conflict
- Increased risk of communicable and vaccine preventable diseases (Ukraine has one of the lowest rates of routine immunisation in the world)
- Have low awareness of the NHS and their entitlements to access NHS services
- Face language barriers in accessing the care they need; and,
- Arrive with no health record.

This service aims to provide newly arrived Ukraine residents with fair and equal access to primary medical services while recognising their additional needs arising from the circumstances of their arrival. The service will therefore provide both newly registered patients who have fled the conflict in Ukraine and the registering GP practice with additional support.

Outcomes

The additional funding for this local enhanced service is for GP practices to plan or update their workforce set up, training needs and infrastructure in order to support the registration of newly arrived Ukrainian residents and to deliver a robust and timely health assessment of their initial health and care needs.

This is in addition to the funding already available to GP practices under their contractual responsibilities to newly registered patients and the provision of all necessary essential, additional and commissioned enhanced services as may apply in the circumstances.

General practice plays a key part in assessing and managing the health needs of people fleeing the conflict from Ukraine and arriving in the UK, with patient's health needs generally considered in the same way as any other patients but with an uplift in service provision so that these are comprehensively captured recognising, they are new to the NHS, the circumstances of their arrival and the health impacts of this, including public health requirements.

General requirements

GP practices participating in this local enhanced service will:

- Permanently register³ all people fleeing the conflict in Ukraine who settle in the practice area who request registration (or who may be assigned by the commissioner)
- Support those individuals (and their sponsors as appropriate) with the registration process, whether online via the practice website or via paper registration form, using translation and interpretation services as required. Some patients may not have ID documents and not being able to provide ID is not a reason for refusing registration (see section 4.9 of the [Primary Medical Care Policy and Guidance Manual⁴](#))
- Ensure all patients in this cohort have access to locally commissioned interpretation services as appropriate to their language needs (and agreed contingency plans for managing patients access needs where such services may be over subscribed due to additional demands arising from new arrivals)
- Administer an appropriate new patient questionnaire for all newly registered patients in this cohort to help establish prior medical history and identify any immediate health needs in advance of initial health assessment. NHS England is expecting to make available by early July 2022 a new (dual language) patient questionnaire, accessible for both patients and practices
- Support collaborative working across local agencies to ensure patients in this cohort are provided with the services they need or are entitled to e.g. Local authority services (especially children and adult social care and public health in particular)
- Engagement with local safeguarding pathways and practice as appropriate to any identified child or adult safeguarding concerns including trafficking, modern slavery, sexual exploitation, female genital mutilation (FGM) and previous torture
- Signpost patients in this cohort to additional support services and facilitate access as appropriate e.g. specialist trauma services such as those for Rape Crisis or support following torture or for victims of trafficking
- Provide information/advice on access to free healthcare through the NHS, care pathways and self-care e.g. health costs exemption applications.

Service delivery specification

This local enhanced service requires GP practices to:

1. Invite all newly registered patients in scope to attend an initial health

³ At the time of writing, the Home Office is working to confirm NHS numbers are generated on visa approval. If this is in place, GP practices will be able to register against an existing number which can be found on the Personal Demographic Service, rather than request a new number.

⁴ <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

assessment consultation. The mode of consultation (face to face, remote or telephone) to be agreed with the patient in advance.

2. To ensure the timing of that invite and the subsequent date of the initial health assessment consultation are as follows:
 - a. Invites issued: within 10 calendar days of the date the patient was first accepted on to the practice patient list.
 - b. Initial health assessment consultation: scheduled for within 30 calendar days of the date the patient was first accepted on to the practice patient list (unless the patient otherwise requests a later date or declines the offer).
3. Use the patients completed health questionnaire to prioritise such enquiries and examination as appropriate in that initial health assessment consultation.
4. Ensure all appropriate health checks, enquiries, treatments and referrals are made and completed as recommended by the UK Health Security Agency Guidance “Arrivals from Ukraine: advice for primary care” for each individual patient. The guidance is available at:
<https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care>
5. Relevant supporting checklists are available to download⁵ or are in the pipeline for development on GP clinical systems.
6. Incorporate the principles of psychological first aid into clinical interviewing skills to sensitively engage with patients. Use trauma-informed approaches to care provision (see Useful links section below).
7. Ensure the outcome of the initial health assessment is recorded as appropriate within the patient’s clinical record.

Population covered

This local enhanced service applies to people fleeing the conflict in Ukraine who arrive in England under the under the Government’s Ukraine Family Scheme or the

⁵ SystemOne - available to download in the ‘Resource Library’ by searching for ‘National Vulnerable Migrant Enhanced Assessment’. Add the template to your clinical tree and/or toolbar.

Ukraine Sponsorship (Homes for Ukraine).

This local enhanced service does **not** apply to destitute asylum seekers from Ukraine who are in temporary Home Office accommodation (as separate arrangements will apply to support their initial health needs).

Interdependence with other services/providers

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

- Community and voluntary sector
- Local authority (especially children and adult social care and public health departments in particular)
- Community services
- Maternity services
- Mental health services
- TB services
- Safeguarding Teams
- Local Drug and Alcohol services
- Community Pharmacy
- Sexual Health Services
- Lifestyle services i.e. smoking, weight management etc.
- Secondary care
- OUT of Hours – 111.

Drafting note for local commissioners, please update and signpost wherever possible to such wider system services that may be available locally.

Reporting Arrangements

Practices are/are not* [**delete as appropriate*] required to complete additional reporting requirements.

Drafting note for local commissioners: Insert any local reporting requirements which are not otherwise able to be met through payment and validation arrangements.

Payment and validation

[Drafting note for local commissioners:

Commissioners are reminded we would not expect contracts to value the Initial Health Assessment at more than £150 per patient, when including both any new payments and the services that are already paid for.

Payment and validation arrangements to be determined locally in view of scope of agreed service but as currently specified commissioners may wish to consider payment models that include:

1. initial payment per Ukrainian resident registered with the practice; and
2. follow up payment on confirmation of completion of the initial health assessment

Retrospective payment to apply to cover patients who arrived under relevant visa schemes before this LES was set up.

Commissioners are advised to consider use CQRS local as a means for managing and validating payments. No SNOMED code currently exist for identifying a person fleeing the conflict in Ukraine so we recommend use of (Refugee (person)) 446654005 but acknowledge refugee status does not apply.

The following codes may additionally support or be of use:

- (Born in Ukraine (finding)) 315552001
- (Ukrainian language interpreter needed (finding)) 20420100000010
- (Russian language interpreter needed (finding)) 203971000000105
- (New patient screening (procedure), New Patient Screening, New Patient Health Check) 171324002]

Useful links

Drafting note for local commissioners: update with local service links as may be appropriate

- Advice and guidance on the health needs of migrant patients for healthcare practitioners:
 - <https://www.gov.uk/government/collections/migrant-health-guide>
- All Our Health e-learning programme:
 - Vulnerability and Trauma Informed Practice Session:

- <https://www.e-lfh.org.uk/new-vulnerabilities-and-trauma-informed-practice-session-added-to-all-our-health-programme/>
- Inclusion Health Session:
 - <https://www.e-lfh.org.uk/new-inclusion-health-session-added-to-all-our-health-programme/>
- Psychological first aid principles:
 - <https://www.who.int/publications/i/item/psychological-first-aid>
- Refugee Council information, facts and guides:
 - <https://www.refugeecouncil.org.uk/>
- Doctors of the World resources including toolkits and translated resources:
 - <https://www.doctorsoftheworld.org.uk/>
 - <https://www.doctorsoftheworld.org.uk/translated-health-information/>
- BMA Refugee and Asylum Seeker Patient Health Toolkit:
 - <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit>
- Sexual and gender-based violence in the refugee crisis: from displacement to arrival (SEREDA) - University of Birmingham:
 - <https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx>
- Maternal Health: exploring the lived experiences of pregnant women seeking asylum - Maternity Action
 - <https://maternityaction.org.uk/lived-experiences-of-pregnant-women-seeking-asylum/>
- Modern Slavery Helpline (24 hr, 365 days) on 08000 121 700. Trained Advisors can help support with all types of exploitation linked to modern slavery including domestic servitude:
 - <https://www.modernslaveryhelpline.org/>
- National Referral Mechanism | Every Child Protected Against Trafficking UK
 - <https://www.ecpat.org.uk/national-referral-mechanism>
- NHS England Safeguarding App:
 - <https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/>

Appendix B

Outline Initial Health Assessment Service Specification for people fleeing the conflict in Ukraine 2022/23

Note: this outline service specification is intended to support the commissioning of dedicated initial health assessment services for people fleeing the conflict in Ukraine, in addition to or more likely as an (at scale) alternative to general practice commissioned initial health assessments. It does not apply to destitute asylum seekers from Ukraine who are in temporary Home Office accommodation (as separate commissioned arrangements will already apply to support their initial health needs, albeit following a very similar specification). Benchmark pricing of £150 per initial health assessment applies.

1. Effective service and team management.

- 1.1 Overall management of the health team and the service (including any relevant KPIs to be specified by the commissioner, which should include:
 - 1.1.1 the percentage of invites to an initial health assessment made within 10 calendar days of the date the patient was first notified to the provider
 - 1.1.2 the percentage of initial health assessments scheduled within 30 calendar days of the date the patient was first notified to the provider (excluding patients who otherwise requests a later date or declines the offer).
- 1.2 Provide information and performance data about the service as specified by the commissioner

2. Initial Health Assessment: Every person fleeing the conflict in Ukraine living in the commissioner defined area and notified to the provider is offered a health assessment and appropriate referrals are made (obtaining consent and following the Mental Capacity Act where a person cannot provide consent).

- 2.1 Assessment of individuals health status and their dependants (adults and children) and addressing health issues of any immediate concerns. The health assessment should include the following:
 - 2.1.1 Recording of relevant medical history (including details of medications used/in use where this is known).
 - 2.1.2 Identification, triage and relevant treatment and/or referral for any active health problems (including unmanaged or poorly managed long-term conditions and chronic disease) or injuries.
 - 2.1.3 Assessment, testing and treatment and/or referral when indicated for communicable diseases as recommended by UKHSA (see <https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care>)

- 2.1.4 Recording the history of vaccinations and offering catch up required in line with the [NHS vaccination schedule](#)¹, particularly for babies, children and at-risk groups.
 - 2.1.5 Recording of a woman's pregnancy and maternity history.
 - 2.1.6 Referring and facilitating timely access to comprehensive ante-natal and post-natal care (agreeing a pathway with local provider trust for pregnant women).
 - 2.1.7 Recording of sexual health history, any active concerns and contraception advice (including issuing of a contraceptive prescription or referral to sexual health services for LARC), and referral for treatment for both men and women including termination of pregnancy services. STI testing as per [NICE guidance](#) (2007)² and [BASSH guidance](#) (2015)³ provides a useful summary of tests by priority groups.
- 2.2 Identify any child or adult safeguarding concerns including trafficking, modern slavery, sexual exploitation, female genital mutilation (FGM) and previous torture, and identify individuals still at risk. Familiarity and engagement with local safeguarding pathways and practice is crucial.
- 2.3 Identify support and therapeutic services, both through NHS health and social care and third-sector organisations, including the following:
- 2.3.1 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).
 - 2.3.2 Support / facilitate (via bespoke pathway) local health visiting team to assess new-borns 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.
 - 2.3.3 Identification of health or care needs (e.g. learning difficulties, mobility issues) and liaison with Local Authority to oversee social care needs / medical equipment and / or housing.

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.

- 3.1 Ideally, provide advice and/or management for minor illnesses that are present. But otherwise provide appropriate pathway for triage of patients including:
 - 3.1.1 Access to a minor illness service / NHS111.
 - 3.1.2 Referral arrangements to access emergency dental and NHS optical services as required.
 - 3.1.3 Provide onward referral for secondary care services where immediately required.

¹ <https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/>

² <https://www.nice.org.uk/guidance/PH3>

³ <https://www.bashguidelines.org/media/1084/sti-testing-tables-2015-dec-update-4.pdf>

- 3.2 Provide access to a healthcare professional in primary care as required, including supporting registration with a GP if not registered.
- 3.3 Prescribing as appropriate and signposting to over the counter (OTC) medications.

4. Managing in COVID-19 context (for the avoidance of doubt).

- 4.1 Adherence to all appropriate and applicable standard operating procedures and infection control procedures as may apply.
- 4.2 Recording the history of Covid-19 vaccination and facilitating catch up required in line with recommendations and guidance⁴ and any other guidance that may be issued⁵.
- 4.3 Assessment and signposting to testing (and/or provision of testing as may be agreed with the local health protection team) for Covid-19 and facilitating access to treatment and/or referral when indicated.

5. Mental Health: People fleeing the conflict in Ukraine are supported with their mental health and are referred on appropriately

- 5.1 Assess mental health history, including any active concerns and provision of advice. Incorporate the principles of psychological first aid⁶ and pay attention to clinical interviewing skills to sensitively engage with patients.
- 5.2 Identifying low level signs and symptoms of poor mental health / psychological wellbeing, facilitate access to appropriate support with a focus on safety, sensitivity and collaboration. This should include practical support and information to help understand experiences of distress and advice on how to manage difficult emotional experiences.
- 5.3 Services should consider how treatments can be made culturally appropriate. Working to understand the cultural context of the way patients express distress, seek help and explain illnesses, explain local healthcare systems and entitlements to care and treatment norms
- 5.4 Ensure referral pathways to appropriate services including those who are acutely mentally unwell and need prompt referral into crisis care. Provide trauma-informed care for those who are acutely mentally unwell and refer into crisis care. Self-harm and suicide risk should be approached non-judgementally, assessing intent to die where there has been an attempt, and drivers to the event, and ensuring safeguarding.
- 5.5 Seek feedback from service users about their experience and how best to support them.
- 5.6 Encourage links with local communities and with people with shared experiences.

6. Interpreting and translation services. All contact will be facilitated with appropriate interpreting support as required.

⁴ <https://www.gov.uk/government/collections/covid-19-vaccination-programme>

⁵ See NHS England's Covid Vaccination Programme pages for further information

<https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme>

⁶ <https://www.who.int/publications/i/item/psychological-first-aid>

- 6.1 Interpreting support to be provided (including making more use of digital interpreting support where appropriate) for patients unable to speak English or who require Ukrainian or Russian Sign Language interpreting.
- 6.2 Support in line with NHS England's Guidance for Commissioners: Interpreting and Translation Services in Primary Care⁷ and the Accessible Information Standard⁸ (formally known as DCB1605 Accessible Information).

7. Health Assessment Staff training and supervision

- 7.1 All health care professionals delivering clinical services under the service should have such clinical experience and/or 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.
- 7.2 Clinical and safeguarding supervision for staff given the level of trauma experienced by patients and safeguarding risks. Consideration should be given to:
 - 7.2.1 Access to supervision sessions (e.g. 1 hr/month for each member of staff)
 - 7.2.2 Multi-disciplinary teams for health staff
 - 7.2.3 Regular partnership meetings e.g. local authority (as appropriate)
- 7.3 Staff should have access to appropriate occupational health and wellbeing services.

8. Provide training, development and audit

- 8.1 Audit certain aspects of service as agreed with commissioner.
- 8.2 Keeping staff up to date with the latest needs of this patient cohort (e.g. attendance at appropriate meetings).
- 8.3 In-reach education to other local services (e.g. general practice, midwifery, mental health, dental services) so that there is clear understanding of and clear pathways to those services.
- 8.4 Support delivery of training for non-clinical 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, Mental Health First Aid, Trauma informed care, Safeguarding protocols, Access to health and social care services.
- 8.5 Access relevant training to understand the wider context e.g. understanding visa scheme processes and any changes.

9. Administration and co-ordination of the service provided to patients

- 9.1 Use of patient health questionnaires as deemed appropriate in support of the initial health assessment (note NHS England is expected to make available shortly a new patient questionnaire that will be accessible (translated) for both patients and health care professionals).

⁷ <https://www.england.nhs.uk/publication/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care/>

⁸ <https://www.england.nhs.uk/ourwork/accessibleinfo/>

- 9.2 Electronic patient record system in place. Note no SNOMED code currently exists for identifying a person fleeing the conflict in Ukraine so we recommend use of (Refugee (person)) 446654005 but acknowledge these individuals have arrived via visa schemes
- 9.3 Transfer of patient record to registered GP practice on completion of health assessment, including any appropriate referrals for general practice follow up.
- 9.4 Provision of a patient hand-held record of completed health assessment as appropriate (e.g. patients who may be in the area temporarily)
- 9.5 Systems are in place for the smooth and effective running of any necessary clinics.
- 9.6 IT systems and data sharing arrangement in place e.g. sharing information across local health systems where appropriate.
- 9.7 Data collection returns consistently to commissioner to support future planning and contract monitoring.
- 9.8 SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of DATIX
- 9.9 Recording of issues and incidents and investigate all serious incidents in accordance with the NHS Serious Incident Framework.⁹
- 9.10 Use of NHS numbers allocated to patients to ensure appropriate flow of information (and avoid multiple aliases where names are inconsistently transcribed e.g. from Cyrillic to Latin text). At the time of writing, the Home Office is working to confirm NHS numbers are generated on visa approval. If this is in place, GP practices will register against this existing number and services should be able to find the patients number on the Patient Demographic Service if that patient does not have this..

10. Statutory Safeguarding Responsibilities

- 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).

11. Wider systems partnership working as required

- 11.1 A duty to support continuity of care and appropriately share information with local systems partners e.g. Community and voluntary sector, Regional Strategic Migration Partnerships (RSMPs), Local authority (especially children and adult social care and public health in particular), Community services, UK Health Security Agency (UKHSA) (formerly Public Health England (PHE)), Maternity services, Mental health services
- 11.2 Provide advice to local system partners to support meeting patient needs and encourage adherence to treatment and engagement with health and social care services:
- 11.3 Provide relevant induction to patients on entitlements to free healthcare through the NHS and relevant health advice. Doctors of the World have provided access to range of translated materials, including in Ukrainian and Russian. See: https://www.doctorsoftheworld.org.uk/translated-health-information/?_gr=navigating-the-nhs-and-right-to-healthcare

⁹ <https://www.england.nhs.uk/patient-safety/serious-incident-framework/>

- 11.4 Provide relevant information to patients and their advocates to help Ukrainians with health literacy including understanding how to access GP care (e.g. how to make appointments) and the benefit of long term preventive initiatives such as immunisation and screening programmes. This may include the supporting appropriate use of community pharmacy, dentists, optometrists and out of hours services, including emergency services. Other roles within the GP practice (e.g. administrative staff) are in an ideal position to provide some of this support
- 11.5 Support the health of Ukrainian residents relocating outside the area to other geographic locations within the UK wherever possible through engagement with “receiving” local health system with a focus on:
- 11.5.1 Ensuring continuity of any ongoing medical treatment/needs, including mental health needs
 - 11.5.2 Provision of health record (electronic or hand-held)