NHS England

Immigration removal centres adults service specification

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1. Purpose

The NHS Health and Care Act 2022[1] mandates NHS England to commission health services across immigration removal centres (IRCs). Furthermore, the Detention Centre Rules[2] mandate the provision of healthcare specific to IRCs.

As referenced in our National Partnership Agreement for immigration removal centre (IRC) healthcare in England 2022 to 2025[3], detained individuals should receive high quality healthcare services, commensurate with standards of community services, appropriate to their needs and reflecting the circumstances of detention. Healthcare services include those aimed at disease prevention and health protection interventions. These services are to be made available based on clinical need and in line with the Detention Centre Rules 2001.

Healthcare services provided to people in IRCs should be equivalent to those available to people in the wider community (bearing in mind that detention may exacerbate some known conditions). IRCs should be an opportunity to address previously unmet healthcare needs as well as contributing to addressing health inequalities in the wider community.

This specification and the requirements must be read in conjunction with Home Office detention service orders (DSOs)[4] and other relevant legislation.

1.1 Quality

NHS England has a commitment to quality in IRCs[5]. This service specification is intended to provide a consistent approach to quality and ensure services meet our priorities. Working together to celebrate and share examples of high-quality care to ensure quality and community equivalence of care is central to everything we do.

Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.

Effective - informed by consistent and up-to-date high-quality training, guidelines and evidence; designed to improve the health and wellbeing of this patient population and to tackle inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

Positive experience - responsive and personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care: coordinated; inclusive and equitable.

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[1] Health and Care Act 2022 (legislation.gov.uk)
[2] The Detention Centre Rules 2001 (legislation.gov.uk)
[3] NHS England - National partnership agreement for immigration removal centre (IRC) healthcare in England 2022 to 2025
[4] Detention services orders - gov.uk

[5] A shared commitment to quality for those working in health and care systems

Caring - delivered with compassion, dignity and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

Quality care is also equitable - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

NHS organisations registered with the Care Quality Commission (CQC) in England have a statutory Duty of candour to inform the patient, family, or other relatives if there has been a ‘notifiable safety incident’ that could, or appears to have, resulted in:

a) the death of the service user/patient or

b) severe harm, moderate harm, or prolonged psychological harm to the service user/patient

Duty of candour doesn’t require the patient to be told about ‘near-misses’, although this is recommended.

There are various clinical guidelines and best practice documents[6] that describe and inform clinical practice and processes in the delivery of healthcare for people in secure and detained environments. This document does not aim to replicate these guidelines but provide a description of the minimum service requirements for delivering services to a patient population being held in immigration removal settings. For specific clinical interventions please refer to the appropriate clinical guidance.

People in detained environments may require additional health and social care support generally. Whilst social care is not legally the responsibility of NHS England commissioning arrangements and therefore lies outside the scope of this specification, there is a strong need to work collaboratively with social care teams and other providers.

1.2 Clinical governance

Clinical governance arrangements and structures will be in place which facilitate continuous service improvement by the use and analysis of key information using sources such as: patient safety incidents, risk registers, complaints, best practice and clinical audit, audit of deaths in detention, serious case reviews, Care Quality Commission (CQC) and His Majesty’s Inspectorate of Prisons (HMIP) action plans. There should be evidence of communication of these improvements across the range of organisations and partners operating within IRCs. Good integrated governance should combine and create consensus around the concerns of clinical staff, removal centre staff and managers, patients and their families. Key to effective governance is the availability of information sources on which to base decisions.

[6] A shared commitment to quality for those working in health and care systems

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The provider will use a variety of methods to ensure a high-quality service is delivered. These will include, but not be limited to:

- patient questionnaires
- waiting time surveys
- clinical audit
- audit of prescribing and medicine usage
- activity information
- complaints.

The provider will supply regular reports and relevant metrics/performance data or any other reasonable additional information to enable the commissioners to monitor performance targets. This could be subject to change negotiation.

1.3 Advocacy and safeguarding

NHS England is dedicated to ensuring that the principles and duties of safeguarding are holistically, consistently and conscientiously applied with the wellbeing of all, at the heart[7] of what we do. We are dedicated to ensuring that the principles and duties of safeguarding are embedded across the detained estate.

The service will:

- advocate for the patient's rights in accessing statutory services
- follow all safeguarding policies and procedures in line with their organisational and legal obligations
- fulfil its legal duties to ensure all staff have completed their statutory and mandatory training including, but not limited to: safeguarding, adults at risk, Rule 35, awareness of PREVENT[8], data protection, information governance, health and safety, and equality and diversity

2. Service delivery

The service aims to deliver an integrated healthcare offer for adults in immigration removal centres (IRCs). Service delivery should build upon existing best practice and positive relationships between healthcare services, the Home Office, integrated care boards (ICBs), local authorities, lived experience representatives and patients.

The Provider will ensure requirements are delivered, whilst allowing for local flexibility and personalisation. Creative and innovative solutions should be developed to enhance the quality, efficiency and accessibility of the service.

2.1 Primary care (further details in annex 1)

The provider will establish and deliver a primary care service as part of an integrated healthcare service.

[7] NHS England - About NHS England Safeguarding
[8] Prevent duty guidance (gov.uk)

Local determination is required, but at a minimum the primary care service must provide:

- 24-hour service provision, 52 weeks per year, including cover for bank holidays
- first night reception/transfer health screening assessment within two hours of arrival within the IRC to identify any immediate health needs or risk - particularly in relation to issues such as suicide or self-harm, mental health, learning disability, trauma related presentations, substance misuse (drugs and alcohol), infectious diseases (such as blood born viruses) and the needs of the older or younger adult or those presenting with other vulnerabilities.[9]
- as part of the health screening assessment, a Rule 34 appointment to be offered in line with Rule 34 of the Detention Centre Rules 2001, and the outcome of the discussion is to be recorded on the Health and Justice Information Service (HJIS) and delivered within 24 hours of arrival. A Rule 35 report ensures that particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention and is to be offered in line with Detention Centre Rules
- a Rule 34 assessment which should include a full mental and physical health assessment. Patients should also be made aware they can approach healthcare for a further assessment at any time
- access, support and reasonable adjustments to enable individuals with neurodivergent needs and conditions to engage with services, noting that some conditions are highly correlated with certain mental and physical health co-morbidities (e.g. learning disability and autism)[10]
- consent should be discussed and sought from the patient regarding completion and sending of the Rule 35 document to the Home Office, however, if the patient does not consent then a documented decision should be made regarding submission of the document to the Home Office (based on safeguarding principles). A copy of the report should be made available to the detained person, if requested
- healthcare staff to contact a patient’s community GP to request a patient summary as soon as possible
- routine triage and appropriate further appointments as required
- general health assessment to be completed within seven days of arrival to include other appropriate screening such as retinal, chlamydia and abdominal aortic aneurysm
- access to medicines and medical devices needed to treat the health needs of patients
- emergency referrals to be seen by a primary care clinician within two hours
- urgent referrals to be seen by healthcare staff within 24 hours
- completion of a Rule 35 report in accordance with Rule 35 of the Detention Centre Rules 2001 and the relevant detention service order (DSO) where Rule 35 is engaged

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[9] NHS England - Specification 29 section 7A: public health services for children and adults in secure and detained settings in England, 2023 to 2024

[10] DSO 04-2020: Mental vulnerability and immigration detention – non-clinical guidance (publishing.service.gov.uk)

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- healthcare staff to attend all assessment care in detention and teamwork (ACDT) [11] reviews and conduct a health engagement and then refer the patient for a Rule 35 report, if appropriate
- healthcare staff to support in the identification of whether a vulnerable adult care plan is required and the creation of such a plan
- discharge plans to be in place for all patients on release, to include at least one month (maximum three months) supply of medication, registration with community GP, paper copy of medical record including discharge summary, RECONNECT referral (if eligible) and an HC1 form
- where appropriate, medical holds need to be considered and reported to the Home Office (HO) and IRC supplier staff
- response to on-site emergencies, involving detained individuals, staff or visitors.

2.2 Pharmacy and medicines optimisation (further details in annex 1)

The service aims to provide patients with safe and effective treatment with medicines, from prescribing, delivery of medicines reconciliation and review, accessing lawful and prompt supplies, supplying or directly administering medicines to the patient with advice within and on leaving the IRC, and disposing of unused or expired medicines.

Pharmacy services and the optimisation of medicines within care pathways delivered by health and justice providers must deliver:

- a legally compliant service that is safe and delivered within national and professional standards[12]
- patient access to and a choice of the most effective treatments from those available on the NHS. This includes receipt of specialist prescribed medicines for patients in line with NHS national and local policies
- procurement of medicines efficiently and with value for money, while ensuring access to all NHS medicines aligns with access in the community and national commissioning and procurement policy
- individually named patient supplies as the main approach, with supply from bulk stock reserved for substance misuse medicines and interim supplies
- a service that engages with ICBs and NHS controlled drug (CD) accountable officers to integrate and provide equivalence in care and pharmacy workforce across the local system
- a service that complies with legal and best practice requirements for the licencing and handling of controlled drugs (CDs) and Environment Agency exemption certification
- local determination required, but at a minimum the pharmacy service and medicines optimisation must provide in a locally agreed model:
    - a chief pharmacist or equivalent, registered with the General Pharmaceutical Council (GPhC) who meets the GPhC professional standards, who is

[11] Assessment care in detention and teamwork (ACDT): detention services order 01/2022 (accessible version) (gov.uk)
[12] Professional standards secure environments, edition1 (rpharms.com)

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responsible for the medicines policy, pharmacy service delivery, safety and governance of medicines for the provider

  - prompt access to medicines for clinical needs via prescribing, sourcing of medicines, appropriate medicines packaging, supply and medicines administration with access to pharmacy staff. This should align with services patients would receive in GP practices and community pharmacies
  - provision of a pharmacy dispensing service for the IRC prescriptions that aligns with the Community Pharmacy Essential services for urgent (same day) and non-urgent prescriptions (delivery within 48 hours Monday-Saturday) in the same packaging as those provided to community patients
  - arrangements used for the dispensing and delivery or collection of urgent medication outside of core hours (including public holidays)
  - access to over-the-counter medicines via retail sales or via minor ailments and homely remedy arrangements
  - continuity of medicines on release, deportation or transfer in line with NHS policy, national guidance and standards and any restrictions of the destination country
  - systems that enable the safe use and handling of medicines accessed by patients[13]
  - a model of on-site clinical pharmacy services that support both patients and staff in optimising medicines
  - reporting and auditing that demonstrates outcomes from medicines, medicines value and safety
  - appropriate pharmacy workforce who are fully integrated into the healthcare team, and provide services to patients and staff that enable medicines optimisation which is led by the senior pharmaceutical adviser
  - any changes or innovations in equipment or use of the workforce in the service such as remote service delivery, robotics or digital systems development must be approved before implementation by the regional health and justice commissioner and may require national approval including the Home Office.

2.3 Substance misuse (further details in annex 2)

The provider will establish and run a substance misuse service, adopting a system-wide approach to stabilise people who are in treatment, promote recovery and reduce harm or deaths while in detention. At all points of contact, including screening and assessment, a focus should be given to the following specific areas:

- adopting a system wide approach to stabilise people who are in treatment
- early screening with a focus on harm reduction and assertive recovery focused planning
- identifying, reporting risk and escalating to share with other agencies

[13] Safe and secure handling of medicines | RPS (rpharms.com)

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- details of resources and interventions which will be deployed
- reviewing and reporting of deaths and non-fatal overdoses

Clinicians should be aware (through active engagement with service users and detention colleagues) of the main types of drug use for those coming into immigration removal centres (IRCs) (including traditional drugs of abuse, psychoactive substances, illicit use of prescribed drugs and misuse of over-the-counter medicines), and emerging trends in drug and alcohol use and harms.

Local determination is required, but at a minimum the substance misuse service must provide:

- plans for continued treatment and recovery during detention where a person has been known to community-based treatment services at the time of entry. The reception process, assessment and initiation of prescribing and psychosocial interventions should continue this treatment
- emergency referrals (instances that involve life-threatening illnesses or accidents which require immediate treatment), ie in the case of acute alcohol withdrawal or overdose, there must be an emergency response from the clinical team.
- urgent referrals (any non-life-threatening illness or injury needing urgent attention) should be seen by a substance misuse clinician within 24 hours
- for patients who are to be removed or deported, a robust plan that takes into account the destination country and access to opioid substitution therapy (OST) or other substance misuse treatment should be accounted for
- where specialist substance misuse clinicians are not on site, there must be a system in place to access advice and/or a consultation with a specialist substance misuse clinician.

2.4 Mental health (further details in annex 3)

The provider will establish and run a recovery-focused mental health service with access to psychological therapies, improved physical health care, personalised and trauma-informed care, medicines optimisation and support for self-harm and coexisting substance use.

The service will provide psychologically informed, evidence-based specialist support for all those assessed as requiring interventions to address needs associated with mental ill health, personality disorder and identified neurodivergent conditions.

Local determination is required, but at a minimum the mental health service must provide:

- care plans and relevant risk assessments, if a patient has been previously identified with a serious mental health illness
- a timely and robust mechanism for referral triage and allocation for assessment according to urgency, as outlined within NHS England Mental Health Access Standards
- urgent referrals to be seen by a healthcare clinician within four hours, as per protocols in place for out-of-hours (OOH) response

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- urgent referrals will be triaged and seen by a healthcare clinician within 24 hours
- routine referrals to receive help within four weeks from referral
- all patients with assessment, care in detention and teamwork (ACDT) are assessed within the six-hour timeframe
- healthcare staff attend ACDT reviews in line with ACDT guidance.

If the person is under the care of the mental health team and/or on the care programme approach (CPA), a member of healthcare staff must attend all multidisciplinary case reviews, including the review where the decision to close the ACDT is taken. If possible, this should be a member of healthcare known to the individual.

Where a referral to a community service has been arranged prior to known release into the community, the integrated mental health team will contact the patient and send a discharge summary.

Where psychiatrists are not on site there must be a system in place to access advice and/or a consultation with a psychiatrist.

2.5 Dental (further details in annex 4)

The aims of the dental service specification are to provide a consistent, responsive high quality IRC dental service which will provide appropriate dental care that meets the needs of the detained population.

Patients within detained settings should receive the same level of dental care as those people in the community - both in terms of interventions available to them which meet their needs, and the quality and standards of those interventions.

The service requires implementation of best practice for the management of dental needs. To enable a positive experience of dental services, dental services will be patient centred, and the patient voice will shape the service over the lifetime of the contract.

The provider will work in partnership with other functions and professionals within the establishment to facilitate opportunities to promote healthy living and improve oral health inequalities.

The provider will raise awareness of good oral health throughout the immigration centre, amongst detained individuals and staff employed to work in the IRC, ensuring that individuals are able to access the same NHS dental services as the rest of the population within the limitations of the detained setting.

The provider will ensure that engagement is proactive from the service, particularly for those individuals who are less able to seek help or to engage proactively with services. Making Every Contact Count[14] will be integrated, aligning healthcare messages across the IRC and signposting individuals to smoking cessation, mental health and wellbeing services and alcohol and substance misuse services. The provider will proactively manage demand and capacity and will implement a flexible reactive appointment system that is responsive to need.

[14] Making Every Contact Count (NHS England)

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Core20+5[15] will be embedded to ensure the service recognises and aims to reduce the inequalities faced by detained individuals.

2.6 Public health

NHS England is responsible for commissioning equivalent care for those in the immigration removal estate to that which is available in the community, this includes public health services. Public health programmes in these settings aim to reduce health inequalities and protect and improve the health of communities and the population. Secure and detained estates, including IRCs, should be an opportunity to address previously unmet healthcare needs as well as contributing to addressing health inequalities in the wider community through ensuring ongoing access to health and social care on release.

Health and Justice services are required to deliver on both national section 7A targets (e.g for immunisations and cancer screening) and unique indicators relevant to the population residing within prisons and prescribed places of detention (PPDs), proportionate to the time the patient is in an IRC. This includes indicators on substance misuse services and infectious disease screening. The delivery of these services is set out in specification 29[16], which accompanies the NHS public health functions[17] agreements. Specification 29 seeks to reduce the health gap between people in secure and detained estates and the wider population, to meet the legal duty that NHS England has to the service commissioning requirement for the equivalent of services in the community.

The provider will establish and deliver public health services as part of an integrated healthcare service. See annexes 1 and 2.

The UK Health Security Agency (UKHSA)[18] is responsible for protecting the population's health from infection and aims to reduce the burden from infectious diseases on the NHS and social care. UKHSA tackles inequalities through:

- robust surveillance and intelligence systems
- timely detection, investigation and control of outbreaks of disease
- developing, implementing and evaluating interventions to prevent and control infectious diseases
- advising central government, local government and other partners to inform public health policy and action
- providing advice to the public to prevent and manage communicable diseases
- focusing on how we can use sequencing to diagnose and manage infectious diseases.

3. Access criteria

Healthcare services should be provided for all people being held in an immigration removal centre (IRC). Services should operate from a position of ‘making every contact count’.

The provider will design a healthcare appointment system that allows patients to book appointments. The provider will keep waiting times to a minimum by proactive management

[15] Core20PLUS5 (adults) – an approach to reducing healthcare inequalities (NHS England)

[16] NHS England - Specification 29 section 7A: public health services for children and adults in secure and detained settings in England, 2023 to 2024
17 NHS public health functions agreements (gov.uk)
[18] UK Health Security Agency - (gov.uk)

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of demand and capacity, and implementation of a flexible, reactive appointment system that is responsive to need.

The provider will ensure there is an out-of-hours service (OOH) to manage any urgent cases, including the need for urgent medicines, through integrated care systems (ICS) commissioned services or specialist services.

Information must be made available to patients in suitable alternative formats such as other languages and easy read formats. The use of an interpreter must be offered where needed, in line with NHS England guidance. [19]

Exclusions to service delivery include:

- treatment of all establishment staff and visitors (unless responding to an emergency at the centre, e.g the need to call an ambulance)
- the management of injuries outside the competencies of staff such as those requiring emergency hospital treatment
- the operation of private practice or access to non-NHS commissioned care.

4. Workforce

The provider must ensure the workforce is able to provide high quality, safe, effective, caring, responsive and well-led care to patients. The right staff, with the right skills, in the right place at the right time must be available to achieve better outcomes, better patient and staff experiences and effective use of resources.

The provider will ensure the workforce is able to work flexibly and provide cover where required, and appropriately manage shortfalls in workforce. The provider is expected to have a workforce contingency plan in place, which should include provision for supporting locum staff induction and training.

The provider will ensure an appropriate skill mix of healthcare staff in the establishment with the essential and relevant qualifications and competencies to carry out their roles and responsibilities. Staff should have access to regular clinical supervision.

The provider must have a robust system in place to monitor compliance with all statutory and mandatory training requirements for all healthcare staff (including subcontracted staff), clinical and non-clinical. The provider must ensure there is a rolling training programme in place such as preceptorship, to support trainees and newly appointed staff; and mentorship skills training, to maintain skills for all staff supporting trainees and for newly appointed staff.

The provider must ensure that they have:

- relevant CQC registration
- appropriate insurance in place to deliver immigration removal centre (IRC) healthcare services
- an IRC-based nursing team which includes registered and unregistered roles to ensure the patients are seen by the right person with the right skills

[19] Guidance for commissioners interpreting and translation services in primary care (gov.uk)

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- a specific pharmacy workforce team working alongside the nursing, medical and other healthcare professionals to lead and provide roles relating to medicines access and use
- a practice educator. The provider will source a practice educator in collaboration with an academic institution. The role of the practice educator will include the initial completion and annual review of training needs for the nursing and healthcare support workers workforce.

In addition, the provider must ensure that all healthcare staff have:

- a right to work in the UK
- appropriate professional registration, and that they complete the mandatory re-validation and supervision required by the regulatory body for the relevant profession
- appropriate competencies and skills mix; including relevant and current qualifications in line with their specific role, which should be evidenced
- carried out security training and attained the required clearances
- received statutory and mandatory training. This includes equality and diversity, information governance and basic life support
- training recorded in their personal development plan and is refreshed in accordance with local guidelines.

5. Performance and standards

5.1 Health and Justice Information Service

All detained setting healthcare services will use the national IT solution provided by the NHS England Health and Justice Information Service (HJIS) as the primary medical record for the patient. This includes completion of any templates and the correct use of codes for recording.

The provider will ensure there are standardised procedures and processes in place for the use of all clinical software solutions and that all clinicians and administrators receive thorough training in the correct use.

The provider shall ensure that all Health IT systems procured and used are compliant with the Data Co-ordination Board (DCB) standards DCB0129; The manufacture standards and DCB 0160 Use of health IT systems standards, as outlined in the Health and Social Care Act.

In addition, the HJIS dataset contains specific measures of user involvement to ensure the populations accessing services are consulted, considered, and informed in respect of planning, development, and delivery of healthcare services in secure and detained settings.

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5.2 Reporting

The provider will supply regular reports and any other reasonable additional information (as agreed by the commissioners in mobilisation) to enable the commissioners to monitor performance targets:

- clinical audit
- audit of prescribing and medicines optimisation
- activity information (as required).

6. Patient and public participation

NHS England is committed to ensuring the design and delivery of services includes the perspective of lived experience[20]. We value the unique insights that lived experience provides and through multi-disciplinary collaboration we recognise the benefits in shaping, improving and delivering our services and meeting health needs.

Patient and public involvement is an essential component of service design and commissioning and should be considered at all stages of the commissioning cycle[21]. The benefits of patient and public participation are not limited to service design and commissioning. Involvement should also have a direct benefit to people who use services, including improved confidence, skills and knowledge and wider wellbeing benefits.

This document builds on existing resources and good practice to ensure that patients and the public have a voice throughout immigration removal centres (IRCs) and NHS England including the formally constituted Heath and Justice Lived Experience Network (LEN).

IRC commissioners and providers must uphold NHS England's key principles[22] of patient and public participation, to maximise the benefits and impact of involvement. Our approach to patient and public participation is constantly evolving. Commissioners and providers must continuously learn from, involve and share experience of participation, to maximise its impact within IRCs.

7. Administration, governance and information sharing

The provider(s) of health care services onsite will be expected to have the following in place and/or comply with the following requirements:

- systems must be in place for the smooth and effective running of any necessary clinics
- NHS Patient Safety Incidents must be recorded and escalated as per NHS Patient Safety Incidents Reporting Framework (PSIRF)[23]
- use of NHS numbers allocated to the individual to ensure appropriate flow of information

[20] NHS England » Patient and Public Participation Policy
[21] Framework for patient and public participation in Health and Justice commissioning (NHS England)
[22] NHS Accelerated Access Collaborative - patient and public involvement (NHS England)
[23] NHS England - Patient Safety Incident Response Framework

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- all data controllers should identify a clear legal basis for processing, under the data protection legislation[24].This should be clearly communicated in published privacy information
- each data controller is responsible for any information requests in line with their respective policies and procedures, should there be any crossover in information every effort should be made to work together wherever possible
- information shared between partners should be the minimum amount necessary for the partners to achieve their purpose and in line with their respective obligations to data protection legislation.
- detained individuals are entitled to have access to their own medical records
- the service will work closely with the other departments and record information in clinical and centre systems where appropriate
- the relevant practitioner will attend multi-disciplinary meetings including site management meetings where appropriate
- data collection returns must be made consistently to the commissioner to support future planning and contract monitoring
- governance arrangements must be agreed at a local level to ensure that services are able to respond appropriately to the needs of the individual
- the provider will be required to form robust working relationships and develop rigorous communication processes with the Home Office, centre manager and the senior management team across the range of departments and functions operating in the centre. In addition, the provider will be required to work in compliance with the centres local security strategy, all Home Office service specifications and supporting detention service orders (DSOs)
- the provider will ensure that appropriate representation and contribution is made at operational briefings, senior management team meetings and other functional committees and that any information is fed back to all healthcare staff in a relevant format
- the provider will ensure that all security clearance procedures at the centre are complied with by all staff and any visiting staff at all times
- the provider will ensure that all staff are security cleared in line with Home Office security clearance processes and have undertaken the relevant security training before becoming fully operational within the centre

[24] A guide to lawful basis - Information Commissioner's Office

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- the provider will contribute to the security and safety of all those working and living in the centre through attendance at operational meetings and effective sharing of appropriate risk information

- the provider will contribute and handle complaints in a timely manner, in line with NHS England's complaints policy, and to ensure that appropriate healthcare guidance and training is made available for healthcare staff

- key performance indicators (KPIs) will be nationally set. The guidance on the national KPIs will be released annually via an information schedule which will be sent to providers by regional NHS England commissioners. Providers are expected to complete regionally led audits or surveys as part of in-year service assurance including monthly quality schedule returns.

8. Outcomes

The provider will work in partnership with commissioners and other stakeholders to achieve the following objectives and outcomes and will consider all opportunities to enhance the aims of the service: [25]:

- **objective 1**: to improve the health and wellbeing of people in IRCs and reduce health inequalities
- **objective 2**: to support access to and continuity of care through the IRC estate post detention into the community where appropriate and where possible.

8.1 Regionally collected outcomes

Outcomes and priorities will require local determination by commissioners and providers based on the most recent health needs assessment (HNA) and the current population. Regionally collected outcomes should be determined locally, enabling providers to demonstrate how their service meets the required outcomes of the populations they serve.

8.2 Nationally collected outcomes

Each overarching objective has specified measures that will be nationally set and collected for national assurance purposes. Annual guidance on national indicators will be included in the information schedule to providers from regional commissioners.

9. Annexes – minimum service requirements for Immigration Removal Centres (IRCs).

- Annex 1 - Primary care

- Annex 2 - Substance misuse

[25] NHS England - Health and justice framework for integration 2022 to 2025: Improving lives - reducing inequality

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- Annex 3 - Mental health
- Annex 4 - Dental

10. Reference documents

NHS England will commission and expect services to be delivered in accordance with the following documents (and their successors):

- NHS England - The NHS Long Term Plan

Drug misuse guidelines

- Drug misuse and dependence (publishing.service.gov.uk)

Quality standards of physical health of people in prison

- Quality standard [QS156] (NICE)

Mental Health Standards for people in prison

- Standards for prison mental health services, 6th edition (Royal College of Psychiatrists)
- Mental health of adults in contact with the criminal justice system Quality standard [QS163]

Information governance, data protection, security and confidentiality

- NHS England - Information governance and data protection

Information management and technology

- NHS England - Protecting and safely using data in the new NHS England

Expected medicines management and optimisation

- NHS England - National medicines optimisation opportunities 2023/24

Prevent guidance

- Prevent duty guidance: guidance for specified authorities in England and Wales (gov.uk)

The NHS Constitution

- NHS Constitution for England - GOV.UK

The NHS Mandate

- The government's 2023 mandate to NHS England - GOV.UK

NHS England planning guidance

- NHS England - Priorities and operational planning guidance 2024/25

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National partnership agreement

- National partnership agreement for immigration removal centre (IRC) healthcare in England 2022 to 2025 (NHS England)

NICE guidance

- NICE guidance

The National Quality Board shared commitment

- National Quality Board - improving experience of care: a shared commitment for those working in health and care systems (27 October 2022) - organisations linked to patient safety (UK and beyond) - patient safety learning - the hub (pslhub.org)

NHS Standard Contract

- NHS England - 2023/24 NHS Standard Contract

Health and Justice Framework

- NHS England - Health and justice framework for integration 2022 to 2025: improving lives reducing inequality

NHS England operating framework

- Operating framework for NHS England

NHS England outcomes framework indicators

- NHS Outcomes Framework Indicators, March 2022 release - GOV.UK

Detention: general instructions

- Detention: general instructions (accessible) - GOV.UK
- Adults at risk in immigration detention - GOV.UK

IRC operating standards

- IRC healthcare standards

Detention services orders

- Detention services orders - GOV.UK

Standards for the management of sexual health

- 3079_prison_standards_bashh_1_final.pdf
- Core20PLUS5 (adults) – an approach to reducing healthcare inequalities (NHS England)

Quality standards of survivors of torture in detention

- Quality standards for healthcare professionals working with victims of torture in detention (Faculty of Forensic & Legal Medicine)

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Nursing preceptorship

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