

# Annex 2 – Substance misuse minimum service requirements



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Reception and assessment	
1.	All patients must be offered a healthcare screen under the requirements of Detention Services (Rule 34 for immigration removal centres) within 24 hours of their arrival in the establishment.
2.	All practitioners carrying out substance misuse assessments should be competent to assess problems that commonly arise. Screening, assessment and treatment for problem drug and alcohol use should address the wide range of substance use and misuse. Practitioners should identify other physical and mental health needs and address any disability. The patient should receive rapid access to the required treatment and recovery pathway, and there should be a focus on reducing harm to the patient.
3.	During the initial assessment, individuals over 50 years old should be offered an older adult assessment, and reasonable adjustments should be made where required.
4.	There should be a clear and consistent process for staff in places of detention to refer individuals directly to the substance misuse team.
5.	A clinical member of the substance misuse team must be available to discuss emergency referrals during working hours.
6.	Urgent assessments must be undertaken by the team within 24 hours.  Patients should receive a comprehensive evidence-based assessment which includes: <ul style="list-style-type: none"> <li>• substance misuse and alcohol</li> <li>• psychosocial and psychological needs</li> <li>• strengths and areas for development</li> <li>• risk to self and others</li> <li>• intellectual and developmental disabilities</li> <li>• mental health.</li> </ul>
7.	The assessing professional should be allowed to access notes about the patient (past and current) from primary care, secondary care and other relevant services. They must request notes, including those available from community drug and alcohol treatment services, for all patients known to mental health services, and check how up to date the information is and how it was gathered.
8.	Patients should receive a risk assessment and management plan which should be updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment should consider risk to self, risk to others and risk from others.
9.	Patients should be involved in the development of their risk assessment and management plan.
10.	All information must be provided to patients in a format they can easily understand. This includes different languages, and easy-to-read or pictorial formats.

11.	The service should provide information to the patient about how to make a referral and about waiting times for assessment and treatment.
12.	Staff members should talk through patient information with the patient as soon as possible. The information should include: <ul style="list-style-type: none"> <li>• their rights regarding consent to substance misuse treatment and recovery</li> <li>• how to access advocacy services</li> <li>• how to access a second opinion</li> <li>• interpreting services</li> <li>• how to view their records</li> <li>• how to raise concerns, complaints and give compliments.</li> </ul>
13.	There must be a clear system for making referrals.
<b>Treatment and recovery</b>	
14.	<b>Every patient should have a written treatment and recovery plan, reflecting their individual needs.</b> Staff members should seek input from the patient when developing their care plan. The patient should have a copy of the plan and receive information on the intervention being offered and its risks and benefits and staff should note this in clinical records. This plan should outline: <ul style="list-style-type: none"> <li>• agreed intervention strategies for substance misuse and recovery pathways</li> <li>• measurable goals</li> <li>• strategies for self-management</li> <li>• any advance directives or stated wishes that the patient has made</li> <li>• crisis and contingency plans</li> <li>• review dates and discharge framework.</li> </ul>
15.	Patients should begin treatment and recovery evidence-based interventions, which are appropriate for their bio-psychosocial needs, within an agreed timeframe. Any exceptions must be documented in the case notes.
16.	The team should meet weekly to discuss allocation of referrals, assessments and reviews. Referrals that are urgent or that do not require discussion can be allocated before the meeting.
17.	The team must follow up patients who have not attended an appointment or assessment. If a patient is unwilling to attend, the team should decide, based on patient need and risk, how long to continue to follow up the patient. This must be clearly documented in the multi-disciplinary team meeting minutes and patient records.
18.	In establishments for women, there should be a care pathway for perinatal women (pregnancy and 12 months post-partum) to include:

	<ul style="list-style-type: none"> <li>• assessment</li> <li>• care and treatment, particularly relating to prescribing psychotropic medication</li> <li>• referral to a specialist perinatal team or unit unless there is a specific reason not to do so.</li> </ul>
19.	The service must meet the establishment’s specific requirements for healthcare input as stated in detention service orders (DSOs).
<b>Workforce requirements</b>	
20.	All prescribers must be certified in the RCGP certificate to at least Level 1 in the Management of Drug Use and the RCGP Certificate in the Management of Alcohol Problems and or complete their certificates within 12 months of the start of the contract. They must as a minimum be working towards Level 2.
21.	The service must have a mechanism for responding to safer staffing issues, including: <ul style="list-style-type: none"> <li>• a method for the team to report concerns about staffing</li> <li>• guaranteed cover if additional staff are needed at short notice</li> <li>• a contingency plan agreed with the commissioner</li> <li>• an overdependence on bank and agency staff may be considered a breach of contract.</li> </ul>
22.	When a staff member is on leave, the provider must provide adequate cover for the patients who are allocated to that staff member.
23.	Prescribers should have access to a specialist pharmacist to discuss medications.
24.	There should be a named clinical lead for each team. This clinical lead will have overall responsibility for the clinical requirements of the service.
25.	There must be arrangements and written processes in place to ensure that specialist mental health advice can be accessed out of hours.
26.	There must be monthly multi-disciplinary team clinical meetings, as a minimum, these must be minuted.
27.	There must be processes and initiatives in place to support staff health and wellbeing including: <ul style="list-style-type: none"> <li>• providing access to support services and wellbeing programmes</li> <li>• monitoring staff sickness and burnout</li> <li>• encouraging staff to take scheduled breaks</li> <li>• assessing and improving morale</li> <li>• monitoring staff turnover</li> <li>• reviewing feedback from exit reports and taking action where needed.</li> </ul>

28.	New staff members, including bank staff, must receive an induction, based on an agreed list. This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.
29.	All staff who use an electronic patient recording system must receive formal training to ensure competence in its use. For example, Health and Justice Information Services (HJIS) training.
30.	The team must receive training appropriate to their roles on risk assessment and risk management. This training, which should be based on local guidelines, must cover: <ul style="list-style-type: none"> <li>• safeguarding vulnerable adults and children</li> <li>• assessing and managing suicide risk and self-harm</li> <li>• prevention and management of aggression and violence.</li> </ul>
31.	Staff must have an understanding of the principles of trauma informed care and be offered training on this practice.
32.	Use the RCGP Safer prescribing for IRCs <sup>1</sup> . and the clinical guidelines on drug use and drug dependence <sup>2</sup> .
33.	Team members must be trained and fully informed about the assessment and management substance misuse in people with learning disabilities or neurodiversity.
34.	All staff members must receive an annual appraisal and personal development planning which identifies objectives and individual development needs.
35.	All clinical staff members should receive individual clinical supervision at least monthly or as specified by their professional body.
36.	All staff members must receive monthly line management supervision to manage individual performance and discuss organisational, professional and personal objectives.
37.	All staff members who deliver substance misuse treatment and psychosocial interventions must be appropriately trained and supervised.
38.	Staff members should have access to reflective practice groups at least every six weeks where teams can meet to think about team dynamics and develop their clinical practice.

## Discharge and release planning

<sup>1</sup> [Resources for secure environments: introductory resources - RCGP learning](#)

39.	The provider must participate in the overall discharge planning for detained individuals being released and returned to the community, or returned to their country of origin, or to attend court, or being transferred to another establishment; unless there are exceptional reasons.
40.	Ensure continuity of care for all substance misuse needs. <sup>3</sup> This must include an extensive process of multidisciplinary planning to enable an effective hand-over of the patient to their community health team and or through e-records prior to their removal to their country of origin (if possible).
41.	Explain to the patient how to register with a GP, prior to their release and with consent (if eligible) ensure a referral is made to their local RECONNECT or IRC discharge schemes. When referred to RECONNECT ensure that the individual is provided with the correct contact details of the service prior to release. The provider must share information, as appropriate, to support their continuity of care where a person is remaining in the UK and share relevant information with the community Substance Misuse Service team.
42.	Advise appropriate external services of a patient's release; share details of the care they have received whilst in detention and any ongoing care or medicines requirements.
43.	Ensure an appropriate discharge summary is provided to relevant community or home services on release.
44.	Include provision of HC1 form to support the receipt of a HC2 certificate if eligible to enable access to free prescribed medication post release.
45.	Provide advice to the patient on how to manage their treatment needs on release, including provision of a discharge summary where required. This should include details of NHS 111 where a patient is returning to UK community substance misuse services.
46.	Commissioners should agree with prison health and community providers how best to facilitate supply of naloxone on release, to ensure that where it is considered necessary to maintain safety an approach is agreed as a part of release planning and subsequent community treatment.
47.	Ensure medication needs are fully included in the discharge planning process. This is particularly important where the patient has a specific medication need (e.g a specially prepared or difficult to purchase medicine). Patients should be provided with advice regarding local pharmacies and given information about how to access medicines in the community. Where appropriate patient consent should be obtained so that their medicines information can be sent directly to their community pharmacy. The patient should have adequate medicine

<sup>3</sup> [National Drug Treatment Monitoring System](#)

	supplies to ensure uninterrupted treatment if they are returning to their country of origin - up to three months' supply. Where required patients who are being released from detention should be helped to access their medication post release.
48.	Ensure patients have access to relevant and appropriate quantities of discharge medication or FP10s /FP10MDAs in line with national standards and guidance.
49.	Ensure the patient is aware of the date, time and place of any community healthcare appointments in UK.
50.	Appropriate contraception and advice on safer sexual practices should be offered and provided on discharge.
<b>Joint care planning with other healthcare providers</b>	
51.	The provider must ensure that formal joint care plans are in place for those with a dual diagnosis or complex needs and that the service offers a comprehensive, co-ordinated, and accurate approach to those needs. The service must ensure that all providers do so in a joined up, holistic manner, that is seamless to the patient.
52.	Staff must work within local guidance for the management and disclosure of confidential information about patients, between different agencies and within multiagency teams. They will adhere to statutory and common law frameworks, allied to both government policy and best practice guidance, including, but not limited to: <ul style="list-style-type: none"> <li>• The Data Protection Act 2018</li> <li>• The General Data Protection Regulation (GDPR) 2018</li> <li>• consent and confidentiality</li> <li>• using technology and information security.</li> <li>•</li> </ul>
53.	To support joint working with other partnership services and organisations, staff must support and facilitate representatives visiting the establishment to continue their supporting role.
<b>Detention service orders (DSOs) and centre regime</b>	
54.	The service must provide healthcare advice through the formal and informal attendance at management meetings, forums and ad hoc requests.
55.	The provider must fulfil all obligations and responsibilities applying to the application of DSOs as they relate to health provision.
56.	Support and advice must be available to agencies and operational staff to support the health and wellbeing of patients within the context of local and national guidance for the management and disclosure of confidential information.



57.	<p>Input from the service must be provided through IRC operational forums which include as examples the following (but not exhaustive list):</p> <ul style="list-style-type: none"> <li>• daily directors’ meetings and senior management board/ team forums</li> <li>• attendance at planned control and restraint interventions and incidents</li> <li>• preparation of specific reports as required, i.e. death in detention reports, patient safety incident reports</li> <li>• Assessment Care in Detention Teamwork (ACDT) reviews.</li> </ul>
58.	<p>The service must work closely with other areas of the establishment regime and external agencies to ensure integration of patient focused care in line with IRC standards and mandatory obligations.</p>
59.	<p>Provide daily clinical engagement and overview of any detainees held in segregation or a care and separation unit.</p>
60.	<p>Provide constant supervision for patients at risk of harm to themselves where a clinical causation has been determined through a clinical assessment process.</p>
61.	<p>Participation in the ACDT process.</p>
62.	<p>Provide a room-share risk assessment.</p>
63.	<p>All detainees will receive medical screening prior to any movement to ensure they are fit for transfer.</p>
64.	<p>Any request for a Rule 35 must take place within the required 24-hour timescale.</p>
65.	<p>A Rule 34 assessment must be offered to all new arrivals.</p>
66.	<p>Provider staff must complete written medical reports on patients, answer letters from solicitors or independent medical examiners and respond to complaints or GDPR requests promptly in relation to removal or immigration hearing requirements.</p>
67.	<p>The provider must deliver effective management support and professional leadership to staff. The healthcare manager has day-to-day operational responsibility for <b>all</b> healthcare services delivered within the IRC.</p>
68.	<p>All healthcare staff must receive appropriate clinical and professional management and supervision.</p>
69.	<p>The healthcare provider must ensure that senior leaders provide effective management and leadership of the service.</p>

70.	The healthcare provider must ensure that the management, administration and smooth running of all healthcare services.
71.	Clinical rooms must be properly equipped and equipment must be fit for purpose and appropriately maintained in line with local protocol and statutory requirements. Any facility issues must be escalated to the IRC facilities manager at the Home Office.
72.	Ensure working practice within the framework of local, national and best practice guidance on infection prevention control.
73.	Ensure patients are informed about which healthcare services are available and likely waiting times. Information should be in a suitable format, such as in a different language or pictorial if needed
74.	Involve patients in consultation activities.