

Service Specification No.	01
Service	Asylum Seekers and Refugee Initial Health Assessment (Outreach)
Commissioner Lead	North East London ICB
Provider Lead	To be confirmed
Period	1 st April 2023 – 31 st March 2024
Date of Review	

<p>1. Population Needs and context</p> <p>1.1 Context</p> <p>Asylum seekers face many of the same health problems as the UK population. In addition, they may:</p> <ul style="list-style-type: none"> • Have poor awareness of the NHS and fear barriers to accessing treatment. • Come from countries of origin with poor healthcare. • Suffer health impacts (mental and physical) after leaving their country and being detained in the UK. • Have experienced war, conflict, or torture. • Be separated from family, have poor housing and be socially isolated. • In addition, asylum seekers may have limited access to vaccination and high rates of adverse childhood experiences • Some asylum seekers incorrectly believe they are not entitled to free treatment, while some practices may think individuals are not entitled to free NHS services. <p>See Refugee and asylum seeker health toolkit (bma.org.uk)</p> <p>This service aims to provide asylum seekers no matter their country of origin with fair and equal access to primary medical services. The outreach service will provide the individual with initial support such as assessing any urgent care needs and any required referrals, as well as facilitating GP registration and urgent paper work (HC1/ HC2, benefit forms etc). A key purpose of this service is to support embedding individuals within the primary care and health system for their further health and care needs.</p> <p>This initial outreach service is in line with national guidance and ensures those individuals placed in contingency accommodation have access to an initial health assessment so that their immediate health and care requirements are identified and managed.</p> <p>Once registered with an appropriate GP practice, individuals should then have their health needs generally considered in the same way as those of primary medical care permanent residents plus uplift in service provision to reflect the public health and acute care needs of this vulnerable patient cohort. This initial health assessment outreach specification is separate to the 'Asylum Seekers & Refugee Health Service in Primary Care Setting LIS.</p> <p>1.2 Population Covered</p> <p>All refugees and asylum seekers residing in contingency hotels</p>
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<p>2. Outcomes</p>
<p>The purpose of this service is to support the delivery of better health, improved integrated health and social care services and access to those services for people who are asylum seekers.</p> <p>As a minimum the benefits to patients should include:</p> <ul style="list-style-type: none"> • An integrated service to improve the health of the patient and meet their psycho-social and medical needs. • Improved equality of access to services. • Multi-agency partnership working is strengthened to deliver better health outcomes for asylum seekers. • Continuity of care across safe and trusted environments. • Collaborative working with local agencies to ensure a joined-up service. • Address health inequalities experienced by asylum seekers.
<p>3. Aims</p>
<p>This specification has been put in place in recognition of the additional administrative and clinical pressures placed on practices, given the complexity of the asylum seekers and the volume of throughput in delivering health services for this patient population when a new contingency hotel is stood up at short notice.</p> <p>The aims of this scheme are to:</p> <ul style="list-style-type: none"> • Provide a flexible resourced approach for the pre-assessment phase e.g. in order to handle potential surges in demand as hotels are stood up at short notice. • Provide a seamless and supported process of individual's having their initial health checks and support registering for Primary Care Services • Enable positive experiences for asylum seekers when arriving to contingency hotels. • Collaboratively working across local agencies • Promote collaborative working between contingency hotel staff and provider staff (e.g. nurse, social prescriber, AHP etc exact roles TBC). • Provide information/advice on the NHS system, care pathways and self-care.
<p>4. Service Requirements</p>
<p>The requirements of this service are based on the completion of the following steps:</p> <p>4.1 Effective service and team management</p> <p>4.1.1 Overall management of the health team and the service (including any relevant KPIs to be specified by the commissioner).</p> <p>4.1.2 Provide information and performance data about the service as specified by the commissioner.</p> <p>4.2 Health Assessment: Every person arriving in initial accommodation is offered a health assessment and appropriate referrals are made (obtaining consent and following the Mental Capacity Act where a person cannot provide consent).</p> <p>4.2.1 Assessment of health status of residents and their dependents (adult and child) and addressing health issues of any immediate concerns.</p> <p>4.2.2 The health assessment offered should include the following:</p> <p>4.2.3 Recording of relevant medical history.</p> <p>4.2.4 Recording of a woman's pregnancy and maternity history.</p> <p>4.2.5 Referring and facilitating access to comprehensive ante-natal and post-natal care (agreeing a bespoke pathway with local provider trust for pregnant women).</p> <p>4.2.6 Identification, triage and relevant treatment and/or referral for any active health problems.</p>

- 4.2.7 Assessment, testing and treatment and/or referral when indicated for communicable diseases such as TB, diphtheria, Hepatitis A, B and C and HIV as outlined here: <https://www.gov.uk/government/publications/pre-entry-health-assessments-guidance-for-uk-refugees> Hepatitis C testing should be offered to anyone at risk. See hepatitis C section of the OHID Migrant Health Guide.
- 4.2.8 Recording the history of vaccinations and offering catch up required in line with the NHS vaccination schedule and recommendations from UKSHA., See appendix 3 for latest UKSHA schedule. Particular attention should be paid to babies, children and at-risk groups
- 4.2.9 Advice and facilitation (and/or provision as may be commissioned separately) of testing, treatments and/or vaccinations in outbreak or pandemic situation (Further work/ development required). Must contact local the UKHSA Health Protection Team (HPT) in the case of any outbreak.
- 4.2.10 Recording of sexual/ LGBT health and history, any active concerns and contraception advice and referral for treatment for both men and women including termination of pregnancy services. STI testing as per [NICE guidance](#) (2007) and [BASSH guidance](#) (2015) provides a useful summary of tests by priority groups.
- 4.2.11 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).
- 4.2.12 Support / facilitate (via bespoke pathway) local health visiting team to assess newborns and children under the age of 5 years and for over the age of 5 years refer to school nursing services as may be appropriate.
- 4.2.13 Identification of health or care needs (e.g. learning difficulties, mobility issues) and liaison with Home Office / UK Visas and Immigration (UKVI), or whoever is sub-contracted to oversee dispersal.
- 4.2.14 Share information with UKVI / Home Office to ensure people are provided with accommodation appropriate to their clinical or social care needs where required (e.g. if need dispersal to a specific area, liaison with social care)
- 4.3 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.
- 4.3.1 Access to and education of minor illness services in community pharmacies / NHS111.
- 4.3.2 Provide appropriate referral arrangements to residents to access emergency dental and optometry care treatment as required. Local dentists and details on how to access urgent dental care can be found [here](#).
- 4.3.3 Access to a healthcare professional in primary care as required, including GP (except where patients require immediate onward referral for secondary care services).
- 4.3.4 Appropriate pathway for triage of patients.
- 4.3.5 Arrangements to cover 'in hours' period.
- 4.3.6 Appropriate pathways for referral for out-of-hours care.
- 4.3.7 Prescribing as appropriate, including access to over the counter (OTC) medications (given that the population is destitute and may be unable to afford OTC medication).
- 4.4 Managing in COVID-19 context** (for the avoidance of doubt)
- 4.4.1 Adherence to all appropriate and applicable standard operating procedures and infection control procedures as may apply.
- 4.4.2 Recording the history of Covid-19 vaccination and facilitating (and/or provision as may be commissioned) catch up required in line with recommendations <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020> and any other guidance that may be issued¹.
- 4.4.3 Assessment and facilitating access to testing (and/or provision of testing as may be commissioned)

¹ See NHS England's Covid Vaccination Programme pages for further information <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme>

for Covid-19 and facilitating access to treatment and/or referral when indicated.

- 4.4.4 Must contact local the UKHSA Health Protection Team (HPT) in the case of any Covid-19 outbreak. Necl.team@UKHSA.gov.uk
- 4.4.5 Business continuity plan for remote delivery in the event of an outbreak.

4.5 Mental Health: Residents with symptoms are referred on appropriately

- 4.5.1 Mental health history, including any active concerns and provision of advice.
- 4.5.2 Identifying low level signs and symptoms of poor mental health / psychological wellbeing, facilitating access to appropriate support.
- 4.5.3 Ensure referral pathways to appropriate services including those who are acutely mentally unwell and need prompt referral into crisis care.
- 4.5.4 Provide trauma-informed care for those who are acutely mentally unwell and need prompt referral into crisis care.

4.6 All contact will be facilitated with appropriate interpreting support as required.

- 4.6.1 Interpreting support to be provided (including making more use of digital interpreting support where appropriate) for patients unable to speak English or who require British Sign Language interpreting.
- 4.6.2 Support in line with [NHS England's Guidance for Commissioners: Interpreting and Translation Services in Primary Care](#) and the [Accessible Information Standard](#) (formally known as DCB1605 Accessible Information).

4.7 Health Assessment Staff training and supervision.

- 4.7.1 All health care professionals delivering clinical services under the service should have such clinical experience and training as are necessary to enable them to properly perform such services, taking account of population specific issues, including delivery of care in a culturally appropriate and trauma informed way.
- 4.7.2 The provider(s) of this service should offer clinical and safeguarding supervision for staff given the level of trauma experienced by residents and safeguarding risks. This support **could** include:
 - 4.7.3 Access to supervision sessions
 - 4.7.4 at least 1 hr/month for each member of staff
 - 4.7.5 Multi-disciplinary teams for health staff
 - 4.7.6 Regular partnership meeting (accommodation provider, Migrant Help, health staff and Home Office)
 - 4.7.7 Staff access to appropriate occupational health and wellbeing services.

4.8 The provider(s) should ensure adequate training, development and audit to the staff they employ to undertake the initial health assessment

- 4.8.1 Audit certain aspects of service as agreed with commissioner.
- 4.8.2 Keeping staff up to date with the latest needs of this client group (e.g. attendance at appropriate meetings).
- 4.8.3 In-reach education to other local services (e.g. midwifery, dental services) so that there is clear understanding of and clear pathways to services.
- 4.8.4 Support delivery of training for non-clinical and accommodation staff (noting external agencies' responsibility to provide training to their own employees) to raise awareness of population specific issues and support effective management, for example,
 - 4.8.5 Psychology First Aid – training via www.gov.uk.
 - 4.8.6 Trauma informed care.
 - 4.8.7 Safeguarding protocols.
 - 4.8.8 Outbreak control measures (Further work/ development required).
 - 4.8.9 Working with and access to interpreters
 - 4.8.10 Access to health and social care services.
 - 4.8.11 Access relevant training to understand the wider context e.g. understanding the asylum process.

4.9 Administration and co-ordination of the service provided to residents

- 4.9.1 Electronic patient record system in place.
- 4.9.2 Systems are in place for the smooth and effective running of any necessary clinics.
- 4.9.3 IT systems, including hardware and licenses for software, and data sharing arrangement in place e.g. sharing information across IACs, other local health systems. If the provider has no license they may be able to use GP practice's constant data base if that practice is providing clinical oversight.
- 4.9.4 Data collection returns consistently to commissioner to support future planning and contract monitoring. Regular quality reviews of any templates used to capture information
- 4.9.5 SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of incident reporting system.
- 4.9.6 Recording of issues and incidents and investigate all serious incidents in accordance with the NHS Serious Incident Framework.
- 4.9.7 Use of NHS numbers allocated to patients to ensure appropriate flow of information. Ensuring all health and social care information collected for individuals are uploaded onto the EMIS system.
- 4.9.8 Data should not be stored on a laptop or any other device, it should be recorded directly into a clinical system e.g. EMIS.

4.10 Statutory **Safeguarding** Responsibilities

- 4.10.1 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). Documenting injuries from abuse or trauma either new or historic.
- 4.10.2 Have appropriate arrangements in place to make reports to the local authority when there are safeguarding allegations against a member of staff (either against vulnerable adults – PiPoT, or children – LADO)
- 4.10.3 Quality assured safeguarding training to be in place to cover exploitation, modern day slavery and Domestic abuse and contextual safeguarding, as well as all base line adult and children safeguarding topics. Training data to be shares with NEL ICB safeguarding designates on a quarterly basis and to consistently be at a benchmark of 85% compliance.
- 4.10.4 A duty to ensure that appropriate safeguarding supervision is in place to support staff dealing with complex safeguarding situations.
- 4.10.5 Staff to keep up to date records of referrals made to the local authority regarding safeguarding referrals and cases and follow up referrals made, with plan in place for each referral and clear documentation.
- 4.10.6 All refugees should be considered as high risk due to the nature of their accommodation, therefore should be under any health team that would support this ie Ruby team for pregnant women, high risk mental health services etc.

4.11 **Wider systems partnership working** as required

4.11.1 A duty to support continuity of care and appropriately share information including with:

- Voluntary sector
- Regional Strategic Migration Partnerships (RSMPs)
- Home Office
- Initial accommodation providers
- Local authority (especially children and adult social care and public health in particular)
- Community services
- UK Health Security Agency (UKHSA). Outbreaks should be informed to necl.team@UKHSA.gov.uk
- Maternity services
- Mental health services
- Information for patients (e.g. pregnant women not hiding that they're pregnant for fear of being returned)
- Entitlements to care / health literacy for patients.

4.11.2 Support for onward dispersal or removal of residents wherever possible through engagement with "receiving" local health system with a focus on:

- continuity of any ongoing medical treatment/needs, including mental health needs

- provision of health record (electronic or hand-held)

5. Acceptance and exclusion criteria for participating in providing the service

5.1 Provider awareness and staff capabilities

Ensure that staff in contact with individuals demonstrate understanding, active listening, compassion and sensitivity towards asylum seekers and meet the required Adult and Children Safeguarding training levels. To ensure staff can access appropriate, updated, training that supports working with the cohort. Plus, they have access to relevant training to understand the wider context e.g. understanding the asylum process, trauma informed training.

Ensure that staff understand that they;

- **Do not insist on proof of identification**
- **Do not insist on proof of address documents**
- **Never ask to see a Visa or proof of immigration status**
- Comply with the Accessible Information Standard

5.2 Consent and Confidentiality

Patients should be fully informed of the treatment being proposed and should have access to appropriate information.

The Provider shall not disclose service user information to any third party without the patient's consent except to those involved directly in the patient's clinical/care management or otherwise where there is a legal requirement to make such a disclosure.

5.3 Equality

NEL ICB is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. The availability of care and quality of service must be based on individual clinical need, and should be equally available to all regardless of:

- Gender
- Age
- Race
- Religion
- Sexual orientation
- Disability
- Marital status
- Gender reassignment
- Pregnancy and maternity

NEL ICB is also mindful of its obligations as a Public Sector body to give due regard to the need to eliminate any conduct prohibited by the Equality Act 2010, to advance equality of opportunity and foster good relations between those with protected characteristics and those without. The Service will be required to show at all times that it meets its obligations under the Act including, but not limited to:

- Meeting the provisions of the standard NHS contract relating to equality and diversity issues.
- Collecting appropriate monitoring data.
- Demonstrating evidence of appropriate Equality Awareness training for all staff.

- Equality Impact Assessment of service provision.

5.4 Applicable Quality Requirements

The Provider must be able to demonstrate compliance with the following Quality Standards:

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

5.5 Other requirements:

- A mandatory safeguarding protocol/ framework should be in place and used by the provider (ensuring safeguarding referrals and recommendations are made as required to children and/or adult social care where there are concerns about any form of abuse or neglect). To include age dispute advice
- SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of an incident reporting system.
- Recording of issues and incidents and investigate all serious incidents in accordance with the NHS Serious Incident Framework.
- Use of NHS numbers allocated to patients to ensure appropriate flow of information.
- The provider must have in place appropriate data sharing protocols which meet the DPA 2018 and GDPR

5.6 Support Tools

- Outline Health Assessment Service Specification for Initial Accommodation Centres (IAC) for People Seeking Asylum (Appendix 1)
- Safe surgery assessment tool (Appendix 2)
- BMA guidance: Refugee and asylum seeker patient health toolkit

6. Applicable Service Standards

6.1 Applicable national standards (e.g. NICE)

- To ensure the Provider is demonstrating adherence to safeguarding adults and children legislation and policies in this area and completion of relevant training.

Compliance with:

- The Care Act 2014 and accompanying Statutory Guidance
- Children Working Together to Safeguard Children 2018

- The NHS Safeguarding Accountability and Assurance Framework 2019

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

- Homeless and Inclusion Health standards for commissioners and service providers
- CQC - Registration and treatment of asylum seekers, refugees and other migrants
- Follow the guidance in the NHS England leaflet for asylum seekers and refugees; How to Register with a Doctor (GP) – Gateway Reference 06277
- Advisory Council on the Misuse of Drugs Report 2019
- Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK (www.gov.uk)

6.3 Applicable local standards

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

- The Provider is CQC registered with no conditions.
- That all CQC quality outcomes and registration requirements are met and maintained.
- The Provider will comply fully with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Be fully compliant with all requirements of their Primary Medical Services contract.
- The Provider is expected to report any incidents (including near misses, significant events, incidents and Serious Incidents (SIs), complaints and patient feedback relating to this service to NEL CCG Quality Team. SIs must be reported within 24 hours following identification.

7. Finance

The maximum budget for the Service is £310,000 per year.

The fee per consultation will be £96 per person.

No additional costs of tariff payments are included on the service funding.

The estimate activity forecast is 2,900 per year. This is based on the number of asylum seekers placed into contingency hotel in North East London in 2022/23.

7.1 Other reporting

- The provider of this service must have a nominated clinical lead for the service and confirm the details to the ICB lead.
- Complete quarterly activity reporting as directed by commissioner

Appendix 1 :

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

<p>1 Effective service and team management</p>	<p>1.8 Overall management of the health team and the service (including any relevant KPIs to be specified by the commissioner).</p> <p>1.9 Provide information and performance data about the service as specified by the commissioner.</p>
<p>2 Health Assessment: Every person arriving in initial accommodation is offered a health assessment and appropriate referrals are made (obtaining consent and following the Mental Capacity Act where a person cannot provide consent).</p>	<p>2.8 Assessment of health status of residents and their dependents (adult and child) and addressing health issues of any immediate concerns.</p> <p>2.9 The health assessment offered should include the following:</p> <p>2.9.9 Recording of relevant medical history.</p> <p>2.9.10 Recording of a woman’s pregnancy and maternity history.</p> <p>2.9.11 Referring and facilitating access to comprehensive ante-natal and post-natal care (agreeing a bespoke pathway with local provider trust for pregnant women).</p> <p>2.9.12 Identification, triage and relevant treatment and/or referral for any active health problems.</p> <p>2.9.13 Assessment, testing and treatment and/or referral when indicated for communicable diseases such as TB, Hepatitis A, B and C and HIV as outlined here: https://www.gov.uk/government/publications/pre-entry-health-assessments-guidance-for-uk-refugees Hepatitis C testing should be offered to anyone at risk. See hepatitis C section of the OHID <u>Migrant Health Guide</u>.</p> <p>2.9.14 Recording the history of vaccinations and offering catch up required in line with the NHS vaccination schedule and recommendations from UKSHA., See appendix 3 for latest UKSHA schedule. Particular attention should be paid to babies, children and at-risk groups</p> <p>2.9.15 Advice and facilitation (and/or provision as may be commissioned separately) of testing, treatments and/or vaccinations in outbreak or pandemic situation. Must contact local the UKHSA Health Protection Team (HPT) in the case of any outbreak.</p>

	<p>2.9.16 Recording of sexual health history, any active concerns and contraception advice and referral for treatment for both men and women including termination of pregnancy services. STI testing as per <u>NICE guidance (2007)</u> and <u>BASSH guidance (2015)</u> provides a useful summary of tests by priority groups.</p> <p>2.9.17 Referral when appropriate to specialist trauma services such as those for Female Genital Mutilation (including mandatory reporting), Rape Crisis, support following torture or for those who are victims of trafficking (victims of trafficking should be referred via the national referral mechanism for appropriate Home Office support).</p> <p>2.9.18 Support / facilitate (via bespoke pathway) local health visiting team to assess newborns and children under the age of 5 years and for over the age of 5 years refer to school nursing services as may be appropriate.</p> <p>2.9.19 Identification of health or care needs (e.g. learning difficulties, mobility issues) and liaison with Home Office / UK Visas and Immigration (UKVI), or whoever is sub-contracted to oversee dispersal.</p> <p>2.9.20 Share information with UKVI / Home Office to ensure people are provided with accommodation appropriate to their clinical or social care needs where required (e.g. if need dispersal to a specific area, liaison with social care)</p>
<p>3 Minor and more complex illness: Appropriate assessment, triage and care provided to people presenting with minor illness and more complex health issues arising from the health assessment.</p>	<p>3.8 Access to a minor illness service / NHS111.</p> <p>3.9 Provide appropriate referral arrangements to residents to access emergency dental and optometry care treatment as required. Local dentists and details on how to access urgent dental care can be found <u>here</u>.</p> <p>3.10 Access to a healthcare professional in primary care as required, including GP (except where patients require immediate onward referral for secondary care services).</p> <p>3.11 Appropriate pathway for triage of patients.</p> <p>3.12 Arrangements to cover 'in hours' period.</p> <p>3.13 Appropriate pathways for referral for out-of-hours care.</p> <p>3.14 Prescribing as appropriate, including access to over the counter (OTC) medications (given that the population is destitute and may be unable to afford OTC medication).</p>
<p>4 Managing in COVID-19 context (for the avoidance of doubt)</p>	<p>4.8 Adherence to all appropriate and applicable standard operating procedures and infection control procedures as may apply.</p> <p>4.9 Recording the history of Covid-19 vaccination and facilitating (and/or provision as may be commissioned) catch up required in line with recommendations https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020 and any other guidance that may be issued².</p>

² See NHS England's Covid Vaccination Programme pages for further information <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme>

	<p>4.10 Assessment and facilitating access to testing (and/or provision of testing as may be commissioned) for Covid-19 and facilitating access to treatment and/or referral when indicated.</p> <p>4.11 Must contact local the UKHSA Health Protection Team (HPT) in the case of any Covid-19 outbreak.</p> <p>4.12 Business continuity plan for remote delivery in the event of an outbreak.</p>
<p>5 Mental Health: Residents with symptoms are referred on appropriately</p>	<p>5.8 Mental health history, including any active concerns and provision of advice.</p> <p>5.9 Identifying low level signs and symptoms of poor mental health / psychological wellbeing, facilitating access to appropriate support.</p> <p>5.10 Ensure referral pathways to appropriate services including those who are acutely mentally unwell and need prompt referral into crisis care.</p> <p>5.11 Provide trauma-informed care for those who are acutely mentally unwell and need prompt referral into crisis care.</p>
<p>6 All contact will be facilitated with appropriate interpreting support as required.</p>	<p>6.8 Interpreting support to be provided (including making more use of digital interpreting support where appropriate) for patients unable to speak English or who require British Sign Language interpreting.</p> <p>6.9 Support in line with NHS England's Guidance for Commissioners: Interpreting and Translation Services in Primary Care and the Accessible Information Standard (formally known as DCB1605 Accessible Information).</p>
<p>7 Health Assessment Staff training and supervision.</p>	<p>7.8 All health care professionals delivering clinical services under the service should have such clinical experience and had appropriate training as are necessary to enable them to properly perform such services, taking account of population specific issues, including delivery of care in a trauma informed way.</p> <p>7.9 Clinical and safeguarding supervision should be made available to the staff (providing the service) given the level of trauma experienced by residents and safeguarding risks. This support could include for example:</p> <ul style="list-style-type: none"> 7.9.9 Access to supervision sessions 7.9.10 at least 1 hr/month for each member of staff 7.9.11 Multi-disciplinary teams for health staff 7.9.12 Regular partnership meeting (accommodation provider, Migrant Help, health staff and Home Office) <p>7.10 Staff access to appropriate occupational health and wellbeing services.</p>
<p>8. Provide training, development and audit</p>	<p>7.11 Audit certain aspects of service as agreed with commissioner.</p> <p>7.12 Keeping staff up to date with the latest needs of this client group (e.g. attendance at appropriate meetings).</p>

	<p>7.13 In-reach education to other local services (e.g. midwifery, dental services) so that there is clear understanding of and clear pathways to services.</p> <p>7.14 Support delivery of training for non-clinical and accommodation staff (noting external agencies' responsibility to provide training to their own employees) to raise awareness of population specific issues and support effective management, for example,</p> <p>4.11.2 Mental Health First Aid.</p> <p>4.11.3 Trauma informed care.</p> <p>4.11.4 Safeguarding protocols.</p> <p>4.11.5 Outbreak control measures.</p> <p>4.11.6 Working with and access to interpreters (patient entitlements, including women presenting late in pregnancy).</p> <p>4.11.7 Access to health and social care services.</p> <p>7.15 Access relevant training to understand the wider context e.g. understanding the asylum process.</p>
<p>9. Administration and co-ordination of the service provided to residents</p>	<p>9.1 Electronic patient record system in place.</p> <p>9.2 Systems are in place for the smooth and effective running of any necessary clinics.</p> <p>9.3 IT systems and data sharing arrangement in place e.g. sharing information across IACs, other local health systems.</p> <p>9.4 Data collection returns consistently to commissioner to support future planning and contract monitoring.</p> <p>9.5 SUI recording and escalation as per NHS SUI reporting framework (within 72 hours) and use of DATIX.</p> <p>9.6 Recording of issues and incidents and investigate all serious incidents in accordance with the <u>NHS Serious Incident Framework</u>.</p> <p>9.7 Use of NHS numbers allocated to patients to ensure appropriate flow of information.</p>
<p>10. Statutory Safeguarding Responsibilities</p>	<p>10.1 Mandatory safeguarding protocol (make safeguarding referrals as required to children and/or adult social care where there are concerns about any form of abuse or neglect).</p>
<p>11. Wider systems partnership working as required</p>	<p>4.12 A duty to support continuity of care and appropriately share information including with:</p> <p>3.7.1 Voluntary sector</p> <p>3.7.2 Regional Strategic Migration Partnerships (RSMPs)</p> <p>3.7.3 Home Office</p> <p>3.7.4 Initial accommodation providers</p> <p>3.7.5 Local authority (especially children and adult social care and public health in particular)</p> <p>3.7.6 Community services</p> <p>3.7.7 UK Health Security Agency</p> <p>3.7.8 Maternity services</p> <p>3.7.9 Mental health services</p> <p>3.7.10 Information for patients (e.g. pregnant women not hiding that they're pregnant for fear of being returned)</p> <p>3.7.11 Entitlements to care / health literacy for patients.</p>

	<p>4.13 Support for onward dispersal or removal of residents wherever possible through engagement with “receiving” local health system with a focus on:</p> <ul style="list-style-type: none"> • continuity of any ongoing medical treatment/needs, including mental health needs • provision of health record (electronic or hand-held)
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APPENDIX 2 – SAFER SURGERIES – Doctors of the World UK



safe_surgeries_toolkit_A4_web_FINAL.pdf

APPENDIX 3 – UKHSA Vaccine Schedule July 2023

- 1- Routine childhood vaccination
 - a. All vaccination for children should follow the UK schedule and the incomplete record schedule
[The complete routine immunisation schedule from February 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule-from-february-2022)
[Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status)
- 2- Vaccines for at-risk babies and children
[NHS vaccinations and when to have them - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/vaccinations-and-when-to-have-them)
- 3- Vaccine for adults
 - a. [NHS vaccinations and when to have them - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/vaccinations-and-when-to-have-them)
- 4- Extra vaccines for at-risk people
- 5- Vaccines for pregnant women
 - a. [NHS vaccinations and when to have them - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/vaccinations-and-when-to-have-them)
- 6- Hep A vaccine (only for those who have recently been in close physical contact with someone with hepatitis A)
- 7- MMR for older adults: if an adult , whether being identified as close contact of a measles case or they are just unsure whether or not have had the infections covered by MMR or the vaccines they can ask their GP to vaccinate them.