

<b>Service</b>	NHS Nottingham & Nottinghamshire CCG Asylum Seekers Local Enhanced Service and Syrian Resettlement Programme (Appendix 1)
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<b>Provider Lead</b>	GP Practices of Nottingham & Nottinghamshire CCG
<b>Period</b>	1 April 2020 to 31 March 2022
<b>Date of Review</b>	December 2020
<b>Next Review</b>	December 2021

## 1. Population Needs

### 1.1 National/local context and evidence base

An asylum seeker is an individual who has applied for protection through the legal process of claiming asylum due to experiences of persecution in their country of origin. Upon arrival in the UK, some asylum seekers have a high burden of health needs due to the experiences they have been through and have limited access to healthcare services. Asylum seekers tend to be young and so commonly have low rates of chronic conditions such as hypertension and diabetes, but they experience higher burdens of communicable diseases, mental and sexual health problems, multiple losses and atrocities, social isolation, and poverty which can lead to anxiety, depression, post-traumatic stress disorder and sleep problems. Asylum seeker women often access antenatal services later. Language, culture and a lack of understanding of NHS services can act as barriers to receiving healthcare.

The key policies related to this service include:

- Everyone Counts: Planning for Patients 2013/14
- Our health, our care, our say: a new direction for community services (2006)
- Our NHS, Our Future (2008)

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

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

### 2.2 Local defined outcomes

- Improving access and choice for patients
- Providing care closer to home
- Supporting care delivery

## 3. Scope

### 3.1 Aims and objectives of service

#### Aims

- To provide health care in the community for asylum seekers

- To improve the physical and mental health of asylum seekers
- Reduce inappropriate A&E attendances and secondary care admissions
- To follow local pathways based on NICE guidelines

### **Objectives**

- Improve access to health services in the community
- To provide a service at an appropriate time, location and environment
- A contributory reduction in unnecessary hospital attendance and admissions at hospital or outpatient appointments by increasing patient choice
- Patients are supported to self-manage their long term conditions within the community
- Provide services in line with the 16 Care Quality Commission standards

## **3.2 Service description/care pathway**

### **3.2.1 Service Description**

The provider shall:

- Provide a community based service for investigations and follow up arising from the management of patients in primary care
- Identify a lead clinician for asylum seekers service
- Perform a new patient health check, to be completed by a clinician (GP/nurse appropriately trained to undertake asylum seeker health checks), with all new or newly dispersed asylum seekers registering using the NHS Nottingham & Nottinghamshire New Patient Health Check Form v6 for new or newly dispersed asylum seekers, identifying any medical problems and carrying out screening as appropriate. A copy of the assessment should be scanned into the patient's medical records
- Produce an up-to-date register of patients who are asylum seekers
- Ensure good communication links with local statutory services and agencies and where appropriate develop joint protocols, e.g. with the local agencies as well as links with local A&E departments where appropriate
- Ensure they proactively promote health services to the local asylum seeker community ensuring that they are aware of the services available to them
- Ensure they operate flexible registration procedures allowing for permanent registration
- Provide for appropriate and regular screening assessments based on current research in relation to the health needs and problems of asylum seeker
- Adhere to relevant guidelines on the prescription of drugs in particular if medication has street value or potential toxicity
- Provide a health promotion and harm minimisation programme
- Refer as appropriate to counselling and CPN services
- Ensure each patient is given, if they wish, information in writing detailing the reason for any tests, how to get the results of the tests, how long they are likely to wait, and who to contact with any queries by the service provider
- Where an interpreter is required, one should be booked to attend. In Nottingham City Language Line should be used for shorter consultations
- Provide training to appropriate practice staff ensuring an understanding of and sensitivity towards the particular problems faced by asylum seekers. As well as the issues associated with health and being an asylum seeker, training should provide staff with a general understanding of the range of problems faced by this vulnerable group of people
- Develop a written protocol for the provision of this service. The protocol must be reviewed annually

### **General**

- Ensure an appropriate list of activity is developed and maintained for audit and payment purposes
- Provide all premises, staffing, equipment and consumables required to carry out the service
- Ensure only trained staff provide the service. Staff will be expected to attend regular training courses, be assessed on a regular basis and hold appropriate professional qualifications

- Ensure that all equipment used is maintained and calibrated in accordance with the manufacturer's guidelines. The cost of this will be met by the provider
- Ensure that there are adequate back up/contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems
- Deal with any complaints received from patients about the service, and reporting the complaint and the response to NHS Nottingham & Nottinghamshire CCG. Complaints will be dealt with according to CCG timescales
- Provide Nottingham & Nottinghamshire CCG with such information as it may reasonably request for the purpose of monitoring performance of the providers obligations under the plan

### **3.3 Population covered**

Patients that have been accepted onto the practice list for primary medical services that are asylum seekers and have not already completed a health check with a previous GP practice in Nottingham or Nottinghamshire.

For the purposes of this Primary Care Service, an asylum seeker is:

- Those whose application for asylum is under consideration or appeal whether receiving section 95 or section 4 support
- Asylum seekers denied support under section 55 of the 2002 Act but are still claiming asylum
- The dependent(s) of a principal asylum applicant

Asylum seeker status must be checked before the practice claims payment. A practice can still carry out a health check but should not claim payment if asylum seeker status has not been established. Any of the following forms of identification are acceptable for proving asylum status:

- ARC card or a standard acknowledgement letter, often known by its abbreviation - as a SAL
- Home Office letter/document confirming the claim for asylum, address, date of arrival, details of any dependants, personal details, etc.
- HC2 certificate if supported by NASS
- NASS letter
- IS96 – letter of identification issued by the UK Border Agency which includes a black and white photograph, name, date of birth and address of the applicant
- Referred to the practice by the Into the Mainstream Project Team
- UK Border Agency letter stating that the patient has been offered accommodation in the practices boundary area

### **3.4 Any acceptance and exclusion criteria and thresholds**

The service accepts patients that have been accepted onto the practices list for primary medical services who are asylum seekers and have not already completed a health check with a previous GP practice in Nottingham or Nottinghamshire.

This service is not provided to patients who have had applications for asylum refused.

### **3.5 Interdependence with other services/providers**

The service is expected to work closely with other healthcare professionals, including:

- Primary care (GPs and Practice Nurses)
- Secondary care
- Community healthcare
- Local agencies

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

#### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

The provider must ensure they are aware of, compliant with and provide evidence if required to demonstrate compliance with any relevant standards.

#### **4.3 Applicable local standards**

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed and the essential 16 standards achieved. Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

#### **Serious Incidents (SI's) and Patient Safety Incidents (PSI's)**

It is a condition of participation in this service that providers will report all Serious Incidents that relate to primary care services to the appropriate CCG, in line with NHS England's Serious Incident Framework, March 2015 (new Patient Safety Incident Response Framework (PSIRF) in development, anticipated roll out Autumn 2022). If it is not clear whether or not an incident fulfils the definition of a serious incident, providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the CCG on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

#### **Safety Alerts**

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) <http://www.mhra.gov.uk/#page=DynamicListMedicines>
- Central Alerting System (CAS) <https://www.cas.dh.gov.uk/Home.aspx>
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the CCG within the designated timescale.

#### **4.3.1 Infection Prevention and Control**

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the

process of preventing and controlling infection

- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks

### **Safeguarding**

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children: <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Adults: <https://www.rcn.org.uk/professional-development/publications/pub-007069>

Looked After children

[https://www.rcpch.ac.uk/sites/default/files/Looked\\_after\\_children\\_Knowledge\\_\\_skills\\_and\\_competence\\_of\\_healthcare\\_staff.pdf](https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf)

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Safeguarding Children Procedures City & County: <https://nottinghamshirescb.proceduresonline.com/>

Safeguarding Adult Procedures Nottinghamshire : - <https://nsab.nottinghamshire.gov.uk/procedures/>

Safeguarding Adult Procedures Nottingham City: - <https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding>

## **5. Applicable Quality Requirements and CQUIN Goals**

### **5.1 Applicable Quality Requirements (See Schedule 4 Parts A-D)**

### **5.2 Applicable CQUIN Goals (See Schedule 4 Part E)**

To be agreed by commissioner

## **6. Location of Provider Premises**

### **The Provider's Premises:**

The Service will be provided within the boundaries of Nottingham & Nottinghamshire CCG. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

### **Location(s) of Service Delivery**

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

### **Days/Hours of operation**

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

## 7. Contract

The contract will run from 1 April 2020 to 31 March 2022. This service specification has been updated following the review of services at nine months (December 2020). The changes for 2021/22 are as follows:

- Reduction in payment from £200 to £150 per registered patient with completed health check
- Information Requirements removed
  - number of patients DNA health check
  - number of onward referrals and to which services

The notice period is three months for termination under General Condition 17.2.

### Remuneration and Outcome measures

#### Payment

£150 per patient, only one payment per completed asylum seeker health check per asylum seeker. Payments are made quarterly in arrears on submission of the completed LES claim form in relation to this service.

#### ASYS1: Asylum Seeker

##### SystemOne

For SystemOne practices, as part of F12 there is a report for Asylum Seekers in the F12 Local Enhanced Services Claims folder which make it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes)

The F12 reports will account for any current active patients AND any deducted within that quarter where you have been caring for them.

##### EMIS

Unfortunately EMIS reports cannot be shared centrally in the way we as SystemOne, therefore practices will need to write these searches for themselves at the moment – the same codes and criteria should be used for reporting purposes however.

Report Name	Criteria and requirements	F12 Template
ASYS1: Asylum Seeker	Any patient coded at any time as Asylum Seeker (390790000) AND has a code of New Patient Screen (171324002) this quarter	Asylum Seeker Health Check

**Note:** If the correct codes have not been entered and the report numbers do not correspond with the work you believe you have done then you *can* still claim based on what you consider you have done as a practice. If you have any queries on the searches please contact the Primary Care IT Team [ruccg.f12.pathways@nhs.net](mailto:ruccg.f12.pathways@nhs.net)

#### Quality requirements for quarterly reporting

- 100% asylum seekers offered an appointment for a health check on registration

#### Information Requirements

- Number of asylum seekers registered with GP practice
- Number of asylum seeker health checks carried out

#### Providers will be required to:

- Undertake patient satisfaction survey annually
- Comply with requests from Nottingham & Nottinghamshire CCG to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire CCG

- Adhere to the Equality Act 2012 and record the ethnicity of every patient accessing service. Ethnicity should be read coded using the National Standard codes for ethnic groups as used in the 2001 census and by all NHS and local authority bodies (See “Guidance on Ethnic Group Monitoring in General Practice”)

## APPENDIX 1

12 March 2021: The final details of the 2021/22 Syrian Resettlement Programme has yet to be announced. This page will be updated once the information is available.

### 1. Syrian Resettlement Programme

The commissioner is eligible to claim for healthcare expenditure incurred supporting Refugees brought to the UK under the Syrian Resettlement Scheme. The Home Office will make a per capita payment for each Refugee registered at a GP practice in Nottingham and Nottinghamshire by providing the Home Office with the VPR number and evidence that the patient has successfully registered with a GP practice. The Syrian Resettlement Programme Officers will provide the commissioner with the VPR number and the Migration Health Assessment forms per Refugee, which will be sent to the respective practice who agrees to register the Refugee.

#### 1. Service description/care pathway

1.1 The **commissioner** shall:

- Liaise with the practice located nearest to where the patient resides to request written approval for registering the patient at the practice, this is usually confirmed via email including the date of arrival
- Once the GP practice has confirmed the registration of the Refugee, the commissioner will send the Migration Health Assessment, completed by the Syrian Resettlement Programme, including any instructions for health interventions or process of referrals into secondary care
- The commissioner will claim for the healthcare expenditure by the Home Office for each Refugee registered at a GP practice
- The commissioner will automatically transact the payment to the respective GP practice for registering the Refugee

1.2 The **provider** shall:

- Confirm with the commissioner that they are willing to register the Refugee at the practice; this will initiate the release of the Migration Health Assessment being shared with the respective practice
- Register the Refugee at the practice and confirm via email with the commissioner that the Refugee has registered
- Ensure the Refugee has a Health Check completed within 1 month of registering at the practice and to carry out any instructions for health interventions, detailed on the Migration Health Assessment

#### 2. Additional Information

2.1 Payment:

£150 per Refugee registered with a GP practice in Nottingham or Nottinghamshire. Payment will automatically be transacted by the commissioner once the Refugee has registered and undergone a Health Check with the respective GP Practice.

**PLEASE NOTE: Patients who enter on the Syrian Resettlement Programme must not be included in the numbers on the quarterly return for the Asylum Seekers Service.**