Service	NHS Nottingham & Nottinghamshire ICB Asylum Seeker Health Check Local Enhanced Service
Commissioner Lead	XXXXXXXXXXXXXXX
Provider Lead	GP Practices of Nottingham & Nottinghamshire ICB
Period	1 April 2026 to 31 March 2027
Date of Review	Annually

1. Population Needs

1.1 National/local context and evidence base

An asylum-seeker is someone who applies for protection as a refugee in another country and his or her request for refugee status has not been assessed or is yet to be processed.

Asylum seekers and those citizens who arrive in the UK as part of a resettlement scheme, the Homes for Ukraine scheme or similar face many of the same health problems as the UK population. 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. In addition, they may:

- 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.

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. Language, culture and a lack of understanding of NHS services can act as barriers to asylum seekers receiving healthcare.

It is important to note that practices not signed up to deliver this Local Enhanced Service are still required whilst their list is open, to register an Asylum Seeker who is resident within their boundary in order to access NHS primary care medical services.

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

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

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 and those citizens who arrive in the UK as part of a resettlement scheme or the Homes for Ukraine scheme
- 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

3.2 Service description/care pathway

3.2.1 Service Description

The provider shall:

- Perform a new patient health check, to be completed by a clinician (GP, practice nurse or any clinical role appropriately trained to undertake asylum seeker health checks, including appropriately trained HCAs with access to a GP) with all new or newly dispersed asylum seekers registering using the 'New Patient Health Check for New or Newly Dispersed Asylum Seekers, v13 Jan24' template (Appendix 1), identifying any medical problems and carrying out screening as appropriate.

  The health check template is available in F12 'LES Asylum Seeker Health Check' online version or as a Word document via TeamNet. A copy of the assessment should be scanned and added to the clinical system.

  The health check may take more than one appointment to complete. Practices should endeavour to complete the health check within one month of registration as recommended by NHS England guidance but recognising the barriers to completion of health checks, a maximum of six months from the date of registration has been set. Those aligned to bridging accommodation should be offered a health check within six months.

  To note, there is no alternative community service available to complete the health check on behalf of the registered practice.

- Produce an up-to-date register of patients who are asylum seekers. The register should be regularly reviewed, and asylum seekers granted leave to remain should be coded (728641000000104) and removed from the asylum seeker register.

- Provide a community-based service for investigations and follow up arising from the management of patients in primary care.

- Ensure that information is provided in an accessible format (either easy read or appropriate language); in particular, what the patient can expect i.e., location, how to access the surgery etc.

- Identify a lead clinician for asylum seekers service.

- 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.

  There is no contractual duty to seek evidence of identity, including photo ID; immigration status or proof of address at registration. The patient is not required to provide their National Insurance number and/or NHS number in order to register.

  https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other

  https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-asylum-seekers-and-refugees.pdf

- Provide appropriate and regular screening assessments based on current research in relation to the health needs and problems of asylum seekers.

- NHS care received for COVID-19, including COVID-19 vaccinations, will be provided free of charge, irrespective of immigration status. No immigration checks or NHS number are needed to enable testing or treatment of an asylum seeker for COVID-19. Any asylum-seeking patient that is eligible for COVID-19 vaccinations will be called in the same way as any other patient.

- Adhere to relevant guidelines on the prescription of drugs, in particular where medication has street value or potential toxicity.

- Prescribing as appropriate, including access to over the counter (OTC) medications given that the population is often destitute and unable to afford OTC medication.

- Provide a health promotion and harm minimisation programme.

- Refer as appropriate to counselling and Psychiatry services.

- Ensure each patient is given, if they wish, information in an accessible format 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.

- Offer in the first instance a professional, independent interpreter to all patients flagged on the clinical system or presenting at the practice, as needing the support of an interpreter in order to access primary medical services. Reliance on family, friends or unqualified interpreters is strongly discouraged and would not be considered good practice.

  Where an interpreter is required (spoken or BSL), one should be booked through the commissioned provider. Medical document translation is also available to support clinical care and management to be carried out by the registered practice. Details available via TeamNet – Translation & Language Support Services

- Develop a written protocol for the provision of this service. The protocol must be reviewed annually.

In addition: Workforce Development

- Facilitate training to practice staff ensuring an understanding of and sensitivity towards, problems faced by asylum seekers, including issues associated with health and being an asylum seeker. Training should provide staff with a general understanding of the range of issues faced by this vulnerable group of people.

  Recommended online resources include:

- The BMA's Refugee and asylum seeker patient health toolkit: https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit

- Safe Surgeries Toolkit: https://www.doctorsoftheworld.org.uk/safesurgeries/safe-surgeries-toolkit/

- Migrant Health https://www.gov.uk/government/collections/migrant-health-guide

- TeamNet Ukraine Refugee Crisis and Migrant Health page - https://teamnet.clarity.co.uk/qt1-52r/Topics/View/Attached/5a23481a-c5ef-4d19-ab2b-ae7e00cec53d

- Care Quality Commission GP Mythbuster 36: Registration and treatment of asylum seekers, refugees and other migrants https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-36-registration-treatment-asylum-seekers-refugees-other

- It is recommended that Practices attend online training sessions facilitated by one of the ICB Clinical Leads which may be offered as part of an internal PLT session. Any practice that is unable to attend live training will be able to access the recording via TeamNet.

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 ICB. Complaints will be dealt with according to ICB timescales.
- Provide Nottingham & Nottinghamshire ICB 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 or those citizens who arrive in the UK as part of a resettlement scheme, Homes for Ukraine scheme or similar, and have not already completed a health check with a previous GP practice within Nottingham and Nottinghamshire ICB.

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, section 98 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. Serco accommodate persons who have been deemed to be asylum seekers by the Home Office, therefore those temporarily housed in initial accommodation centers/bridging accommodation would require no further additional asylum status checks by the GP.

Any of the following forms of identification are acceptable for proving asylum status:

- Bail 201 document - letter of identification issued by UK Visas & Immigration which usually includes a black and white photograph, name, date of birth and address of the applicant
- Home Office letter/document confirming the claim for asylum, address, date of arrival, details of any dependants, personal details, etc.
- Asylum Registration Card (ARC)
- HC2 certificate if supported by NASS
- NASS letter
- Referral letter to the practice by the Into the Mainstream Project Team
- UK Visas & Immigration letter stating that the patient has been offered accommodation in the practice's boundary area

3.4 Any acceptance and exclusion criteria and thresholds

The service accepts patients that have been accepted onto the practice list for primary medical services who are asylum seekers and those citizens who arrive in the UK as part of a resettlement scheme, Homes for Ukraine scheme or similar, and have not already completed a health check with a previous GP practice in Nottingham or Nottinghamshire.

Asylum seekers granted indefinite leave to remain in the United Kingdom prior to a health check being completed are excluded from this service.

Practices are encouraged to complete the health check within one month of registration as recommended by NHS England guidance but recognising the barriers to completion of health checks, a maximum of six months from the date of registration has been set.

Any health check completed over six months from date of registration is excluded from this service.

3.5 Interdependence with other services/providers

The service is expected to work closely with health, social and voluntary services, and other public sector organisations including but not limited to:

- N&N ICB Primary Medical Services Commissioning & Quality Team
- Primary care (GPs and Practice Nurses)
- Secondary care including midwifery
- Community healthcare including children's services
- Local and national agencies supporting asylum seekers and refugees e.g., Nottingham and Nottinghamshire Refugee Forum, Migrant Health, NASS.
- Safeguarding Teams
- Local Authorities
- Serco Asylum Accommodation & Support Services

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 (e.g., 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 Regulations for Service Providers and Managers met (https://www.cqc.org.uk/guidance-providers/regulations). 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 incidents where a patient has experienced harm to the ICB, in line with the Patient Safety Incident Response Framework (PSIRF). 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 ICB 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
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the ICB 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 and vaccination
- 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/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069

Looked After children Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing (rcn.org.uk)

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

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

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 ICB. 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 or within the patient's home. This can include temporary accommodation i.e., bridging hotels if deemed appropriate and in accordance with confidentiality, IPC requirements.

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 2026 to 31 March 2027.

The notice period is three months for termination under General Condition 17.2 in writing to nnicb-nn.primarycarenotts@nhs.net

Remuneration and Outcome measures
Payment
£XX per patient, only one payment per completed asylum seeker health check per asylum seeker completed within the deadline set. Payments are made quarterly in arrears on submission of the completed LES claim form in relation to this service.

Practices should endeavour to complete the health check within one month of registration; a maximum of six months from the date of registration has been set.

Quarterly LES Claim Form Submission Deadlines
All practices should have processes and alerts in place to ensure LES requirements are met, and submissions made by the deadline date.

Practices are reminded that records relating to the completion and submission of the claim, including confirmation of date of submission, are kept within the practice to support the claim. These records may be examined by the ICB for verification purposes as part of an annual review or at any other notified time.

Completed claim forms to be submitted by the deadline date to the Primary Care Commissioning Team nnicb-nn.primarycarenotts@nhs.net

- Q1 deadline 31 July
- Q2 deadline 31 October
- Q3 deadline 31 January
- Q4 deadline 30 April

LES Claim Forms will not be accepted after the deadline date (except in exceptional circumstances) which will lead to loss of practice income.

ASYS1: Asylum Seeker

SystmOne
For SystmOne 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 same way as SystmOne, 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 **within 6 months from the date of registration** - Patient Registered GMS1 (270062001) as: Asylum Seeker (390790000) **AND** has a code of New Patient Screen (171324002) **this quarter**	Asylum Seeker Health Check
To end Asylum Seeker Status	Any patient coded Person granted indefinite leave to remain in the United Kingdom (728641000000104)	

If you have any queries regarding the searches please contact the F12 Team support@nottsf12.freshdesk.com

Quality requirements for quarterly reporting

100% completed health checks for asylum seekers registered at the practice. The health check may take several appointments to complete. Practices should endeavour to complete the health check within one month from date of registration and as a maximum six months from date of registration.

Information Requirements

- Number of asylum seekers registered with the GP practice and have a completed health check as part of the medical record.

Providers will be required to:

- Undertake patient satisfaction survey annually. This should include at least a small number of patients registered for this service and cover the registration processes, access to primary medical care and the reception experience.
- Comply with requests from Nottingham & Nottinghamshire ICB 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 ICB.
- Adhere to the Equality Act 2012 and record the ethnicity of every patient accessing the 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").

New Patient Health Check for New or Newly Dispersed Asylum Seekers (v13 Jan24)

Part One:

Date of assessment: Click or tap here to enter text.

Patient Details			
Surname: Click or tap here to enter text.		Forename(s): Click or tap here to enter text.	
Title: Click or tap here to enter text.		Gender: Click or tap here to enter text.	
Date of birth: Click or tap here to enter text.		Age at assessment: Click or tap here to enter text.	
Marital status: Click or tap here to enter text. Whereabouts of partner/spouse: Click or tap here to enter text.			
Children: Name(s) Click or tap here to enter text.	DOB(s) Click or tap here to enter text.	Age(s) Click or tap here to enter text.	Whereabouts Click or tap here to enter text.
Address: Click or tap here to enter text.		Postcode: Click or tap here to enter text. Telephone number: Click or tap here to enter text.	
Next-Of-Kin details or emergency contact number			
Name: Click or tap here to enter text.		Contact number:Click or tap here to enter text.	
Relationship: Click or tap here to enter text.		Can we contact this person in an emergency? Y ☐ N ☐	

Language and Literacy				
First Language: Click or tap here to enter text.				
Can the individual read and write in this language? Y ☐ N ☐				
Other languages spoken: Click or tap here to enter text.				
English skills:	None ☐	Little ☐	Fair ☐	Good ☐
Interpreter needed? ☐ Which language?	Click or tap here to enter text.			
Accessing English language lessons?	Y ☐ N ☐			
An individual is eligible to apply for free English language lessons if granted asylum (a refugee) or is an asylum seeker who has been resident in the UK for more than 6 months. Refer to BEGIN for English language learning. www.begin.org.uk				

Ethnic Background:			
White			
British: ☐	Irish: ☐	*Any other white background	Click or tap here to enter text.
Mixed			
White & Black Caribbean ☐	White & Black African ☐	White & Asian ☐	*Any other mixed background ☐
Asian or Asian British			
Indian ☐	Pakistani ☐	Bangladeshi ☐	*Any other Asian background ☐
Black or Black British			
Caribbean ☐	African ☐	*Any other Black background ☐	
Chinese or other ethnic			
Chinese ☐	Not stated / declined ☐		
If others, please state / specify: Click or tap here to enter text.			

Exercise

Do you take regular exercise Y ☐ N ☐

If yes, how often – tick appropriate	Daily ☐	Weekly ☐	Monthly ☐

What kind of exercise do you do?
e.g., walking, cycling, aerobics, swimming

Click or tap here to enter text.

Diet

5 Portions of Fruit/Veg a day? Y☐ N ☐	How would you describe your diet? Click or tap here to enter text.

Smoking

Have you ever smoked? Y ☐ N ☐	Do you smoke now? Y ☐ N ☐

If yes, how many cigarettes a day? Click or tap here to enter text.

How many cigars a day? Click or tap here to enter text.

How many ounces of tobacco (Pipe/Roll ups) a day? Click or tap here to enter text.

Do you want to stop? Y ☐ N ☐

Alcohol

QUESTIONS	**SCORING SYSTEM**					**YOUR SCORE**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never ☐	Monthly Or less ☐	2-4 times per month ☐	2-3 times per week ☐	4+ times per week ☐	Click or tap here to enter text.
How many units of alcohol do you drink on a typical day when you are drinking?	1-2 ☐	3-4 ☐	5-6 ☐	7-8 ☐	10+ ☐	Click or tap here to enter text.
How often have you had 6 or more units on a single occasion?	Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐	Click or tap here to enter text.

Immunisations:

Do you have a record of any childhood or adult immunisations that you have had?

Y ☐ N ☐

If yes, take this record with you when you see the GP or Nurse at the practice as they will need to take a copy

Social History

Country of origin: Click or tap here to enter text.	Date of arrival in UK: Click or tap here to enter text.
Religion: Click or tap here to enter text.	
Who does the individual live with? Are there any issues with housing or accommodation? Click or tap here to enter text.	Does the individual have a social support network? How are they spending their day? Click or tap here to enter text.

Please consider signposting individuals to third sector organisations for practical support and help:

- Nottingham and Nottinghamshire Refugee Forum (NNRF) – advice, help with practical or social support needs *- Refugee Action – advice about UKBA housing and financial support*

Does the individual filled in an HC1 form for an HC2 certificate (to get free prescriptions, optician and dental care due to low income)?	Y ☐ N ☐

Support workers from NNRF or Migrant Help can help an individual or family fill in the HC1 form (to apply for the HC2 certificate) or HC1 can be filled in online themselves HC1 (V6) (nhsbsa.nhs.uk); Guidance to support HC2 application for asylum seekers.

Mental Health
Do you have any concerns about your mental health? Y ☐ N ☐
If yes, please detail below and this will be discussed further with your GP Click or tap here to enter text.

Part Two:

(Review page one for any items that need action e.g., smoking / alcohol advice)
Helpful guidance for health professionals on health issues for migrants from different countries can be found here: *www.gov.uk/government/collections/migrant-health-guide*

Name of registered GP practice	Click or tap here to enter text.
Date of clinical assessment	Click or tap here to enter text.

Past Medical and Family History				
Please list any significant illnesses, accidents or previous operations, difficulties with hearing, mobility Click or tap here to enter text.				
Medical Problem	Yes ☐	No ☐	Details *(condition/date/ treatment)*	Family History
Has the patient got any chronic diseases that require regular monitoring? If applicable, ensure patient on relevant QOF register and has appropriate management as per QOF.				
Heart / Circulatory (ischaemic heart disease, angina hypertension, stroke, TIA, rheumatic fever)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Respiratory (Asthma, TB, COPD)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Blood Disorders (Hepatitis B or C, HIV, Anaemia)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Haemoglobinopathy (Sickle Cell / Thalassaemia)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Cancer	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Diabetes	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Tropical Diseases (Malaria)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.

Fits / Blackouts (Epilepsy)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Skin Conditions (Eczema, scars)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
GI Problems (diarrhoea, constipation, IBS)	Yes ☐	No ☐	Click or tap here to enter text.	Click or tap here to enter text.
Dental Problems and registered with a dentist?	Yes ☐	No ☐	Click or tap here to enter text.	
Vision problems and knows how to access an optician?	Yes ☐	No ☐	Click or tap here to enter text.	

Medication	
Medication currently being taken (Including herbal or OTC medicines)	Click or tap here to enter text.
If yes, please list medications currently taken. Include doses and frequency.	
Click or tap here to enter text.	
Allergies: Click or tap here to enter text.	

Immunisations (and date if possible)

Ask patient for any records they have of previous immunisations as a child or adult.

Review and assess whether any immunisations are required.
Click or tap here to enter text.

Any other Immunisations.
Click or tap here to enter text.

Diphtheria	☐	Rubella	☐	Tetanus	☐	Pneumonia	☐
Date: Click or tap here to enter text.		Date: Click or tap here to enter text.		Date: Click or tap here to enter text.		Date: Click or tap here to enter text.	
Measles	☐	Polio	☐	TB	☐	Influenza	☐
Date: Click or tap here to enter text.		Date: Click or tap here to enter text.		Date: Click or tap here to enter text.		Date: Click or tap here to enter text.	

COVID Vaccination

	Date Vaccination Given	Brand	Country where COVID Vaccination / Booster was given
1st Vaccination	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2nd Vaccination	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3rd Vaccination (if immunosuppressed)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Booster	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2nd Booster	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

To get overseas vaccine recorded on NHS records the patient has to book appointment :
www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/tell-nhs-about-coronavirus-vaccinations-abroad/
To check whether boosters needed based on what vaccines someone has received overseas:
COVID-19 vaccination: information for healthcare practitioners - GOV.UK (www.gov.uk)

Tuberculosis			
	Yes	**No**	**Details**
Have you ever had TB?	☐	☐	Click or tap here to enter text.
Have you had recent contact with someone with TB?	☐	☐	Click or tap here to enter text.
Continuous cough over the last month?	☐	☐	Click or tap here to enter text.
Coughing up blood in the last month?	☐	☐	Click or tap here to enter text.
BCG scar seen?	☐	☐	Click or tap here to enter text.
Latent TB Eligibility Check • 16-35yrs old • Born or spent more than 6 months in a high TB incidence country (≥150/100,000 or Sub-Saharan Africa Arrived in the country in the last 5 years (including entry via other countries) No previous history of TB or LTBI • Not previously screened or treated for LTBI in the UK If Yes, please refer to NUH TB Service for Latent TB Screening nuhnt.nottinghamtbteam@nhs.net	☐	☐	Click or tap here to enter text.
Please refer to NICE Guidance NG33: Tuberculosis *https://www.nice.org.uk/guidance/ng33*			

Sexual health and blood borne viruses		
Are you sexually active?	Click or tap here to enter text.	
Are you using any contraception?	Click or tap here to enter text.	
Have you any problems with your sexual health?	Click or tap here to enter text.	
Is the individual from a country of high prevalence HIV?	Y ☐ N ☐	
Is the individual from a country of high prevalence Hepatitis B and C?	Y ☐ N ☐	
Has the individual got any other risk factors for blood borne viruses? (unprotected sex, history of rape, history or current IV drug use, history of blood transfusions overseas, sexual contact of an individual known to have HIV or Hepatitis B or C).	Y ☐ N ☐	Details Click or tap here to enter text.
For those at high risk of blood borne viruses whether due to individual risk factors or due to country of origin, offer HIV and Hepatitis B&C testing.		

Mental Health Assessment	
Please describe any current or history of mental illness Click or tap here to enter text.	
Depression Screening	
During the past month, have you often been bothered by feeling down, depressed or hopeless?	Y ☐ N ☐

During the past month, have you often been bothered by having little interest or pleasure in doing things?	Y ☐ N ☐
An answer of "yes" to either question indicates a need to further explore mood and mental health	
Please record any details of any torture or trauma	
Click or tap here to enter text.	
Addictions	
Please describe any current or history of addictions (alcohol, drug dependency etc.) Click or tap here to enter text. Addictions continued.	

Female Obstetric History	
Previous pregnancies:	Click or tap here to enter text.
Current pregnant?	EDD: Click or tap here to enter text. Seen a midwife? Click or tap here to enter text.
History of female genital cutting or circumcision? *(Female circumcision is common in many African countries. Pregnant women with suspected FGM should be referred to the FGM clinic)*	Click or tap here to enter text.

Screening	
Cervical Smear	
For women aged between 25 and 64, has a cervical smear been carried out?	Y ☐ N ☐ N/A ☐
If yes, when was the last smear? What was the result?	Click or tap here to enter text.
Breasts / Mammography	
For eligible women, has a mammogram been performed?	Y ☐ N ☐ N/A ☐
Bowel Screen	
For men or women aged between 60 and 69, has screening for bowel cancer been carried out?	Y ☐ N☐ N/A ☐
If yes, when was the last test? What was the result?	Click or tap here to enter text.

Physical Health	
Parameter	**Measurement**
Height	Click or tap here to enter text.
Weight	Click or tap here to enter text.
Blood Pressure	Click or tap here to enter text.
Pulse	Click or tap here to enter text.
Urinalysis	Click or tap here to enter text.

Peak Flow (if appropriate)	Click or tap here to enter text.	
Blood tests	FBC *(anaemia, eosinophilia that may denote parasitic infection, sickle cell or Haemoglobinopathy screening if in at risk group)*	Click or tap here to enter text.
	HIV *(for those at high risk)*	Click or tap here to enter text.
	Hep B and C *(for those at high risk)*	Click or tap here to enter text.
	Vitamin D *(deficiency more commonly seen in those with limited sunlight exposure, on a limited diet and of South Asian origin) If appropriate see latest APC guidelines*	Click or tap here to enter text.

Safeguarding			
Are there any safeguarding concerns?	Y ☐ N ☐	Details Click or tap here to enter text.	
Do you feel safe where you are living?	Y ☐ N ☐	Do you feel safe with who you are living with?	Y ☐ N ☐
Is there anyone who does make you feel unsafe?	Y ☐ N ☐		
If you are under 18, are you living with your parents or a family member?	Y ☐ N ☐ N/A ☐		
If answered yes, please provide details of who you are living with Click or tap here to enter text.			
Are there any safety concerns for you or any member of your family? Y ☐ N ☐			

Issues identified through the health assessment:
Please list identified issues and the actions taken:
Click or tap here to enter text. **Please add data to the clinical system using F12 LES Asylum Seeker Health Check**