

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	QVV/304
Service	Dorset Migrant Health: <ul style="list-style-type: none">• ARAP residents accommodated in bridging hotels under the Afghan Resettlement and Assistance Policy (ARAP) Scheme or Afghan Citizen's Resettlement Scheme (ACRS), and• destitute asylum seekers accommodated in contingency hotels/accommodation under the HM Government National Asylum Seeker Dispersal Programme

1. Population Needs

1.1 National / local context and evidence base

Refugees and Asylum seekers face many of the same health problems as the UK population. 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.

This service aims to provide refugees and asylum seekers, no matter their country of origin, with fair and equal access to primary medical services. The service will provide both the individual and the local GP (General Practice) Practice where the individuals are registered with additional support to be able to manage this patient group.

Patients that are temporarily housed in the bridging or contingency hotels should have their health needs considered in the same way that 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.

1.2 Afghan Resettlement and Assistance Policy (ARAP) Scheme or Afghan Citizen's Resettlement Scheme (ACRS)

On 29 December 2020, the Defence Secretary and Home Secretary announced the **Afghan Relocations and Assistance Policy (ARAP)**. This is a new scheme that offers relocation or other assistance to current and former Locally Employed Staff in Afghanistan to reflect the changing situation in Afghanistan. For further information and guidance: <https://www.gov.uk/government/publications/afghan-relocations-and-assistance-policy>

HM Government opened **Afghan Citizens Resettlement Scheme (ACRS)** on 6 January 2022, with the aim of prioritising those Afghans and their families who have assisted the UK efforts in Afghanistan. The scheme will prioritise:

- those who have assisted the UK efforts in Afghanistan and stood up for values such as democracy, women's rights, freedom of speech, and rule of law, and
- vulnerable people, including women and girls at risk, and members of minority groups at risk (including ethnic and religious minorities and LGBT+)

For further information and guidance see:
<https://www.gov.uk/guidance/afghan-citizens-resettlement-scheme>

1.3 Destitute Asylum Seekers

The United Kingdom has a legal obligation under the 1951 Refugee Convention, the Immigration and Asylum Act 1999, the Asylum Support Regulations 2000, the Immigration and Asylum (Provision of Accommodation to Failed Asylum Seekers) Regulations 2005 and the EC Reception Conditions Directive 2003/9/EC, to ensure that those at risk of persecution are given the protection they need and are provided accommodation and related services to asylum seekers, failed asylum seekers, and their dependants, who would otherwise be destitute.

1.4 Accommodation & location of care provision

Hotels for both the ARAP (bridging hotels) and Asylum Seekers (contingency hotels) have been stood up in Dorset. The co-ordination and wrap around support for bridging hotels is provided by the Local Authority. Residents may stay in the hotels for 6 months plus whilst they are being rehoused as part of the Afghan Relocations and Assistance Scheme (ARAP or Afghan Citizen Resettlement Scheme (ACRS). Co-ordination and wrap around support for contingency hotels is via a Home Office contract with Clearsprings / Ready Homes. This Dorset Migrant Health service, via a lead practice, will support the primary care offer in both existing and potential hotels in the future.

1.5 NHS Improvement Recommendations

NHSI set out its recommendations for Integrated Care Boards (ICBs) on the services needed in support of families relocated from Afghanistan into temporary bridging hotels and asylum seekers in Home Office contingency hotels. This includes:

- GP registration – creation of an NHS number where not available.
- Full provision of primary care medical services
- Provision of an onsite/ visiting service – 2 days a week
- Access to prescribing as appropriate.
- Robust health assessments (to identify and manage immediate and on-going health care requirements).
- support for additional capacity needed in delivering these services so that the impact on all GP patients is minimised.

In addition, given specific risk factors of the cohort and mixed throughflow at accommodation UKHSA have recommended for all individuals who are on site for:

- more than a week:
 - a symptom screen takes place for active TB and for skin infections e.g. scabies.
 - routine vaccination catch-up, prioritising MMR and a diphtheria/polio containing vaccine.
 - COVID and influenza vaccinations for eligible individuals.
 - assessment of risk factors for access to COVID therapeutics and testing.
- For all individuals who are on-site for six weeks or more
 - additional screening for Hepatitis B, Hepatitis C and HIV.

The service may need to evolve to support and prevent the outbreak of communicable diseases, through assessment, vaccination and prophylaxis if UKHSA indicate.

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	x

Domain 3	Helping people to recover from episodes of ill-health or following injury	x
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

The purpose of this service is to support the initial delivery of better health, improved integrated health and social care services and access to those services for people who are part of the relocation schemes or are asylum seekers.

As a minimum the benefits to patients are expected to include:

- An integrated service with primary care services 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 refugees and asylum seekers.
- Continuity of care in a safe and trusted environment
- Collaborative working with local agencies to ensure a joined-up service
- Address health inequalities experienced by refugees and asylum seekers.

3. Scope

3.1 Aims and objectives of service

The aims of the service are to ensure that:

- residents have access to appropriate levels of primary care medical service designed to ensure that their health needs are effectively managed
- GPs and practice staff have the knowledge, skills and resources to enable them to deal effectively with residents' health needs
- GP services are empowered to tackle the health needs of the residents holistically, working with relevant services.

3.2 Service description/care pathway

Services provided will be in line with the specification here, as appropriate to patient health needs.

[Badged HA protocol IOM HO PHE - June 2020.odt.pdf \(publishing.service.gov.uk\)](#)

The provider delivering this service will:

Clinical

- Ensure the practice staff understand and are sensitive towards the problems faced by residents.
- Assess (within the MOD setting) the physical and mental health of residents when registering including assessment of psychological well-being. The initial health assessment should cover trauma and safeguarding concerns, mental health needs, women's and children's health, identification long-term conditions, vaccination status/catch up, areas of public health concern (eg TB screening) and ensuring pathways to other mainstream NHS services as individuals needs require.
- Arrange translation services as appropriate to facilitate communication
- Be flexible regarding longer appointment times for residents as required
- Provide residents with appropriate Primary Medical Care
- Follow all appropriate covid-19 IP&C advice

- Identify any unmet health needs; working in partnership to address these and reporting these to the Commissioner

Operational

- Work collaboratively with wider system partners delivering wrap around services for refugees and asylum seekers to ensure joined up and co-ordination provision at neighbourhood and place level.
- Invest time in multi agency process planning with partners on site
- Ensure that robust communication process exist on site with partners such as briefing upon arrival to site and debriefs before leaving site at end of day.
- Work collaboratively with other PCN providers delivering the service in other hotels / areas.

Reporting

- Capture relevant data, monitoring and reporting progress including registrations/ appointment information/ clinical coding/ referrals information/ Ambulance/ NHS 111/ A&E attendances
- Ensure consistency of provision and avoid many different staff members attending site if possible
- Provide weekly SITREPs to commissioner leads to enable informed reporting into the MAF (by Tuesday weekly)

[Afghan refugees and newly displaced populations: individual health assessment - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Afghanistan: migrant health guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

3.3 Population Covered

Residents of the ARAP / ACRS in Bridging hotels and Asylum Seekers in Contingency Hotels who are within the HM Government Programmes as described in 1.2 and 1.3 above.

3.4 Any acceptance and exclusion criteria.

Acceptance criteria as per 3.3

Refugee and asylum seeker entitlement to NHS Care:

- **Primary Care** – Refugees, asylum seekers and refused asylum seekers can register for and receive primary care, free of charge in the same way as any other patient in any nation of the UK. This is because immigration and residency status have no bearing on a patient's entitlement to register with a GP practice.
- **Secondary Care** – All refugees and asylum seekers with an active application or appeal can access the full range of secondary care services free of charge in any nation of the UK. Refused asylum seekers are not necessarily entitled to secondary NHS care, free of charge.

Further information and guidance see:

[NHS entitlements: migrant health guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

3.5 Interdependence with other services/providers

Local Authority (Housing, Adult and Children's Social Care, Communities Teams)
 Dorset Health Care – Community Services
 UHD (University Hospitals Dorset) and Dorset County Hospitals
 HM Government – Home Office Teams
 Public Health Southwest

Public Health Dorset (Dorset Council)
NHS Dorset ICB (Integrated Care Board) Safeguarding team
ICB Emergency Preparedness, Primary Care and IP&C, and finance teams
Hotel Management Teams
VCSE (Voluntary Community and Social Enterprise) Providers

4.

4.1 Applicable national standards

To ensure the practice 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

[refugees and asylum seekers | Search results | NICE](#)

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

[Vulnerable migrants: migrant health guide - GOV.UK \(www.gov.uk\)](#)

<https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

[Managing overseas visitors and migrant health charging: NHS trusts](#)

[bma-refugee-and-asylum-seeker-health-resource-june-19.pdf](#)

[Safe Surgeries Peer-to-peer training - Doctors of the World](#)

4.3 Applicable local standards

[Variation Approval Process - Appendix 1- 11J_0266 UASC Health Pathway](#)

[Variation Approval Process - Appendix 2- 11J_0266 Maternity Pathway](#)

5. Payment and Monitoring

5.1 Payment

Payment via IPF payment in arrears (prorated from when hotel /accommodation is stood up):

- ARAP bridging hotel – £150 **per head**, per quarter for each registered resident residing in the hotel within the quarter

Process

The Local Authority notify NHS Dorset of the total number of residents during the quarter, no later than one week after the quarter end



CCG finance team submits reimbursement claim to NHSEI



IPF payment from CCG to the Provider

- Asylum contingency hotel – £150 one-off payment per **new arrival**.

Process

Accommodation provider (Ready Homes as representative of Home Office) to notify NHS Dorset of the total number of new arrivals during reimbursement period (quarterly), no later than one week after quarter end.



CCG finance team submits reimbursement claim to NHSEI



IPF payment from CCG to Provider

To recognise the up-front costs to the provider when a hotel is initially stood up, the provider may request an advanced payment of up to 50% of the anticipated quarterly costs, to be paid within the first month that the hotel is stood up. The remaining payment for the quarter will be reconciled at quarter end based on actual reimbursement costs as below.

5.2 Monitoring

The provider is expected to use the Ardens* template for **'Asylum Seekers and Refugee Health Assessments'** to establish data quality. This will enable automated extraction of data from SystemOne, reducing the need for submitting numerous manual reports which is proven to be time consuming and open to discrepancy.

- **Data extracted by the ICB:**

Read codes in the table below are the core read codes for contact assurance. The ICB will extract this data on a monthly basis and share with the provider for validation.

Indicator	Read Code	Read Code Description		Read Code	Read Code Description
Total number of asylum seekers registered per quarter	HOTEL POSTCODE PLUS XaIOM	Asylum Seeker			

Total number of Comprehensive Health Assessments (Asylum seekers) per quarter	69D8.	Examination of asylum seeker			
Total number of Afghan refugees registered per quarter	HOTEL POSTCODE PLUS 13ZB.	Refugee	PLUS	Ua075	Afghanistan origin
Total number of Comprehensive Health Assessments (Afghan Refugees) per quarter	69D8.	Examination of refugee			

- **Activity**

The Provider shall be able to provide a monthly activity summary report, with the inclusion of postcodes and NHS Numbers to support the differentiation of ARAP and asylum seeker activity against other enhanced services provision in Dorset.

Patient NHS Number	Patient Location	Postcode
	Hotel 1 Britannia Hotel	BH1 3DP
	Hotel 2 Mayfair Hotel	BH21 2NW
	Hotel 3 IBIS Hotel	BH1 3EQ
	Hotel 4 Chine Hotel	BH5 1AX

5.3 Termination

This is a demand-led service commissioned on a rolling quarterly basis, in line with Home Office commissioning of accommodation. Where bridging or contingency accommodation is decommissioned by the Home Office in any quarter, service costs will be paid to the end of the quarter in which the accommodation is decommissioned.

The ICB will continue to review the delivery model. Should commissioning arrangements need to be changed or terminated by the ICB, for reasons other than the decommissioning of transitional accommodation provision by the Home Office, the ICB will provide a minimum of 3 (three) months' notice in writing.

If the service provider requires its termination, a minimum of 3 (three) months' notice shall be provided in writing.

6. Applicable Personalised Care Requirements

6.1 Applicable requirements

Service to be delivered in line with the Universal Personalised Care Model ref NHS standard contract