

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	QVV/305
Service	Dorset Migrant Health: <ul style="list-style-type: none">• destitute asylum seekers accommodated on the Bibby Stockholm Barge, Portland Port 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 Bibby Stockholm barge 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 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.

1.3 Accommodation & location of care provision

Asylum Seekers: The Bibby Stockholm barge has been stood up in Dorset, to accommodate single males only.

Residents may stay in the accommodation for 6 months plus whilst their applications are being processed. Co-ordination and wrap around support for the Bibby Stockholm barge is via a Home Office contract with Clearsprings / Ready Homes. This Primary Care Network (PCN) LES, via a lead practice, will support the primary care offer in both existing and potential accommodation in the future.

1.4 NHS Improvement Recommendations

NHSI set out its recommendations for Integrated Care Boards (ICBs) on the services needed in support of asylum seekers in Home Office bridging or 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 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)

3.3 Population Covered

Residents of the Bibby Stockholm barge 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

Asylum seeker entitlement to NHS Care:

- **Primary Care** – 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** – 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
Accommodation 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 legislation and policies in this area and completion of relevant training.

Compliance with:

- The Care Act 2014 and accompanying Statutory Guidance
- 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 \(www.gov.uk\)](http://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

[Appendix 1 – QVV 305 UASC Health Pathway](#)

[Appendix 2 – QVV 305 UHD Maternity Pathway for Refugees](#)

5. Payment and Monitoring

5.1 Payment

Payment via IPF payment 3 April 2024 – 7 February 2025 (44 weeks) 3 clinical days per week @ £1750 x 2 + £3500 per week

➤ Total = £231,000

The above based on provision of 2 clinical days per week to provide an appropriate skill mixed team on-site and remote support to the population during core general medical services contracted hours.. Funds to be released as soon as possible by NHS Dorset ICB to South Coast Medical Group for provision of the services outlined above.

Medical provision will include:

- a qualified senior health professional, such as an advanced nurse practitioner or a paramedic on site 2 days per week - 9am-5pm
- a GP onsite (one day per week) 9am-5pm
- remote access to GP consultations when onsite care is unavailable or needs additional support
- access to translation services is in place and this has been shared with local services
- any prescribed medicines will be transported to the vessel for the asylum seekers

5.2 Monitoring

The provider is expected to use the Ardens* template for '*Asylum Seekers 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	DT5 1GG PLUS	Asylum Seeker			

	XaIOM				
Total number of Comprehensive Health Assessments (Asylum seekers) per quarter	69D8.	Examination of asylum seeker			

- **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 asylum seeker activity against other enhanced services provision in Dorset.

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