

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	QVV/306
Service	<p>Dorset Migrant Health for Op LAZURITE: ARAP/ACRS</p> <ul style="list-style-type: none"> • residents accommodated in Chickerell MOD under the Afghan Resettlement and Assistance Policy (ARAP) 1

1. Population Needs
<p>1.1 National / local context and evidence base</p> <p>Refugees and 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. <p>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.</p> <p>Patients that are temporarily housed in the Chickerell MOD site 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.</p> <p>1.2 Afghan Resettlement and Assistance Policy (ARAP) Scheme</p> <p>The MoD is supporting the relocation of Afghan workers and their families who were given leave to remain in the UK but were initially relocated from Afghanistan to Pakistan.</p> <p>On 29 December 2020, the Defence Secretary and Home Secretary announced the Afghan Relocations and Assistance Policy (ARAP). This is a 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</p> <p>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:</p> <ul style="list-style-type: none"> • 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+) <p>For further information and guidance see: https://www.gov.uk/guidance/afghan-citizens-resettlement-scheme</p>

1.3 Accommodation & Location of Care Provision

The Chickerell MOD site has been stood up in Dorset to support the transitional accommodation of Afghan workers and their families. The co-ordination and wrap around support for MOD accommodation is provided by the Local Authority. Residents may stay in the MOD accommodation sites 1-8 weeks or longer in some circumstances whilst they are being rehoused as part of the Afghan Relocations and Assistance Scheme (ARAP or Afghan Citizen Resettlement Scheme (ACRS)).

1.4 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 MOD accommodation. 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 – 3 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 MoD sites, 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.

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 Asylum Seeker MOD transitional site 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 Safeguarding team
 NHS Dorset Emergency Preparedness, Primary Care and IP&C, and finance teams
 MOD 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

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

Appendix 1 - [QVV_306 UACS Health Pathway](#)

[Appendix 2 – QVV_206 UHD Maternity Pathway for Refugees](#)

5. Payment and Monitoring

5.1 Payment

- Payment via IPF payment 3 April 2024 – 7 February 2025 (44 weeks) - 2 days plus 1 @ £1750 x 3 = £5,250 per week
- Total = £231,000 11 month – 44 weeks
- Plus one day to be used in the event further clinical sessions required, additional admin, attendance at collaborative meetings.
- Release funding at the beginning of Q1 to accommodate set up costs for vaccinations, and associated operation process set up.
- Variable invoicing to be submitted for 1 or 2 days per month for additional vaccs/imms clinical days, with evidence to support invoicing. (£1750 per day)

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 and 1 additional day per week for administration or management of the service, including attendance at multi-organisational meetings. Funds to be released as soon as possible by NHS Dorset ICB to South Coast Medical Group for provision of the services outlined above.

To recognise the up-front costs to the provider, the provider may request an advanced payment of up to 1/3 of the anticipated quarterly cost, to be paid within the first month that the MOD site is stood up. The remaining payment for the quarter will be reconciled at quarter end based on actual reimbursement cost.

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 Afghan refugees registered per quarter	DT4 4DG 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 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 which is due to cease on 7 February 2025.. 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 MOD 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.