Local Enhanced Service Specification 2022/23

**Enhanced Health Check and Support for practices registering people fleeing the conflict in Ukraine**

Version 1.0 June 2022

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients.

This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services**.**

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| **1. Background** |
| People fleeing the conflict in Ukraine and arriving in the UK under the Ukraine Family Scheme or the Ukraine Sponsorship (Homes for Ukraine) Scheme have the same entitlements to NHS care as UK residents. However, while many individuals will face many of the same health problems as the UK population, they will likely in addition have:   * Suffered health impacts as a consequence of the war in Ukraine and their journey to the UK * Been separated from family and friends, including possible recent bereavement within members of their family or friendship circle due to the conflict * Increased risk of communicable and vaccine preventable diseases (Ukraine has one of the lowest rates of routine immunisation in the world) * Have low awareness of the NHS and their entitlements to access NHS services * Face language barriers in accessing the care they need; and, * Arrive with no health record.   This service aims to provide newly arrived Ukraine residents with fair and equal access to primary medical services while recognising their additional needs arising from the circumstances of their arrival. The service will therefore provide both newly registered patients who have fled the conflict in Ukraine and the registering GP practice with additional support. |
| **2. Outcomes** |
| **NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | **Domain 1** | **Preventing people from dying prematurely** | **Yes** | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **Yes** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **Yes** | | **Domain 4** | **Ensuring people have a positive experience of care** | **Yes** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **Yes** |   The additional funding for this local enhanced service is for GP practices to plan or update their workforce set up, training needs and infrastructure in order to support the registration of newly arrived Ukrainian residents and to deliver a robust and timely health assessment of their initial health and care needs.  This is in addition to the funding already available to GP practices under their contractual responsibilities to newly registered patients and the provision of all necessary essential, additional and commissioned enhanced services as may apply in the circumstances.  General practice plays a key part in assessing and managing the health needs of people fleeing the conflict from Ukraine and arriving in the UK, with patient's health needs generally considered in the same way as any other patients but with an uplift in service provision so that these are comprehensively captured recognising, they are new to the NHS, the circumstances of their arrival and the health impacts of this, including public health requirements. |
| **3. Scope** |
| **3.1 General requirements**  GP practices participating in this local enhanced service will:   * Permanently register all people fleeing the conflict in Ukraine who settle in the practice area who request registration (or who may be assigned by the commissioner) * Support those individuals (and their sponsors as appropriate) with the registration process, whether online via the practice website or via paper registration form, using translation and interpretation services as required. Some patients may not have ID documents and not being able to provide ID is not a reason for refusing registration (see section 4.9 of the Primary Medical Care Policy and Guidance Manual) * Ensure all patients in this cohort have access to locally commissioned interpretation services as appropriate to their language needs (and agreed contingency plans for managing patients access needs where such services may be over subscribed due to additional demands arising from new arrivals) * Administer an appropriate new patient questionnaire for all newly registered patients in this cohort to help establish prior medical history and identify any immediate health needs in advance of initial health assessment. NHS England is expecting to make available by early July 2022 a new (dual language) patient questionnaire, accessible for both patients and practices * Support collaborative working across local agencies to ensure patients in this cohort are provided with the services they need or are entitled to e.g. Local authority services (especially children and adult social care and public health in particular) * Engagement with local safeguarding pathways and practice as appropriate to any identified child or adult safeguarding concerns including trafficking, modern slavery, sexual exploitation, female genital mutilation (FGM) and previous torture * Signpost patients in this cohort to additional support services and facilitate access as appropriate e.g. specialist trauma services such as those for Rape Crisis or support following torture or for victims of trafficking * Provide information/advice on access to free healthcare through the NHS, care pathways and self-care e.g. health costs exemption applications.   **3.2 Service delivery specification**  This local enhanced service requires GP practices to:  1. Invite all newly registered patients in scope to attend an initial health assessment consultation. The mode of consultation (face to face, remote or telephone) to be agreed with the patient in advance.     * 1. 2. To ensure the timing of that invite and the subsequent date of the initial health assessment consultation are as follows:   2. a. Invites issued: within 10 calendar days of the date the patient was first accepted on to the practice patient list. **This requirement clearly does not apply to patients within the scope of this specification but who have registered before 1st July 2022**   3. b. Initial health assessment consultation: scheduled for within 30 calendar days of the date the patient was first accepted on to the practice patient list (unless the patient otherwise requests a later date or declines the offer). **Patients within the scope of this specification who have registered before 1st July 2022 should be scheduled an Initial health assessment consultation appointment before 31st July 2022 or referred to Primary Care Doncaster to carry this out if the practice does not have the capacity to do so**   4. 3. Use the patients completed health questionnaire to prioritise such enquiries and examination as appropriate in that initial health assessment consultation.   5. 4. Ensure all appropriate health checks, enquiries, treatments and referrals are made and completed as recommended by the UK Health Security Agency Guidance “Arrivals from Ukraine: advice for primary care” for each individual patient. The guidance is available at: [https://www.gov.uk/government/publications/arrivals-from-ukraine-advice-for-primary-care/arrivals-from-ukraine-advice-for-primary-care](about:blank)   6. 5. Use the Ardens template, which is available to all EMIS and TPP practices, “Asylum seekers and marginalised groups” to ensure that all key areas are included and documented. The Infectious disease page is particularly important as these are questions that may not form part of our usual new patient checks or reviews and are particularly important for this population – see section 3.4.1 re: TB   7. 6. Incorporate the principles of psychological first aid into clinical interviewing skills to sensitively engage with patients. Use trauma-informed approaches to care provision (see Useful links section below).   8. 7. Ensure the outcome of the initial health assessment is recorded as appropriate within the patient’s clinical record.   **3.3 Population covered**  This local enhanced service applies to people fleeing the conflict in Ukraine who arrive in England under the under the Government’s Ukraine Family Scheme or the Ukraine Sponsorship (Homes for Ukraine).  This local enhanced service does not apply to destitute asylum seekers from Ukraine who are in temporary Home Office accommodation (as separate arrangements will apply to support their initial health needs).  **3.4 Interdependence with other services/providers**  The service may access appropriate specialist support and input for patients through wider system services such as:  • Community and voluntary sector  • Local authority (especially children and adult social care and public health departments in particular)  • Community services  • Maternity services  • Mental health services  • TB services  • Safeguarding Teams  • Local Drug and Alcohol services  • Community Pharmacy  • Sexual Health Services  • Lifestyle services i.e. smoking, weight management etc.  • Secondary care  3.4.1 TB services  TB symptom screening **(alongside requesting a routine CXR for all children above 11 years old and all non-pregnant adults and assessment)** is essential due to the higher incidence of multidrug resistant TB in Ukraine. In normal circumstances, as part of the visa process, this would have been done prior to arrival in the UK.  If there are no concerns on symptom screening, alongside requesting a routine CXR (unless age 11 years or under, or pregnant), **all** adults and children must be referred to the Community Nursing TB Service (RDaSH) for latent TB infection (LTBI) screening. This screening is required nationally within 2 years of arrival even if no symptoms and normal CXR but will take place sooner than this in Doncaster  If there are concerns on symptom screening or following a CXR the patient must be referred to the TB Clinic (Respiratory, DBTH). Urgent advice is available through Consultant Connect if required  3.4.2 Mental health services  For patients requiring IAPT input it has been agreed with RDaSH that they will be referred using the standard IAPT referral form on EMIS & TPP. This will allow these referrals to be cohorted in a way that can’t be done through the usual self-referral routes. You do not need to complete all the sections of the referral form but you need to indicate on the form that they are a refugee from Ukraine.  Patients with existing secondary care mental health conditions should be referred in the normal way, again flagging that the patient is a refugee from Ukraine  3.4.3 Maternity services  Refer pregnant women for antenatal care immediately if not already been referred, explaining how antenatal care works in the NHS  3.4.4 Children  Refer children under the age of 5 to the health visiting team if not already been referred, explaining how the health visiting service works  **3.5 Reporting Arrangements**  Practices are not required to complete additional reporting requirements on a routine basis.  **Practices are required to inform the CCG if they are failing to meet the requirements outlined in 3.3 including the deadlines in which to invite to, schedule or complete the initial health assessment consultation.**  **Practices also must inform the CCG and Primary Care Doncaster ASAP if they do not have the capacity to carry out these assessments for eligible patients registered before 1st July 2022 by the deadline of 31st July 2022**  **3.6 Useful links**  Advice and guidance on the health needs of migrant patients for healthcare practitioners:  [https://www.gov.uk/government/collections/migrant-health-guide](about:blank)  All Our Health e-learning programme:  o Vulnerability and Trauma Informed Practice Session:  ▪ [https://www.e-lfh.org.uk/new-vulnerabilities-and-trauma-informed-practice-session-added-to-all-our-health-programme/](about:blank)  o Inclusion Health Session:  ▪ [https://www.e-lfh.org.uk/new-inclusion-health-session-added-to-all-our-health-programme/](about:blank)  Psychological first aid principles:  ▪ [https://www.who.int/publications/i/item/psychological-first-aid](about:blank)  Refugee Council information, facts and guides:  ▪ [https://www.refugeecouncil.org.uk/](about:blank)  Doctors of the World resources including toolkits and translated resources:  ▪ [https://www.doctorsoftheworld.org.uk/](about:blank)  ▪ [https://www.doctorsoftheworld.org.uk/translated-health-information/](about:blank)  BMA 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](about:blank)  Sexual and gender-based violence in the refugee crisis: from displacement to arrival (SEREDA) - University of Birmingham:  ▪ [https://www.birmingham.ac.uk/research/superdiversity-institute/sereda/index.aspx](about:blank)  Maternal Health: exploring the lived experiences of pregnant women seeking asylum - Maternity Action  ▪ [https://maternityaction.org.uk/lived-experiences-of-pregnant-women-seeking-asylum/](about:blank)  Modern Slavery Helpline (24 hr, 365 days) on 08000 121 700. Trained Advisors can help support with all types of exploitation linked to modern slavery including domestic servitude:  ▪ [https://www.modernslaveryhelpline.org/](about:blank)  National Referral Mechanism | Every Child Protected Against Trafficking UK  ▪ [https://www.ecpat.org.uk/national-referral-mechanism](about:blank)  NHS England Safeguarding App:  ▪ [https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/](about:blank)  NB Medical provided a useful free webinar that remains available on demand [https://www.nbmedical.com/clinics/hot-topics-migrant-and-refugee-health-clinic-tuesday-26th-april-2022](about:blank) |
| **4. Applicable Service Standards** |
| For each of the service descriptions electronic records using appropriate codes must be maintained.  Data reporting requirements of this specification may change throughout the life of the contract, and NHS Doncaster CCG reserves the right to request additional information and data at any time in order to be able to review activity, as well as implement more regular data reporting as necessary. |
| **5. Financial Information** |
| **Payment and validation**  Practices will receive a payment of £120 on confirmation of completion of the initial health assessment  Retrospective payment to apply to cover patients who arrived under relevant visa schemes before this LES was set up. Practices must either complete a new assessment meeting the requirements of this LES or provide evidence of the template / format of the assessment carried out previously so it can be reviewed as sufficient.  Searches based on SNOMED codes may be used to validate claims. If not already added at registration then during the assessment the following codes should all be added:   1. Ukraine (223657000) or Born in Ukraine (315552001) 2. Refugee (446654005) 3. New patient health check (171324002)     Claims for that month will be submitted to X by Y. Payment will be … |