

Service Specification for Intensive GP Support to Patients on the Vulnerable Children's Resettlement (RVC) Scheme 2017-2018

1. Introduction

This service specification outlines the services to be provided to patients on the Vulnerable Children's Resettlement (RVC) Scheme on first registering with the practice. The RVC Scheme aims to resettle a small number of vulnerable children and their families from the Middle East and North Africa (MENA) Region. Families are likely to have complex needs, and are deemed to be 'at risk' by UNHCR. Children and families originate from a variety of countries and have sought refuge in the MENA region.

All patients in the cohort should be provided with all essential, additional and enhanced services as usual, and use all the usual processes and referral systems for any new patient. However, it is recognised that these patients will require an intensive initial assessment as soon as possible following registration and may need immediate treatment and referral to secondary or community services because of health issues relating to their particular experience and circumstances.

2. Service Scope

Practices providing this service would be expected to assess the physical and mental health of all patients as soon as possible following registration (and ideally within 5 working days of arrival) and give appropriate treatment and/or support as required. Migration Health Assessments completed by the International Organisation for Migration (IOM) will be provided to the practice prior to the arrival of the patient and GP should note any patients that have been flagged as needing immediate specialist referral. Useful guidance notes for examining and supporting the health needs of refugees can be found in the briefing document in appendix 2. These key elements should be included in the initial assessment:

- Take a full medical history, using a qualified interpreter.
- Assess current health and social status and address immediate concerns, taking into consideration a history of trauma and poor living conditions.
- Arrange tests for other conditions such as Hepatitis B, C Tuberculosis and HIV if deemed necessary.
- Take a history of vaccinations, and give appropriate vaccinations where required.
- Take maternity history. Cervical smears and family planning advice should be offered to women if appropriate. Men may also require family planning advice.
- Assess a family's nutritional needs particularly malnourished children.
- Assess psychological wellbeing and follow agreed referral routes. This may be a particular issue for this category of patients.

- Consideration should be given to referral to services providing health promotion advice and support. Ensure appropriate referrals to preventative health eg Antenatal Care, Health Visitors, School Nurses.
- Medication should be presented as simply as possible. This may mean using a single day dose regime instead of a more frequent regime. Health professionals should be confident that the patients understand how to use their medication, and that of their children if they are to administer it. Close liaison with pharmacists may be required.

3. Monitoring and Review

The practice should flag patients using agreed READ Codes (Refugee 13ZB, Examination of Refugee 69D8). Practices may be expected in future to provide information for Home Office returns, however the information governance arrangements around this have not yet been agreed with the Data Commissioner and the Department of Health. The CCG, in consultation with the LMC, will ensure that all information governance requirements are complied with and relevant data sharing agreements are in place, before any confidential or sensitive patient information is requested from practices.

The practice will be required to confirm to the CCG that patients have been registered. For this purpose, the RVC number will be used in place of NHS number and the confirmation should be on practice headed paper, using the template provided at Appendix 1 and signed by a representative of the practice. This confirmation will be forwarded to the Home Office to enable the CCG to draw down funding for payments to practices. The funding works in the same way as the Syrian Vulnerable Persons Resettlement (VPR) Scheme.

4. Accessibility and cultural sensitivity

Health professionals and other key staff (e.g. receptionists and administrators) need to have an understanding of any relevant language, cultural, social and other issues relating to the patients covered by this service. The following link may be of particular help with this:

Toolkit for Improving Access to Healthcare for Migrants. TS4SE
<http://ts4se.org.uk/migrants-healthcare.html>

It is likely that the majority of patients will not speak English as their first language and many may not speak English at all. Language interpretation needs may vary for this group of patients as they are refugees in the MENA (Middle East North Africa) region from a variety of countries. In view of the particular circumstances of these patients, it is important to ensure effective communication about their healthcare. The practice should ensure that trained interpreters from the OCCG-commissioned service are made available for consultations and procedures in the practice (rather than family members, friends or staff and volunteers from voluntary organisations supporting the patient). For longer consultations and those where multiple members of the family are present, practices are encouraged to use the face to face

interpreting service provided by Hertfordshire Interpreting & Translation Services (HITS), but otherwise the telephone language interpreting service (LanguageLine) should be the first option. Sensitivity should be exercised in selecting an interpreter with regard to factors such as gender and political or cultural background and this should be discussed with HITS when booking the interpreter.

INTERPRETER SERVICES

The phone number for access to all **interpreting services** is **0845 603 7915**. The interpreting service is commissioned by the CCG and is provided free of charge to practices.

Please note only the commissioned service should be used for medical appointments. Interpreters employed by local community voluntary sector organisations or friends/family members should not be used to interpret. Interpreters provided by the commissioned services are qualified for medical interpretation, fully insured and have received confidentiality training.

The practice should provide information in a format that the patient understands, including provision of translated materials to enable them to fully understand their healthcare and to give informed consent to any treatment. Funding for translation costs is included in the fee for this service.

Patients should be informed that all health information is confidential as there may be particular concerns about providing sensitive personal information. As far as possible, practices should offer same sex consultations if cultural sensitivities or the preference of the patient indicate this.

5. Payment

Participating practices will be paid £600 per individual patient registered under this scheme. Please note this scheme should not be used for Syrian refugees who arrive on the Syrian Vulnerable Persons Resettlement Scheme.

This is a one-off payment in recognition of the additional clinical, administrative and communication needs of the patients concerned. Payment of the full amount will be made directly to practices following confirmation by NHSmail to linda.adhana@nhs.net that the patients have been registered using the template attached at Appendix 1. on practice headed paper and signed. There is no requirement for practices to invoice the CCG for this payment in addition.

6. Termination

The service will commence on 1st April 2017 and will terminate on 31st March 2019. Either party may terminate this service with 6 months' notice, or any shorter period as agreed by both parties.

Appendix 1: Template for RVC returns from GP practices

Please use the template below to provide proof of registration for families on the Vulnerable Children's Resettlement (RVC) scheme for the Home Office funding. There is no need to invoice the CCG in addition. Please copy this information onto the practice's headed letter paper, sign and send a scanned pdf copy to linda.adhana@nhs.net

Please note this form is not for use for Syrian refugees, as there is a separate Home Office scheme (Syrian Vulnerable Persons Resettlement Scheme - VPR). This scheme is also not available for refugees arriving independently in the UK.

RVC returns from GP practices

GP Practice Name	
GP Practice Code	
Family 1 RVC Number	
Number of people in the family registered at the GP Practice	
Date of registration	

Family 2 RVC Number	
Number of people in the family registered at the GP Practice	
Date of registration	

Name and job title :

Signature :

Date :

Appendix 2 Vulnerable Children's Resettlement Programme General Briefing for GP Practices March 2017

Section	Contents	Page
1.	Introduction and overview	5
2.	Background : International context of the RVC programme. UNHCR criteria for identifying people in need of resettlement. Humanitarian Protection status of the refugees arriving.	6
3.	The role of OCCG and GP practices, including wider health care services : Pre arrival stage and post arrival stage. Home Office funding.	6,7
4.	Specific health issues to consider for refugees.	7,8
5.	OCCG contact person for the RVC programme.	8
6.	Useful organisations : Local organisations in Oxfordshire and national organisations that support the specialist needs of refugees.	8,9
7.	Useful resources : a range of on-line resources that can be accessed to support the specialist health needs of refugees, including clinical information, country specific health information and a training toolkit.	10

1. Introduction

The Vulnerable Children's Resettlement Scheme (RVCS) was announced by the Government on 21 April 2016. The primary purpose of the Scheme is to resettle vulnerable children and their families who are refugees in the Middle East and North Africa (MENA) Region. Children and families may originate from a variety of countries. The new scheme, is in addition to the government's commitment to resettle 20,000 Syrian refugees under the Vulnerable Persons Resettlement Scheme (VPRS).

On the UNHCR's (United Nations High Commission for Refugees) recommendation, the scheme will not solely target unaccompanied children, but will also extend to vulnerable children at risk in families, such as those threatened with child labour, child marriage and other forms of abuse or exploitation. It will be open to all 'at risk' groups and nationalities within the region. The scheme is open to refugees who have registered with the UNHCR in Turkey, Iraq, Lebanon, Jordan, Egypt and other countries across the MENA region as a result of current crisis; and been referred by UNHCR as being "Children and Adolescents at Risk". Examples of nationalities on the scheme are refugees originating from Sudan, Afghanistan and Iraq. For more information on the plight of refugees in the MENA region: <http://www.unhcr.org/uk/middle-east-and-north-africa.html>

2. Background

Children arriving in families will receive the same funding levels as the current Syrian scheme, with the access to the exceptional circumstances fund; will be granted five years 'Humanitarian Protection', with the same rights to family reunification; and will arrive and then be supported via the same process as the Syrian families. Families have permission to work and access public funds and services, including the NHS. The majority of children will arrive with their parents. A small number will arrive with non-parental care givers.

As with the Syrian programme, children will arrive with information about their needs and wishes from pre-screening interviews, including information on their health and education needs. The International Organisation for Migration (IOM) will provide a medical assessment.

Local Authorities are responsible for coordination of the scheme locally. Currently only a small number of families on the scheme will arrive in Oxford City.

Those deemed to be 'at risk' by UNHCR are:

- those with specific medical needs or disabilities;
- survivors of or those at risk of violence, abuse or exploitation including sexual and gender based violence;
- children at risk of harmful traditional practices such as FGM or forced marriage;
- children without legal documentation,
- children in detention,
- children at risk of losing their refugee status,
- children at risk of not attending school,
- children associated with armed forces or groups, facing the risk of child labour or already work, and child carers.

3. What is the role of the Oxfordshire Clinical Commissioning Group (OCCG) and GP practices?

Health needs will be met from mainstream services, including GPs Health Visitors, Dentistry and any specialist medical provision required from hospitals or mental health services. This will be planned for following an initial health assessment. There is a two stage process to assessing likely healthcare needs:

Stage One Pre Arrival : Once a family/child is identified by UNHCR for resettlement the International Organisation for Migration (IOM) carry out a medical assessment in country, to ensure that the family are fit to travel, as well as to identify potential health needs on arrival in the UK. The Local Authority (in Oxfordshire the District Councils) is informed by the Home Office

of potential new arrivals. At this stage the OCCG is required to undertake an initial health assessment based on the UNHCR/IOM medical records, and confirm that health needs can be met locally. The CCG also liaises with GP Practices to identify a suitable practice for the families, and with the Third Sector organisations commissioned by the District Councils to support refugees to register with various services, including the GP. Relevant health services are also informed via the lead contacts.

Stage Two Post Arrival : Initial orientation and support is provided by Third Sector organisations commissioned by the District Councils. This includes registration and support to access healthcare. GP practices undertake a detailed medical assessment to ensure all necessary referrals are made to services, and liaison with those services is in the usual way as with all patients, and not via OCCG. The Home Office provides a per capita payment for healthcare for the first year of a family's arrival. After the first year of a family's arrival, costs will be covered by the Oxfordshire healthcare system in the usual way for residents.

4. Specific Health Issues to Consider for Refugees

- Help with registering with general practitioners, dentists and opticians and information about the health care system as refugees will be unfamiliar with UK health care and how things work, and expectations may be different.
- Being aware of cultural factors and cultural adaptation to life in Oxfordshire. Gender issues can be significant, and women and girls in particular may prefer to see a female health professional, and female interpreter.
- Country specific health issues – communicable and non-communicable disease. Both in the country of origin and country of refuge. Children and families may have experienced difficult journeys and poor living conditions in refugee camps.
- Physical and mental health problems arising from past experiences of conflict and trauma ; for example, torture and abuse, war related injuries and psychological trauma experiencing and witnessing traumatic events, family disappearances and family separation, trafficking, exploitation and abuse, child soldiers, forced marriage, rape, FGM. There may be a need for specialist provision of practitioners experienced in trauma related health problems. Safeguarding considerations.
- Somatisation (psychological distress expressed as physical symptoms), behavioural issues in children.
- Allowing time and confidential space to discuss traumatic events.
- Care of pregnant women, child health, family planning, vaccinations. Primary care services often break down in situations of armed conflict.
- Impact on health of poverty and poor living conditions as refugees. Consider nutritional status, anaemia and other vitamin deficiencies, skin and helminth infections.
- The importance of organisations that can provide advocacy and social support, in particular organisations that support refugees.

- Language interpreting. It is important to use qualified interpreters provided by the OCCG commissioned service. Family members, friends and volunteer organisations should not be used. GP practices and other services are responsible for booking the interpreter service for appointments.

5. OCCG Contact

Linda Adhana, Assistant Governance Manager

linda.adhana@nhs.net or Linda.Adhana@oxfordshireccg.nhs.uk

Tel : 01865 336867

6. Useful Organisations

Asylum Welcome Oxford (cover Oxfordshire)

Provide support and advice for asylum seekers and refugees. Examples include :

- Unaccompanied children arriving in Oxfordshire
- Food bank
- Advice and practical help on a wide range of topics.
- Teach people English so they can be more independent.
- Visit detainees in Campsfield House Immigration Removal Centre.
- Work closely with lawyers to support access to rights.
- Support refugee voices nationally, and advocate for better asylum policies.

<http://www.asylum-welcome.org/>

Refugee Resource Oxford (cover Oxfordshire)

Aims to relieve distress, improve well-being and facilitate the integration of refugees, asylum seekers and vulnerable migrants by providing psychological, social and practical support.

- Specialist counselling and psychotherapy
- Mentoring
- A weekly Women's Group
- Services for men
- Advice and advocacy

<http://www.refugeeresource.org/>

Open Door : drop-in service for refugees and asylum seekers at the East Oxford Community Centre. A small charity run by volunteers offering advice, information, support, recreational activities and a free lunch.

<http://opendooroxford.org.uk/mobile.html#home>

Refugee Council <http://www.refugeecouncil.org.uk/>

The Refugee Council is one of the leading charities in the UK working directly with refugees, and supporting them to rebuild their lives.

The **Children's Section** is comprised of the following services
http://www.refugeecouncil.org.uk/what_we_do/childrens_services

Please click on the service link below for more information.

- [The Children's Panel - Advice Service](#)
- [Work with Age Disputed Children and Children in Detention](#)
- [Work with Trafficked Children](#)
- [Youth Activities and Education](#)
- [My View - The Children's Therapy Service](#)
- [About the Children's Section](#)
- [Contact the Children's Section](#)
- [Make a referral to the Children's Section](#)

Freedom from Torture

Freedom from Torture provides support to adults, young people and children who have survived torture and organised violence. The organisation refers to the survivors it helps as its 'clients'. The vast majority of Freedom from Torture clients are asylum seekers or refugees who have secured their status in the UK.

Staff and volunteers work with survivors of torture in centres in Birmingham, Glasgow, London, Manchester and Newcastle to help them begin to rebuild their lives. Sharing this expertise with partner organisations in the UK and internationally, Freedom from Torture also operates as a centre of learning and knowledge in the care, treatment and protection of torture survivors.

<https://www.freedomfromtorture.org/>

British Red Cross International Family Tracing Service

Restoring contact between family members separated as a result of conflicts and disasters, including tracing service and sending Red Cross messages.

<http://www.redcross.org.uk/What-we-do/Finding-missing-family/International-family-tracing>

Local Service : International Family Tracing, Abingdon, Red Cross House, Colwell Drive, Abingdon, OX14 1AU

Tel : 01189 358 234

7. Useful Resources

Department of Health : Meeting the health needs of refugees and asylum seekers in the UK: an information and resource pack for health workers (2002). This is an archived resource, so some information is out of date. This resource pack discusses topics such as background situation of asylum seekers and refugees, culture, language and communication; health services summary; key clinical areas; torture and violence; needs of specific groups; other related issues; and useful resources.
http://repository.forcedmigration.org/show_metadata.jsp?pid=fmo:3457

Royal College of Paediatrics and Child Health: Refugee and unaccompanied asylum seeking children and young people: paediatric health assessment.
<http://www.rcpch.ac.uk/improving-child-health/child-protection/refugee-and-unaccompanied-asylum-seeking-cyp/paediatric-heal>

Public Health England Migrant Health Guide (2)
This is an updated version of the former HPA Migrant Health Guide. Information is more up to date. The guide covers a range of topics from assessing health of new patients from overseas, country specific information, health topics for communicable disease, and non-communicable disease, NHS entitlements for migrants.
<https://www.gov.uk/topic/health-protection/migrant-health-guide>

HPA Migrant Health Guide Please note this Guide was produced by the former Health Protection Agency (HPA) and is now archived so it is no longer kept up to date. However there are still some very useful resources in the archived version.
<http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/MigrantHealthGuide/>

WHO (World Health Organisation) Country specific health information
<http://www.who.int/countries/en/>
Please remember Refugees may have been residing for some time in other countries in the MENA region, so any significant health issues within those countries should also be considered.

TravelHealthPro is the website commissioned by Public Health England, comprising the travel health resources of the [National Travel Health Network and Centre \(NaTHNaC\)](#)
<http://travelhealthpro.org.uk/about-us/>