ANNEX

Health care (issued February 2012)

Standard: All residents must have primary healthcare services available to them and immediate access to secondary healthcare in the event of injury or sudden acute illness requiring urgent secondary care intervention. The services must be comparable to those available to the general public from the National Health Service.

Minimum auditable requirements

Qualifications, training and professional development

1. Residents must be attended by experienced, professional and appropriately qualified healthcare personnel.

2. Doctors delivering primary care must be vocationally trained general practitioners registered within the meaning of the Medical Act 1983. The facility must require proof of this and retain the following details: qualifications, General Medical Council registration and type (full, temporary and so on) and evidence of annual renewal, PCT Performer's List details and evidence of medical indemnity insurance. Medical practitioners should comply with the GMC guidance 'Duties of a Doctor' at all times.

3. The facility must ensure that medical practitioners fulfil the above requirements and hold a Certificate of Competence from the Joint Committee on Post Graduate Training in General Practice and must retain a copy. It must ensure that doctors are subject to the annual appraisal process, and are able to access continuing professional development such that they are able to meet their professional revalidation criteria.

4. The facility must only use qualified nurses and retain evidence of qualifications, Nursing and Midwifery Council pin number, expiry dates, annual reviews, and evidence of re-registration every three years. It must ensure that there are sufficient numbers of appropriately qualified nursing staff available to meet the diverse needs of the particular population, including cover for paediatric nursing, paediatric and adult mental health issues, midwifery and health visitor services

5. The facility must ensure that all members of the healthcare team have access to an ongoing programme of professional development and clinical supervision, including child protection training at regular intervals to an appropriate level. The professional development and clinical supervision for each individual should be planned and reviewed on an annual basis and the details recorded.

6. The facility must ensure that all members of the healthcare team attend training relevant to the prompt identification of those presenting with mental illness and be capable of undertaking mental health risk assessments. Details of relevant training, including who attended and when, must be retained by the facility.

7. Additional training requirements must be based on the needs of the population as clarified in a Health Needs Assessment and the specific development needs

of the individual health professionals. Consideration should be given to the specific medical needs of a diverse population and cultural sensitivity in delivering healthcare services for residents.

Monitoring and improving healthcare services

8. The facility must develop needs based health services in partnership with their local Primary Care Trust and NHS providers. This should be done through a Health Needs Assessment and a Health Improvement Plan which is time based and which identifies who is responsible for delivery. This must be reviewed annually. Guidance is available from the Department of Health website at the link below:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4034355.pdf

9. The facility must ensure that residents have the opportunity to comment on the healthcare provision and invite written or verbal comments and suggestions which are genuinely considered and changes made where practicable.

Communication with residents

10. The facility must have in place a clear policy statement about what primary care, dental and specialist clinical services are available and who is responsible for providing them.

11. The above information should be communicated during the initial health assessment and should be displayed in written form in languages reflecting the diverse nature of the facility's population in a place where it is visible to residents.

12. Confidentiality must be maintained in accordance with the Data Protection Act 1998 and professional codes of conduct. The facility must ensure that residents are aware that matters relating to their healthcare are treated in confidence. This should be communicated to the residents during their initial assessment and notices to this effect must be placed around the healthcare area in languages reflecting the diverse nature of the population.

13. Residents should be entitled to request a copy of their health records in line with standard NHS practice and should be able to fax them to their legal representatives if they wish.

14. Where any procedure or intervention is considered necessary, the facility must ensure that the resident is made aware of the reason for the procedure and that fully informed consent is obtained. Parental consent must be obtained if any procedure or intervention is necessary in respect of a child.

15. The facility must ensure that appropriate decisions are made about the use of interpreters or translated materials on a case by case basis. The level of communication must be adequate to ensure correct clinical outcomes. Particular consideration to this should be given in cases where there may be sensitive

health issues, issues of confidentiality or the need to obtain fully informed consent.

16. All occasions where the services of a telephone interpreting service was used should be logged.

17. Residents must be informed that they are entitled to be examined by a doctor of the same sex. This may require specific scheduling of a doctor but would take place as soon as practicable.

Access to healthcare within the facility

18. When families are in residence there will be a registered nurse on site at the facility 24 hours per day who will be supported by the regular attendance of the facility's doctor and other specialists able to offer certain levels of secondary care.

19. A doctor will attend the facility on a daily basis for around two hours per day when families are in residence. At weekends and bank holidays the doctor's attendance will be one hour per day.

20. When the doctor is not on site, there will be a doctor on-call. Wherever possible, doctors that provide out of hours care will be regular staff who know the processes within the facility and have the appropriate clearance.

21. Residents will undergo an initial reception medical examination within two hours of admission to the facility, provided they consent to this. [The purpose of this assessment is to identify any immediate and significant mental or physical health needs, including the presence of any communicable disease and assess the risk of suicide or self harm. Any previously prescribed medication necessary for management of infectious/communicable disease or long term or chronic conditions should not be discontinued by registered healthcare professionals without due consideration of risks to the patient and to other residents and staff.]

22. During this assessment residents will be advised how to access the healthcare facilities. All residents with specific problems will have a plan devised for them outlining how their condition will be evaluated and managed.

23. During their stay in the facility residents will have access at specific times of the day to be seen by the nurse for routine matters. The nurse will manage the case in line with the facility's policies and procedures and, as necessary, refer the resident to see the doctor.

24. Residents requiring an appointment with a doctor will be seen within 12 hours wherever possible. They will not be required to wait any longer than 24 hours. Where a further review is required by a doctor the maximum further wait will be 24 hours.

25. Any resident presenting with an urgent or life threatening condition will be seen immediately by the nurse. Where it is an immediately life threatening condition that requires hospital attention, an ambulance will be called using recognised

999 procedures. If the condition can be properly managed in the facility, the doctor will be called.

26. Where a doctor is off-site and required to attend, the response time for such emergencies would be one to two hours, depending on the nature of the case.

Access to specific healthcare services and secondary care

27. There must be provision for primary care services for the observation, assessment and management and care of residents with mental healthcare needs. Where a resident presents serious mental health needs the healthcare team must make arrangements for an assessment of that person and facilitate access to secondary care services where required. Residents must be treated by appropriately trained healthcare professionals in line with national standards and guidance.

28. The facility must arrange access to specialist services for the care of residents in respect of dental, maternity, optical, psychiatric, genito-urinary care, x-ray and pharmaceutical services and any other secondary care services in order to meet the needs of the residents. Staff must arrange for these to be provided either within the facility or by access to outside services. The facility must ensure that the healthcare team establishes formal arrangements with outside services where they are to be used.

29. Effective arrangements for the identification, prevention, control and management of communicable diseases must be established. This should include access to an x-ray facility for TB screening purposes where clinically indicated. There must be contingency plans in place for the management of residents with communicable diseases (in respect of their care and of other residents) who may consequently be unable to travel and for the notification of the Consultant in Communicable Disease Control (CCDC).

30. The facility must maintain a log and record every instance where a notification is made to the CCDC or health centre.

31. All staff should be made aware of the symptoms of TB to allow possible cases to be identified promptly.

32. The facility will provide health promotion and harm minimisation services as needed, including appropriate immunisation. The requirement for these services should be based on a Health Needs Assessment of the specific population.

33. Where a family has been advised to obtain vaccinations, including any childhood immunisations, prior to their return, but has failed to do so, healthcare staff at the facility will endeavour to obtain the necessary medical records of family members to verify what vaccinations have already been administered and what further vaccines may still be required prior to their return. Parents are advised throughout the return process that it is their responsibility to take reasonable steps to cater for their and their family's health needs as they plan to leave the UK.

34. Where a family has failed to obtain the necessary vaccines, including any childhood immunisations, required for their return, any outstanding vaccinations

will be administered as appropriate during their stay at the facility. Where a vaccine has been administered and there is a delay in it becoming effective this will not affect the timing of a family's planned return. Refusal to consent to vaccinations will not prevent return. As indicated above, parents are advised throughout the returns process that it is their responsibility to take reasonable steps to cater for their and their family's health needs as they plan to leave the UK.

Reporting special conditions (Rule 35 reports)

35. Medical practitioners at the facility must follow procedures set out in the relevant DSO on Rule 35 reports if they have concerns that a resident's health may be injuriously affected by continuing to remain in the facility; if they have suspicions a resident has suicidal intentions; or concerns that they may have been a victim of torture. [Please note that although the facility is not covered by the Detention Centre Rules, the spirit of the relevant DSO and the processes it sets out must nevertheless be followed there.]

Clinical records

36. Discrete clinical records must be opened for every new resident and efforts must be made to merge these with existing clinical records. Confidentiality of clinical information must be managed in accordance with the Data Protection Act 1998.

37. The health care team must obtain, so far as is reasonably practicable, relevant health information about the family from previous healthcare providers. This should be done with the consent of the resident. Parents must provide consent in respect of children.

38. There must be arrangements in place to allow current and former residents to access their clinical records under the provisions of the Data Protection Act 1998.

39. Pregnant women must be allowed to hold their maternity records and any treatment received during their time at the facility must be entered in this record.

Pharmacy

40. The prescribing, dispensing, storage and control of drugs, including controlled drugs, must be in line with the Medicines Act 1968 and the Misuse of Drugs Act 1971.

41. Arrangements must be in place for a secure out-of-hours cupboard, with recorded access by healthcare staff only, containing medication which may be required for urgent prescribed treatment out-of-hours.