NHS Circular:
PCA(M)(2010)3

Primary and Community Care Directorate
Primary Care Division

The Scottish Government

Dear Colleague

GP Services for Children and Young Adults in Secure Accommodation

Introduction

1. Ongoing concerns have been raised by various individuals and agencies regarding access to high quality and sustainable primary care services, by an extremely vulnerable group of children and young people. These children and young people, as part of the community, are entitled to primary medical care services through registration with a GP practice. However, the security surrounding the detention of these individuals pose challenges to the manner in which the primary care services are usually delivered to others in the community, who are not in secure accommodation. In addition these people have a high level of healthcare need, such as mental health issues, and high levels of unmet need. This is not helped by the difficulties in the initial and ongoing engagement of this group of children and young people to address their health issues.

2. Therefore GP practices require additional support and resources to deliver appropriate services to these groups of patients in their secure accommodation.

3. This circular promotes a Local Enhanced Service (LES), to the Health Boards for the provision of primary medical services via GP contractors. The specification for the Model LES is attached at Annex 1. The specification of this enhanced service is designed to cover routine, essential and additional services, in addition to the additional health care requirements of the residents.

23 March 2010

Addresses

For action
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Director of Practitioner Services Division, NHS National Services Scotland
Primary Care Leads

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For information
GP Practices

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Background

4. Scottish Ministers and The Convention of Scottish Local Authorities (COSLA) are committed to take forward the recommendations made in the report, Securing Our Future Initiative (SOFI). The recommendation to primary care services states "We recommend that urgent consideration is given by the Scottish Government, Health Boards and Community Planning Partnerships to strengthening access to universal and specialist health services; and to ensuring that health and education are active partners in care planning. We also recommend that the needs of those in secure care be given particular consideration in work undertaken by the National Residential Child Care Initiative to address needs and resources". This will be considered within the framework of Getting it Right for Every Child. The Scottish Government is committed to ensuring that, as a minimum, children and young adults in secure accommodation receive a full range of routine, essential and additional Primary Medical Services, including health promotion and medical/health assessment, immunisations where required and a prescription service including repeat prescriptions. Additional needs such as sexual health needs should also be addressed as appropriate and referrals to other services in the Health Board, such as Child and Adolescent Mental Health Services (CAMHS).

5. In Scotland there are a total of seven secure units for children and young people, with one located in Lothian, one within Lanarkshire; three secure units in Greater Glasgow & Clyde and two in Tayside. Secure care accommodation statistical information is contained in Annex 2.

6. All GP practices are expected to provide essential and those additional services to the patients registered with their practice. Although children and young adults in secure accommodation are entitled to be registered with a local GP practice, in many cases it is impractical for them to attend surgery in person and access these services as they may pose a risk to themselves and others, or become a flight risk. Such a consultation, undertaken under threatening circumstances in the surgery, may not be effective despite a significant staff presence accompanying them from the secure unit to the surgery.

AIM

7. The aim is to improve the accessibility, quality, consistency and sustainability of primary medical services to children and young adults in secure accommodation. The specification will achieve this by ensuring that care is provided on location at the secure unit by GP practices when appropriate, using available supportive technology e.g. telehealth. This will also facilitate succession planning for the ongoing delivery of high quality services to the residents in the secure accommodation.

8. The Service Level Agreement was based on access to health provision at Howdenhall Secure Unit, Edinburgh and is a good working example of how the Health Board, through a local GP practice, and secure care providers are working together to achieve positive health outcomes for young people.

Funding calculations for the LES

9. The suggested amounts payable by each Board should be based on a weekly fee of £135 for one session per week. This amount was calculated using a flat fee of £130 plus

£20 for travel/paperwork less £60 already allocated per patient in the Global Sum plus 50% profit. Therefore, £135 fee x 52 weeks = £7,020. This would be the annual amount payable to a GP practice by a Board with a secure unit with 12 places. This is in addition to the funding received by the GP practice through its global sum, QOF and other services contracted for with the Health Board and which is also provided to the children and young people in the secure unit.

Action

10. Where appropriate, NHS Boards are encouraged to bring this circular to the attention of the GP practices in their area and their Local Medical Committee to promote the uptake of this Local Enhanced Service

11. I would be grateful if you would let the Scottish Government know of any generic issues that may arise. We will require feedback in a year in order to report back and update Scottish Ministers and will approach the relevant Health Boards for this information in due course.

Yours sincerely

FRANK STRANG
Deputy Director, Primary Care Division

Annex 1

SERVICE LEVEL AGREEMENT
MEDICAL SERVICES FOR CHILDREN IN SECURE ACCOMODATION

1. Children in Secure Accommodation - Background

Young people who are admitted to secure care are amongst the most damaged and vulnerable in Scotland. At least half have been known to Social Services from before the age of 10, some from birth. Typically, they have experienced very stressful family circumstances, with parental difficulties such as mental and physical illness, addiction and domestic violence often making for a childhood involving much fear and anxiety, disrupted education and problematic relationships with carers, family members and authority figures. A high proportion of the young people particularly boys have experienced the death of a parent or other close relative, while bereavement loss and abuse are also common amongst girls [1,2].

There are three routes whereby a child or young person aged under 16 (the 'young person') may be admitted to secure accommodation.

Firstly, the children's panel may recommend secure accommodation for someone appearing before it. The majority of cases which are dealt with by the children's panel are welfare cases, although someone can be placed in secure on either welfare grounds or due to offending. To be recommended for secure, the panel must consider that the young person meets the criteria as set out in s 70(10) of the Children (Scotland) Act 1995. That is:

"(a) that the child, having previously absconded, is likely to abscond and, if he absconds, it is likely that his physical, mental or moral welfare will be at risk: and (b) that the child is likely to injure himself or some other person."

The recommendation of the children's panel must be authorised by the local authority, which is then responsible for placing the young person. A young person placed in secure accommodation via this route is referred to as a non-sentenced young person. The other young people in this category are those who have appeared before the court and been remanded to secure; the second route into secure. The local authority is responsible for placing any young person remanded by the court.

The third route into secure is where a young person is convicted of an offence in court and is sentenced to detention under section 205 or 208 of the Criminal Procedures (Scotland) Act 1995. In these cases it is the responsibility of Scottish ministers to place them in suitable accommodation. A young person placed in secure accommodation under these circumstances is referred to as a sentenced young person.

There were 346 admissions to secure care in 2007/08 an increase of 13% on 2006/07 however the number of young people admitted to secure care has been broadly static since 1999/2000. The number of young people admitted through the children's hearing system has remained fairly constant since 1999/2000. However the number of young people admitted to secure care on remand or after being sentenced by the courts more than doubled between 2005/06 and 2006/07.

Key Government policies[3,4,5] focus on developing a multiple agency response around individual young people. Securing Our Future Initiative (SOFI)[6] was commissioned by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) as part of the broader National Residential Child Care Initiative led by the Scottish Institute for Residential Child Care (SIRCC). SOFI was convened in September 2008 to develop sustainable proposals for making the most cost-effective use of secure resources to improve outcomes for our most vulnerable young people and their communities. Recognising the solution was to lie in early and effective intervention, SOFI recommended full implementation of Getting It Right For Every Child[3]. The Scottish Government and COSLA fully accepted the nine recommendations of SOFI as an integrated package[7].

Recommendation 6 – targeted reduction in the capacity of the secure estate.

Scotland has seven secure care providers, five of which are owned and operated by independent, not for profit, organisations. The remaining two are owned and operated by local authorities (Edinburgh and Dundee). The Secure care estate has under gone a programme of redevelopment in which the government invested £20.5m and which was completed in March 2009. This resulted in a capacity of 118 secure care beds in Scotland. However, since July 2007 the supply of secure care places in Scotland has outstripped demand, with the result that secure care providers are struggling to remain financially viable. The Securing our Future Initiative recommended a targeted closure of 12 beds which resulted in the mothballing of 6 secure beds at St Marys, Kenmure and 6 secure beds at St Philip's, Airdrie. From April 2009 there are 106 secure care beds in Scotland.

Recommendation 4 – Health & Wellbeing

This recommendation urged strengthening access to universal and specialist Health Services, and to ensuring that health and education are active partners in planning.

The Scottish Government has affirmed its commitment to ensuring that children & young people in Secure Care receive a full range of routine essential and additional Primary Medical Services. Up to now, multiple care placements, usually with temporary registration with a local General Practice, has led to practical difficulties in identifying physical and mental health concerns and in arranging assessment and follow-up. The record of care is fragmented and default rates from Hospital referrals, investigations and follow-up of chronic disease has been high. Placement in a Secure Unit affords an opportunity for a comprehensive health assessment and identification of new or unmet health needs.

1 SWSI (2000) Secure Care Survey Report (Unpublished)
2 SWSI (2002) Secure Care Survey Report (Unpublished)
3 Getting It Right For Every Child – GIRFEC
www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec
4 Looked After Children and Young People: We Can and Must Do Better
www.scotland.gov.uk/Publications/2007/01/15084446/0
5. Preventing Offending by Young People: A Framework for Action
www.scotland.gov.uk/Publications/2008/06/17093513/0
6. Securing Our Future: A Way Forward for Scotland's Secure Estate
http://www.sircc.org.uk/sites/default/files/SOFI_report.pdf
7. Securing our Future Initiative: A Way Forward for Scotland's Secure Care Estate. A response from the Scottish Government and COSLA.
http://www.scotland.gov.uk/Publications/2009/04/23163903/0

2. Service Delivery for NHS Boards

1. Local Enhanced Service

To contract with an identified GP Practice to provide the full range of Primary Medical Services, plus additional services (see below – detailed job description).

2. System to Fast Track Medical Records

Full registration with the contracted General Practice will allow co-ordination and updating of the young persons medical file. At present medical files can take up to three months to reach a new Practice, which is not a feasible time scale. A system to fast track transfer of records within 14 days is recommended (Edinburgh has already developed a model for this).

3. Looked After Accommodation Nursing Support.

Care workers in Secure Units do not have Nurse training. Adequate provision of LAAC nursing hours is essential for the initial comprehensive health assessment and as a point of contact for advice for Unit staff.

4. Discharge Planning

The transition from Secure Care should ensure continuity of health care with full registration at the new local General Practice. Fast tracking of removal of records after discharge from Secure Accommodation is recommended.

5. Access to domiciliary Dental Services

Health Boards will need to assess the dental care needs and develop a combination of domiciliary and non-domiciliary services, as required, through liaison with the community dental services.

6. Access to domiciliary Optometry Services

Health Boards will need to provide optometry services to the residents in the secure accommodation according to their clinical and restriction requirements.

7. Links to other relevant services

Health Boards should ensure appropriate links to other services such as the Child and Adolescent Mental Health Services (CAMHS) and addiction services.

8. Out of Hours (OOH) cover

Health Boards can make arrangements to direct all out of hours calls from the relevant secure accommodation in their area to the OOH centres, without going through NHS 24, as clinical intervention and advice may require a visit in the majority of occasions for assessment.

3. Detailed Job Description for General Practice

1. Primary Medical Services

All normal primary medical services should be available for the Practice-registered secure unit residents as they are for all young people in the Practice. This includes medical management for QOF; immunisations; participation in national and local health initiatives e.g. sexual health services and substance misuse. Chronic medical problems should have clear management plans, including self-management plans when appropriate (e.g. asthma). GP interpersonal skills to engage effectively and motivationally with young people and collaboratively with secure care staff are important qualities. Any future developments in the primary medical services are expected to be reflected in the contract.

2. Additional Services

2.1 Admission Administration

When the young person is admitted to the secure unit, they will (except in exceptional circumstances) be fully registered with the Practice. The normal registration forms, and a customised admission form (sample attached below) should be handed in, or faxed to the Practice as soon as possible. The Practice should then follow the agreed procedure to fast-track the medical notes of the young person. (Procedure as locally agreed by the NHS Board, Practitioner Services, The Practice and the Secure Unit Managers).

2.2 Admission Assessment

An initial comprehensive assessment of current health care needs, and summary of past medical and social history will usually be done within 7 days of admission (sample format attached below)..This is done by the LAAC Nurse/Health Visitor/Nurse Consultant for Vulnerable Children (depending on area of Scotland). Any urgent needs should be addressed as they arise. If mental health issues are identified, mental health screening is undertaken by staff trained in Mood and Feelings Questionnaire (MFQ) and Strength and Difficulties Questionnaire (SDQ). Cut of scores determine referral to Child and Adolescent Mental Health Services (CAHMS) (urgent or routine) arranged by the Looked After Accommodated Children (LAAC) Nurse or Unit Manager directly, with General Practitioner (GP) copied into referral, or through the GP depending on locally agreed pathways. It should be noted that ‘urgent referral’ does not always

mean ‘urgent assessment’. Referral to adolescent psychology services can be important given young people’s developmental issues/attachment disorders/range of offending/high risk young people with sexualised and violent aggressive behaviours.

Consent is required from the young person to circulate this assessment to all key health and social care workers involved with the young person. Recommendations are made in this summary for action required.

2.3 Actioning identified problems

The Practice is responsible for actioning new or unmet medical needs in a timely way e.g. arranging follow-up of previously defaulted appointments; arranging immunisation catch-up; if drug use or unprotected sex – screening for blood-borne virus and sexually transmitted infections (according to current national guidelines).

2.4 Unit Held Records

The Practice should liaise with the LAAC Nurse, Community Child Health and Secure Unit Managers to set up and maintain unit-held health records for the young person. The record should include a treatment plan and updated as required, by the practice. This record will follow the young person if they remain in Looked-After Accommodation.

2.5 Telephone Advice

A system for telephone advice and triage should be arranged between the Practice and Unit Managers to allow care workers to seek advice promptly about health concerns. This might include a daily protected “telephone appointment” with an agreed time for care workers to phone to speak to a GP. Such arrangements should be flexibly arranged to best suit the needs of the unit and the Practice.

2.6 Emergency/urgent requests

The Practice should respond to urgent or emergency requests promptly from the time the young person/child is admitted to the secure unit. This may include responses within the first seven days, prior to a full assessment by the LAAC nurse or full clinical notes being available.

2.7 Home Visits

Most of the young people in a secure unit will be deemed at very high risk of absconding, and will therefore require to be seen within the unit if an examination is medically indicated.

2.8 Surgery Appointments

Some young people in secure, and all in step-down units, may be able to attend the surgery for appointments. Ideally, they should be seen promptly to minimise waiting time for carers escorting the young person. The Practice and Unit Managers should agree how this is best achieved e.g. a daily protected afternoon appointment near the beginning of a surgery, at a time when the unit is well staffed with shift overlap.

2.9 Out-of Hours Cover

Medical cover is provided by NHS 24 for the general population. The Practice should assess, on admission and registration, whether special notes should be included in the Emergency Care Summary (ECS), accessible by NHS 24 and Out of hours services to facilitate management of issues which may arise out-of-hours (e.g. mental health concerns).

Unit staff and the Practice should ensure the unit-held health record is up-to-date and available for visiting Doctors out-of-hours. It is important to share the level of risk presented by some young people which would prevent their accessing community resources. (They may be sentenced or on remand for high tariff offences and separate systems exist for consultation with Scottish Government placement officers about their access to community health resources). Similarly, young people attending accident and emergency services can escalate behaviours which can lead to inappropriate responses by clinicians adopting a zero tolerance approach to verbal and physical aggression. It will be useful to engage with local health services to advise of the context of the young person's behaviour.

2.10 Routes into secure accommodation
The Practice should have a basic working knowledge of the legal routes into secure accommodation i.e. the Children (Scotland) Act 1995 and the Criminal Procedure (Scotland) Act 1995. They should be aware of the relevant proportions in their unit. This information will be provided by the secure unit through a completed referral form.

2.11 **Policy Development**
The Practice should actively participate in developing and reviewing unit protocols and policies relating to health issues e.g. management of minor illness, suicide prevention policy. The Practice should be an advice resource for all unit staff including the education department within the secure unit.

2.12 **Significant Event Review**
If a particularly challenging medical management issue arises, the Practice should consider holding a Significant Event Review with key participants. The RCGP SER template in the revalidation toolkit may be used. Lessons learned, and actions required, may help inform/review current unit policies.

2.13 **Service Development**
The Practice should actively engage in supporting and facilitating service development, sensitive to the local needs of their secure unit. This might include

- Liaison with community pharmacists, and use of the minor ailment formulary
- Facilitating access to specialist services e.g. Genito-urinary Medicine
- Liaison with Mental Health Services
- Support and training for Care workers e.g. participation in relevant Practice protected learning events.

2.14 **Communication, regular review, audit**
The Practice should regularly communicate with the LAAC Nurse and secure unit staff, with a minimum of 1 multidisciplinary review/forward planning meeting each year. Minutes should be kept, and circulated appropriately. The Practice

should participate in a minimum of 1 study or audit annually relating to the health care of the young people in the secure unit.

2.15 **Annual Report**

The Practice should obtain feedback from the secure unit and include this in a brief annual report to be submitted to their Health Board. Copies of the study/audit, and multidisciplinary meeting should be available if requested by the Board. The Health Boards can send a copy of the annual report to the Scottish Government Education and Health Directorates. Thereafter, good practice, lessons learned etc will be shared with other secure units and GP practices.

4. Template for admission - immediate information

Admission Data:

Date of Admission:	
Unit:	
Key Worker:	**Case Manager:**

Patient Details

Name:	
Home/Previous Address:	

Patient's Registered GP Details:

Name:	
Address:	

Special Notes:

Medication:

Name:	**Strength:**	**How Often:**

Immediate Health Needs Identified:

Comprehensive Health Assessment (LAAC Nurse)
Date: ……..

I wish to register as a permanent/temporary resident with Dr XXX & Partners

Signed: ……

Position: ……. Date: ……..

5. Suggested template for initial comprehensive assessment following admission to a secure unit.

Name; DOB:
Placement: Date of admission:

Professionals involved:

- keyworker, secure unit:
- case worker, secure unit:
- social worker, SW dept
- GP – prior to admission
- GP – secure unit

Brief summary of reason for admission, and legal route into admission (section 70(10) Children (Scotland) Act 1995 or Criminal Procedure (Scotland) Act 1995)

Current Health

Past Medical History

Screening

- immunisation history
- hearing
- vision
- dental
- education

Health awareness/promotion

- Healthy eating
- Exercise
- Smoking
- Alcohol
- Drug use
- Sexual health

Recommendations

Consent to circulate

6. SERVICE LEVEL AGREEMENT
MEDICAL SERVICES FOR SECURE UNITS

Service Level Agreement duration
Insert dates
This agreement will be reviewed annually.

Type of agreement

1. Description of parties
This service agreement is between XXX NHS Board (The Board) and Dr XXX (The Practice). The named parties to the agreement are XX for the Board and
Dr XXX for the Practice.

2. Location
Insert address of Secure Unit/Units.

3. Volume
General Medical Services to be provided to the (insert number of residents) young people based in the Secure Unit. Insert number in secure accommodation and number in allied 'step out' units.

4. Description of service – see appendix A
(a) Provision of general medical services to the young people in (name of secure unit). The service will consist of general medical care for the young people between normal surgery working hours Monday to Friday.
(b) Outside of normal surgery working hours, medical cover is provided by NHS 24.
(c) Additional medical/educational/administrative services as detailed in the job description in appendix A.

5. Price/Value
An annual fee of £… will be paid, based on XX notional sessions per week. The contract value will be uplifted annually by the nationally agreed NHS uplift rate.

6. Billing and Payment
Payment will be made monthly to the practice as an adjustment to the existing GMS/17c contract value.

7. Monitoring:
The contract will be reviewed annually by the NHS Board and the Practice.

8. Notice
The contract will be renewed on an annual basis in (insert month) of each year subject to review. A 6 month period will be required by either party to end the contract,

9. Arbitration

In the event of a dispute between the two parties which can not be resolved locally, either party may refer to their NHS Board to facilitate conciliation and arbitration. However each party to the Service Agreement will endeavour to avoid the need for conciliation and arbitration through regular and constructive dialogue.

10. Authorisation

Signed……. The Board

Signed …… The Practice

Annex 2

Children and Young Adults in Secure Care Accommodation-Statistics 2008-09

1. At 31st March 2009 there were seven secure units in Scotland providing a total of 124 secure places (excluding emergency beds).

Bed Complement

Edinburgh Secure Services	12
St Phillip's, Airdrie	24
The Elms, Dundee	4
Rossie, Montrose	24
St Mary's, Bishopbriggs	24
Good Shepherd, Bishopton	18
Kibble, Paisley	18

2. There was an average of 90 residents in secure care accommodation throughout 2008-09, down from 102 in the previous year. The number of young people in secure care accommodation throughout the year ranged from 80 to 102.

3. There were 271 admissions to secure care accommodation in 2008-09. This is a decrease of 22% on 2007-08. There was also a 26% decrease in the number of discharges to 267. The admissions figure comprised 42 aged 13 years old and under, 77 aged 14 years old, 93 aged 15 and 59 aged 16 years and over.

4. All young people in secure accommodation on 31 March 2009 had at least one known disability. Of those young people, 29% were known to have medically diagnosed social, emotional and behavioural difficulties, 96% were known to have other social, emotional and behavioural difficulties and 17% were known to have a mental health problem.

5. 89% of young people discharged during 2008-09 received medical care during their time in secure accommodation

6. During 2008-09, 30% of young people discharged had been in secure care accommodation for less than one month and 31% had been in secure care accommodation for between three months to under six months.

7. 42% of young people admitted to secure care accommodation during the year were previously living with parents, other relatives or friends. More females than males were admitted from foster care or children's homes despite many more males than females being admitted overall. Only a small percentage of young people (13%) were admitted through sentencing via the court system.

8. Further statistical information can be found at:

http://www.scotland.gov.uk/Resource/Doc/285764/0087037.pdf