



## Detention Services Order 07/2012

### Medical Appointments outside of the Detention Estate

**Process:** To provide guidance for HOIE, centre supplier and healthcare staff working in immigration removal centres, pre-departure accommodation and short-term holding facilities on medical appointments outside of the detention estate.

**Implementation Date:** March 2012 (reissued April 2016)

**Review Date:** April 2018

#### Contains Mandatory Instructions

**For Action:** Immigration removal centres, pre-departure accommodation and short-term holding facilities and escorting staff

**For Information:** Home Office caseworkers

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**Processes Affected:** Medical appointments outside of the detention estate.

**Assumptions:** All staff will have the necessary knowledge to follow these procedures.

**Notes:**

**Issued:** April 2016  
**Version:** 2.0

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## Medical appointments outside of the detention estate

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## **Introduction**

1. This order provides guidance for all staff in Home Office immigration removal centres (IRC), pre-departure accommodation (PDA) and short-term holding facilities (STHF) and escorting staff on the management of detainee medical appointments outside of the immigration detention estate.

## **Attendance at external medical appointments**

2. Every effort should be made to keep and fulfill existing external medical appointments already in place for detainees, both those arranged prior to and during detention. This is especially important in the case of pregnant women and those requiring investigation or ongoing treatment for serious conditions.
3. Centre healthcare teams must ensure that they notify the Detainee Escorting and Population Management Unit (DEPMU) of external medical appointments in place for detainees by submitting an IS91 Part C to the DEPMU inbox, and a copy provided to the centre supplier and onsite HOIE team.
4. If there are operational difficulties with carrying out an escorted movement for a detainee to attend an external medical appointment, the centre supplier must liaise with the centre healthcare team. If a solution is not agreed and the appointment has to be cancelled then the Home Office Immigration Enforcement (HOIE) Manager/Deputy Manager should be informed. In such cases, this should be explained to the detainee and every effort should be made to arrange a new appointment as soon as practicable.
5. Detainees should normally be given a minimum of 24 hours advance notice of the timing of outside medical appointments. Centre managers may only refrain from notifying a detainee of the timing of a medical appointment if there are security concerns relating to the specific detainee. This will inform the risk assessment which must take full account of clinical considerations. Where a detainee is assessed to present a control or security risk, including escape, but the healthcare team confirm that the appointment should not be missed, escorting staff should make appropriate arrangements to keep any risk to a minimum (for example, using additional escort staff).
6. Providing detainees with advance notice is particularly important if failure to notify a detainee of an appointment puts him/her at risk or means that the planned clinical procedure cannot take place, e.g. the medical procedure requires the detainee to have abstained from food/fluids prior to the appointment.

## **Medical appointments made prior to detention**

7. The following principles should apply to all outside medical appointments made prior to the individual entering detention:
  - Healthcare should consider each case on an individual basis
  - All medical appointments arranged prior to detention should be kept wherever possible

- If such an appointment does have to be cancelled, another one should be promptly arranged at a suitable clinic or hospital as soon as practicable.
8. Where appointments are at a clinic or hospital where the distance to the location or the duration of the treatment would require an overnight stay, the final decision as to whether an appointment is kept should be made by the healthcare team taking into consideration the circumstances of the detainee (for example, how urgent the appointment is, whether it could be re-arranged at a closer hospital or clinic without undue delay or detriment to the detainee's care or treatment). If the decision is taken that the appointment needs to go ahead, the healthcare team should submit a request to DEPMU to arrange a move to a nearer centre to facilitate the appointment.

### **Transfers**

9. If a transfer to another centre is required, DEPMU should check if an external medical appointment is in place for a detainee before arranging a transfer and continuity of the detainee's clinical care must be considered.
10. If the circumstances of the appointment are unknown, DEPMU should seek advice from healthcare as to whether the appointment should be kept and healthcare should provide justification for this advice within the confines of medical confidentiality (DSO 01/2016 Medical Information Sharing refers). Transfers of detainees prior to appointments taking place should be kept to a minimum.

### **Removals**

11. Unless there is a need for an assessment to be undertaken regarding a detainees fitness to fly (DSO 01/2016 Medical Information Sharing refers), medical appointments are not a barrier to removal. Where appointments cannot be kept because removal from the UK is scheduled to take place beforehand, and the centre healthcare team have deemed the appointment important in responding to clinical need, for example the exploration of symptoms, operations/treatments or follow up procedures, the detainee should be provided with a letter to pass to those responsible for providing healthcare in his/her country of origin. Where appropriate, healthcare staff should also provide the detainee with copies of their medical records and x-rays or blood tests to accompany the letter.

### **Private medical appointments**

12. Private medical appointments arranged by a detainee or their representative fall outside of this DSO. Any such arrangements to facilitate private appointments should be dealt with locally.

## Revision History

<b>Review date</b>	<b>Reviewed by</b>	<b>Review outcome</b>	<b>Next review</b>
April 2016	Emily Jarvis	Rebranding and general update	April 2018