



Home Office

## **Detention Services Order 07/2012**

### **Outpatient Medical Appointments outside of the Detention Estate**

May 2024



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# Document Details

**Process:** To provide guidance for all Home Office, contracted service provider and healthcare staff working in immigration removal centres, pre-departure accommodation and residential short-term holding facilities on outpatient medical appointments outside of the detention estate.

**Publication Date:** May 2024

**Implementation Date:** April 2016 (reissued January 2024)

**Review Date:** January 2026

**Version:** 3.0

## Contains Mandatory Instructions

**For Action:** Home Office, contracted service providers and healthcare operating in immigration removal centres, pre-departure accommodation and short-term holding facilities. This instruction does not apply to residential holding rooms (RHRs).

**For Information:**

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

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

**Notes:**

# Instruction

## Introduction

1. This DSO 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 outpatient medical appointments for those held in detention attending external appointments.
2. Two different **Home Office** teams operate in IRCs:
  - Detention Services Compliance team (Compliance team)
  - Detention Engagement team (DET)

The **Compliance team** are responsible for all on-site commercial and contract monitoring work. The **DETs** interact with those in detention face-to-face on behalf of responsible officers within the IRCs. They focus on communicating and engaging with people detained at IRCs, serving paperwork on behalf of responsible caseworkers and helping them to understand their cases and detention.

There are no DETs at RSTHFs, or the Gatwick PDA. The functions which are the responsibility of the DET in RSTHFs, are instead carried out by the contracted service provider and overseen by the International and Returns Services (IRS) Escorting Contract Monitoring Team (ECMT). In the Gatwick PDA, the role of detained individual engagement is covered by the local Compliance Team.

## Attendance at external medical appointments

3. Every effort should be made to keep and fulfil existing external outpatient medical appointments deemed necessary by Healthcare for those in detention, 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 chronic or long-term conditions.
4. Centre healthcare teams must ensure that they notify without delay the Detainee Escorting and Population Management Unit (DEPMU) of any external outpatient medical appointments in place for those in detention by submitting an IS91 Part C to the DEPMU inbox, and a copy should be provided to the contracted service provider and both the onsite Compliance and Detention Engagement teams.
5. It is the contracted service provider's responsibility to undertake the escort movements for external medical appointments. If there are operational difficulties with carrying out an escorted movement, the contracted service provider must liaise

with the centre healthcare team to seek a suitable solution. If a solution is not agreed and the appointment is in jeopardy of being deferred or cancelled, then both the Compliance team and DET should be consulted and agreement obtained, prior to the appointment being deferred or cancelled. Compliance teams should engage with DEPMU to explore the possibility of the escort provider undertaking the escort movement. In the event the appointment has to be cancelled because of operational difficulties in carrying out an escorted movement, this should be explained to the individual and every effort should be made to arrange a new appointment as soon as practicable.

6. Individuals should, wherever possible, be given a minimum of 24 hours advance notice (see paragraph 7) of external outpatient medical appointments. Centre managers may refrain from notifying an individual of the timing of a medical appointment if there are security concerns relating to the specific detained individual. This will inform the risk assessment which must take full account of clinical considerations. Where an individual is assessed as presenting 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). Staff should refer to [DSO 07/2016 Use of restraints for escorted moves](#).
7. Providing detained individuals with advance notice is particularly important, as failure to notify an individual of an appointment may put the detained individual at risk or mean that the planned clinical procedure cannot take place, e.g., the medical procedure requires the individual to have abstained from food/fluids prior to the appointment.

## Medical appointments made prior to detention

8. The following principles should apply to all external outpatient 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, provided they are deemed necessary by Healthcare.
  - If such an appointment does have to be cancelled, another appointment should be promptly arranged by the healthcare team at a suitable clinic or hospital as soon as practicable.
9. Where appointments are at a clinic or hospital and 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. Consideration as to the circumstances of the individual (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 individual's care or treatment) should be taken into account. If the decision is taken that the appointment needs to go ahead, the

healthcare team should submit a request to DEPMU via the Compliance Team to arrange a move to a nearer centre to facilitate the appointment.

## Transfers

10. If a transfer to another centre is required, DEPMU should check whether an external outpatient medical appointment is in place for an individual before arranging a transfer, as continuity of the individual's clinical care must be considered.
11. 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 (refer to [DSO 01/2016 Medical Information Sharing](#)).

## Removals

12. Unless there is a need for an assessment to be undertaken regarding a detained individual's fitness for removal (refer to [DSO 01/2016 Medical Information Sharing](#)), 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 individual 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 detained individual with copies of their medical records and x-rays or blood tests to accompany the letter.

## Private medical appointments

13. Private external outpatient medical appointments arranged by a detained individual or their representative fall outside of this DSO. Any such arrangements to facilitate private appointments should be dealt with locally by the centre and DET, in conjunction with the Home Office responsible case worker.

## Revision History

Review date	Reviewed by	Review outcome	Next review
April 2016	E Jarvis	Rebranding and general update	April 2018
August 2020	S Ali	Updated to include the distribution of roles between DES Compliance and DET teams.	August 2022
January 2024	S Dhaliwal	General Updates	January 2026

Review date	Reviewed by	Review outcome	Next review
May 2024	Akash Shourie	Standardised changes to the document; Update to the precise requirements of the service provider with regards to cancellation of appointments and escorting; links in reference to relevant DSO's where applicable	May 2026