# Patient Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Address: \_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_ Mobile Tel.: \_\_\_\_\_ Done By Name: \_\_\_\_ Date: \_\_\_\_\_ Template Details SEAT Secondary Screening

Page 1 of 17

### Purpose:

The second assessment allows additional information received from previous care to be taken into account and also enables previously unidentified health needs to be assessed and treated or referred. The Secondary health screening for people in a secure setting is a more in depth assessment usually completed within 7 days of the reception screen. Outcomes of the in-possession assessment and medicines reconciliation will also inform the second health screen.

Please see the Secondary Screening SystmOne Clinical Template User Guide for further advice and information on the use of this template.

### QUICK GLANCE VIEWS:

The views are intended as an aid to viewing information previously recorded within the patient record and not to replace reviewing the whole medical record, as may be required during the screening.

They have been set to show ONLY the latest recording of a corresponding piece of information.

The views are being implemented across the National Clinical Suites - SEAT, IRCAT and CHAT, so on occasion there may be more information available as it has been captured by another secure unit.

### **Practice Plus Group Prisons:**

Please also refer to your Secondary Screening Local Operating Procedure for further information / processes for completing this template.

Please note that all Practice Plus Group additions / pages have been added in Blue for ease of navigation.

Physical health of people in prison: https://www.nice.org.uk/guidance/ng57

MH in adults in the criminal justice system: https://www.nice.org.uk/guidance/ng66

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Patient	
Name:	Client ID:
Review of Previous Information	
Review of Prev	ious Information
	Page 2 of 17
Remember to include any relevant inform	ation using the additional option (pencil icon)
NCTS - Recent and Outstanding Care view cannot be shown when previewing a template —	Please review all of the actions from the first stage health assessment to ensure that everything has been / is being followed up. This is including but not limited to In Possession Risk Assessment, Medicines Reconciliation, GP record summaries obtained (where applicable), outstanding appointments followed up. etc.  Checked First Reception / Actions?  Tick one  Please review all of the actions from the first stage health assessment to ensure that everything but not limited to In Possession Risk Assessment to ensure that everything but not limited to In Possession Risk Assessment to ensure that everything but not limited to In Possession Risk Assessment to ensure that everything but not limited to In Possession Risk Assessment to ensure that everything but not limited to In Possession Risk Assessment to ensure that everything but not limited to In Possession Risk Assessment, Medicines Reconciliation, GP record summaries obtained (where applicable), outstanding appointments followed up. etc.
	Outstanding Appts Has no outstanding hospital/ Doctors appointments (Y07f8)  Prisoner has outstanding hospital or doctors appointment (YX008)
	Please move to the next section of the Screening
	Urinalysis
Previous Page	Next page

Patient		
Name:	Client ID:	
Urinalysis - Page 1		
	Urinalysis	
		Page 3 of 17
Remember to include any relevan	nt information using the additional option (pencil icon)	
SEAT - Urinalysis view cannot be shown when previewing a template	If the screening is not completed, please tick the Urine r sample and provide a reason or use the Urine dipstick t refuses the screening.	
	Urine not tested: unable to obtain sample	
	Urine dipstick test declined	
	Tick one Urine gluc	cose test not done (4661.) cose test negative (4662.) cose test = trace (4663.) cose test = + (4664.) cose test = ++ (4665.) cose test = +++ (4666.) cose test = ++++ (4667.)
	Tick one Urine blood Concentration Urine blood Concentration Urine: tracular tracula	od test not done (4691.)  od test = negative (4692.)  ce non-haemol. blood (4693.)  ce haemolysed blood (4694.)  od test = + (4695.)  od test = +++ (4696.)  od test = +++ (4697.)
	Tick one Urine kets	one test not done (4681.) one test negative (4682.) one test = trace (4683.) one test = + (4684.) one test = ++ (4685.) one test = +++ (4686.) one test = ++++ (4687.)
Previous Page		Next page

Patient			
Name:		Client ID:	
Urinalysis - Page 2			
	Urina	alysis	
			Page 4 of 17
	Remember to include any relevant informa	ation using the additional option (penci	l icon)
Urine Protein Concentration Tick one	Urine protein test not done (4671.) Urine protein test negative (4672.)	Urine pH test	рН
	Urine protein test = trace (4673.) Urine protein test = + (4674.)	Specific gravity of urine	
	☐ Urine protein test = ++ (4675.) ☐ Urine protein test = +++ (4676.) ☐ Urine protein test = ++++ (4677.)	Urine bilirubin level	umol/L
	[ Sime protein test and (1811.)	Urine urobilinogen level	
Urine Leucocyte Esterase Concentration Tick one	Urine leucocyte test not done (XaInA) Urine leucocyte test = negative (XaIf8) Urine leucocyte test = trace (XaLlf)	Urine albumin/creatinine ratio	mg/mmol
	Urine leucocyte test = + (Xalf3) Urine leucocyte test = ++ (Xalf4)	Urine protein/creatinine index	mg/mg
	Urine leucocyte test = +++ (Xalf5) Urine leucocyte test = ++++ (XaLle)	Urine protein/creatinine ratio	mg/mmol
Union Nitrita Communication	Urine nitrite test not done (XaLJn)	24 hour urine protein output	g/d
Urine Nitrite Concentration Tick one	Urine nitrite negative (XaEYo) Urine nitrite test = trace (XaLJm) Urine nitrite test = + (XaLJi)	GFR calculated abbreviated MDRD	mL/min/1.73m*2
	Urine nitrite test = ++ (XaLJj) Urine nitrite test = +++ (XaLJk)	Plea	se move to the next section of the Screening
	Urine nitrite test = ++++ (XaLJI)		Chronic Conditions
Urine Urobilinogen Concentration Tick one	Urine urobilinogen not tested (46C1.) Urine urobilinogen negative (46C2.) Urine urobilinogen = trace (46C3.)		
	Urine urobilinogen = + (46C4.) Urine urobilinogen = ++ (46C5.)		
	Urine urobilinogen = +++ (46C6.) Urine urobilinogen = ++++ (46C7.)		
Previous Page			Next page

Patient	
Name:	Client ID:
Chronic Conditions — — — — — — — — — — — — — — — — — — —	
	Chronic Conditions
	Page 5 of 17
NCTS - Current Health Conditions and Disability	view cannot be shown when previewing a te <mark>mpiaiPractice Plus Group Care Plan View:</mark>
	Care Plan view cannot be shown when previewing a template
	Care Plan view cannot be shown when previewing a template
	If the patient has a long term / chronic condition (asthma, COPD, diabetes, epilepsy, hypertension etc.) please record any current care plan details below.
	opilopos, hypotolicion co., piedeci icosta dilly carioti care pian accare pian
	Care plan
	Please move to the next section of the Screening
	-
	Family History
Previous Page	Next page

Patient		
Name:	Client ID:	
— Family History - Page 1		
Fam	nily History	
	Page 6 of 17	
Remember to include any relevant information using the additional option (pencil icon)		
NCTS - Family History view cannot be shown when previewing a template	All illness in Family Members. Include parents, siblings, grandparents, uncles and aunts alive and deceased; e.g. diabetes, heart disease, hereditary conditions If not listed in the options below, use the comments box at the end of the section to record any other Illnesses.	
	Family history unknown	
	If Family History is unknown move to the Head Injury / LOC section by clicking on the link below:	
	Head Injury / LOC	
	FH: Asthma	
	FH: COPD Tick one  No family history of chronic obstructive pulmonary disease (XaJJ9) Family history of chronic obstructive lung disease (Xa6ai)	
	FH: Diabetes Mellitus No family history diabetes (1228.) Tick one FH: Diabetes mellitus (1252.)	
	FH: Epilepsy Tick one  No FH of epilepsy (XaaJe) FH: Epilepsy (1296.)	
	FH: Depression [Depression (1285.) Tick one	
Previous Page	Next page	

Patient		
Name:		Client ID:
Family History - Pa		
	Family	History
		Page 7 of
	Remember to include any relevant inforn	ation using the additional option (pencil icon)
FH: Hypertension Tick one	No FH: Hypertension (1227.) FH: Hypertension (12C1.)	
FH: IHD <60 years Tick one	No FH: Ischaemic Heart Disease <60 (Y0ce1) FH: Ischaemic heart disease at less than 60 years (XE0oG)	
FH: IHD >60 years Tick one	No FH: Ischaemic Heart Disease >60 (Y0ce2) FH: Ischaemic heart disease at greater than 60 years (XE0oH)	
FH: Myocardial infa Tick one	FH: Myocardial infarction (XE0ol)	
FH: Cardiovascular. Tick one	No FH: Cardiovascular disease (1224.)  FH: Cardiovascular disease (XE0oF)	
FH: Cancer (Malign Tick one		
Family history		
	Please move to the next section of the Screening	
	Head Injury / LOC	
Previous Page		Next page

Patient	
Name:	Client ID:
Head Injury / LOC ———————————————————————————————————	
	Head Injury / LOC
	Page 8 of 17
Remember to include any	relevant information using the additional option (pencil icon)
NCTS - Head Injury or LOC view cannot be shown when previewing a templa	Note the number of instances in the notes field for number of head injuries and number of loss of consciousness
	H/O: head injury
	H/O: disturbance of consciousness
	Does the patient have any problems with their memory or concentration?
	Memory impairment
	Reduced concentration
	Has the patient ever lost consciousness for more than 20 minutes?
	Loss of consciousness DD / MM / YY
Previous Page	Next page

Patient Occordancy Generaling	
Name:	Client ID:
— Mental Health Screening ———————————————————————————————————	ental Health Screening Page 9 of 17
NCTS - Mental Health view cannot be shown when previewing a template	Consider using the Correctional Mental Health Screen (CMHS) to identify possible mental health problems if:    the person's history, presentation or behaviour suggests they may have a mental health problem   the person's responses to the Reception Screening suggest they may have a mental health problem   the person has a chronic physical health problem with associated functional impairment   concerns have been raised by other agencies about the person's abilities to participate in the criminal justice process  If the patient identifies as Male, click the link below:   NCTS - CMHS-M Assessment   the patient identifies as Female, click the link below:   NCTS - CMHS-W Assessment     Please move to the next section of the Screening     Wellbeing Approach PPG
MH in adults in the criminal justice system: https://www.nice.org.uk/guidance/ng66	Next page

Patient		
Name:	Client ID:	
Wellbeing Approach (PPG)		
Practice Plus Group Wellbeing Wheel Approach:		
, , , , , , , , , , , , , , , , , , ,		Page 10 of 17
Practice Plus Group - Wellbeing Wheel Status view cannot be shown when previewing	a template	
Please open the PPG Wellbeing Wheel offer template opposite to record		
the offer and/or acceptance or decline of the wellbeing Wheel Approach.		
	PPG Wellbeing Wheel Offer Status V2.0	
Previous Page		Next page

Patient	
Name:	Client ID:
– Vaccinations - Page 1	
Vaccina	tions Page 11 of 17
Remember to include any relevant information	on using the additional option (pencil icon)
This section of questions will ask you to record that a vaccination has been offered, administration patient's current vaccination status.	stered or that the patient requires further follow up. Use the view to check the
NCTS - Vaccinations and Immunisations view cannot be shown when previewing a template	MMR Eligibility- Patients born after 1970, having no evidence of receiving two previous doses of a measles-containing vaccination or have not previously had measles.
	The Green Book - Measles (MMR): https://www.gov.uk/government/publications/measles-the-green-book-chapter-21
	MMR Vacc Offered Measles, mumps and rubella vaccination offered (XaQFu) Tick one
	MMR Vacc Tick one  Measles/mumps/rubella vaccination (65M1.)  Measles mumps rubella vaccination declined (XaLkV)  Measles/mumps/rubella vaccine adverse reaction (Xa5WX)  Measles/mumps/rubella vaccine allergy (Xa5v0)  H/O: measles (1416.)  History of measles, mumps and rubella vaccination (XaQe5)
	Record Vaccination
	<b>MEN C Eligibility</b> Patients (up to 25 years old) where their Men C or Men ACWY status is unknown.
	The Green Book - Men C: https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22
	Men ACWY Vacc Of Meningitis ACW and Y vaccination invitation (Xaelj) Tick one
	Men C or ACWY Va  Tick one  Booster meningitis C vaccination (XaaXa)  Booster meningitis C vaccination declined (XaaXb)  Adverse reaction to meningococcal vaccine (TJJy0)  Meningococcal polysaccharide vaccine allergy (Xa5v3)  Meningitis ACW & Y vaccination (XalQX)  Meningitis ACW & Y vaccination declined (XacK7)  Meningitis ACW & Y vaccination contraindicated (XacK6)
Vaccination Guidance - The Green Book: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book	Record Vaccination
Previous Page	Next page

Patient	,		
Name:		Client ID:	
Vaccinations - Pa	ge 2		
Vaccinations  Page 12 of 17			
	Remember to include any relevant in	formation using the additional option (pencil icon)	
	This section of questions will ask you to record that a vaccination has been offered, administered or that the patient requires further follow up. Use the view to check the patient's current vaccination status.		
Flu Eligibility Pleas	se see The Green Book The Green Book - Flu: https://www.gov.uk/govern nt/collections/annual-flu-pr amme		
Flu Vacc Offered Tick one	☐Influenza vaccination verbal invitation (XaXEH)	<b>Shingles Eligibility</b> Patients aged 70 and those identified in the catch-up programme for the year (Herpes Zoster)	
Seasonal Flu Vacc Tick one	Seasonal influenza vaccination (XaZ0d) Seasonal influenza vaccination declined (XaZ0i) Seasonal influenza vaccination contraindicated (XaZ0j) Seasonal influenza vaccination not indicated (XaZ0k) Influenza vaccine adverse reaction (XaSWJ) Influenza vaccine allergy (Xa5um)	The Green Book - Shingles: https://www.gov.uk/government/coll- ections/shingles-vaccination-progr- amme  Shingles Vacc Offer Herpes zoster vaccination offered (Xaam1) Tick one Shingles Vacc Tick one Herpes zoster vaccination (XaZsM) Tick one Herpes zoster vaccination declined (Xaa9j)	
Date of Seasonal infl	uenza vaccin given by other healthcare provider	Herpes zoster vaccination contraindicated (Xaa9i)	
Record Vaccina	ion 🌵 New Recall	Adverse reaction to herpes zoster vaccine (Xaaiw)	
	The Green Book The Green Book - PPV: https://www.gov.uk/govern.nt/collections/pneumococcaccination-programme	Date of Herpes zoster vaccination given by other health care provide  Record Vaccination  New Recall	
Pneumo Vacc Offere	Pneumococcal vaccination verbal invite (XaObE)		
Pneumo Vacc Tick one	Pneumococcal vaccination given (XaCKa) Pneumococcal vaccination declined (Xalyy) Pneumococcal vaccination contraindicated (XalOS) Pneumococcal vaccine adverse reaction (Xa5WO) Pneumococcal vaccine allergy (Xa5ur)	HPV Eligibility Please see NHS Choices  HPV Vaccination - NHS Choices: http://www.nhs.uk/Conditions/vaccinations/- Pages/hpv-human-papillomavirus-vaccine aspx	
		HPV Vacc Offered [ Human papillomavirus vaccination invitation (XaPiL) Tick one	
Date of Pneumococc	al vaccination given by other healthcare provider	HPV Vacc Human papillomavirus vaccination (XaNQd)	
Record Vaccina	ion Wew Recall	Tick one	
Pertussis Eligibilit	y- Please see The Green Book The Green Book - Pertussis: https://www.gov.uk/government. blications/pertussis-the-green-b-chapter-24		
Pertussis Vacc Tick one	Pertussis vaccination (655)  No consent - pertussis immunisation (68N7.)  Pertussis vaccine contraindicated (68NQ.)  Pertussis vaccine allergy (Xa5uq)	Record Vaccination	
Record Vaccina Previous Page	€ New Recall	Next page	
		THORE POGG	

Patient Patient	
Name:	Client ID:
	Official ID.
Vaccinations - Page 3	notion o
Vacci	nations
	Page 13 of 17
Remember to include any relevant inform	ation using the additional option (pencil icon)
This section of questions will ask you to record that a vaccination has been offered, adm patient's current vaccination status.	inistered or that the patient requires further follow up. Use the view to check the
Hepatitis A Eligibility Please see The Green Book	Td / IPV Eligibility Please see The Green Book
The Green Book - Hepatitis A: https://www.gov.uk/government/public- ations/hepatitis-a-the-green-book-cha- pter-17	The Green Book - Td / IPV: https://www.gov.uk/government/public- ations/immunisations-for-young-people  Td / IPV Vacc Offered Tetanus, diphtheria, inactivated polio vaccination invitatn (Xabvk)
Hep A Vacc Offered Hepatitis A vaccination invitation (XaQxK)	Tid / IPV Vacc Offered Light etamus, diprimena, inactivated polio vaccination invitatin (Xabvk) Tick one
Hep A Vacc Hepatitis A immunisation (X74VD)	Td / IPV Vacc Low dose diphtheria, tetanus and inactivated polio vaccinati (XaK4x)
Tick one No consent for hepatitis A vaccination (XaKzM)	Tick one Diphtheria, tetanus, inactivated polio vaccination declined (Xab2N)
Hepatitis A vaccination contraindicated (Xabyr)	Diphtheria, tetanus, inactivated polio vacc contraindicated (Xab2K)
Hepatitis A vaccination not indicated (XaXPY)	
Hepatitis A vaccine adverse reaction (Xa5WY)  Hepatitis A vaccine allergy (Xa5v1)	
Hepatitis A vaccine allergy (Aa5v1)	
Record Vaccination	
Hep B Eligibility Any patient deemed 'at risk' or an incomplete vaccination history	Please move to the next section of the Screening
The Green Book - Hepatitis B: https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18	National Screening Programmes
Hep B at risk: At risk of hepatitis B infection (XagoH) Tick one	
Hep B Vacc Offered Hepatitis B vaccination verbal invitation (XaZI2)	
Hep B Vacc First hepatitis B vaccination (65F1.) Tick one Second hepatitis B vaccination (65F2.)	
Third hepatitis B vaccination (65F3.)	
Booster hepatitis B vaccination (65F4.)	
Hepatitis B immunisation declined (XaLIH)	
Hepatitis B vaccination contraindicated (XaQ95)	
Hepatitis B vaccine adverse reaction (Xa5WI)	
Hepatitis B vaccine allergy (Xa5ul)	
Designa Desa	N-A
Previous Page	Next page

Patient	, <u></u>		$\neg$	
Name:	C	Client ID:		
─ National Screening Programmes ———			===	
National Screening Programmes				
		Pag	ge 14 of 17	
Remember to include any relevant information using the additional option (pencil icon)				
Previous results must be back dated to an approx date				
Bowel Cancer Screening  All patients aged between 60 to 74 years	★ NCTS - Bowel Cancer NSP	The below view will identify if the patient requires any National Screening Programmes as outlined opposite.		
		If any are required please follow your local processes for completion.		
For Patients who identify as Male				
Abdominal Aortic Aneurysm Screening		Practice Plus Group -National Screening Programmes view cannot be shown when p	reviewin	
Aged 65 years and over	★ NCTS - Abdominal Aortic Aneurysm NSP			
For Patients who identify as Female				
Breast Cancer Screening				
Aged between 50 to 70 years	★ NCTS - Breast Cancer NSP			
Cervical Cancer Screening				
Aged between 25 years and over	★ NCTS - Cervical Cancer NSP	NHS Prison Health Checks		
		PPG HiJ NHS Prison Health Check Template	Ĺ	
Diabetic Patients				
Retinal Screening	★ NCTS - Retinal Screening NSP	Please move to the next section of the Screening		
		Medication Status		
Previous Page		Next pag	je	

Patient				
Name:	Client ID:			
— Medication Status ————————————————————————————————————				
Medication Status				
	Page 15 of 17			
Remember to include any relevant information using the additional option (pencil icon)				
NCTS - Medication & IPRA view cannot be shown when previewing a template	Has any medication ever caused side effects such as diarrhoea, respiratory problems, rash or anaphylaxis? If YES, Record 'Drug Sensitivity' with medication, symptoms / severity and when the side effects occurred.  Does the patient suffer from allergies to food or other triggers? If YES, Record 'Other Allergy' with allergen, symptoms / severity and when the side effects occurred.  Only record new allergies or sensitivities not listed in the view.  Ensure patients with a history of anaphylaxis have access to an Adrenaline auto injector pen and the establishment staff are made aware that the patient suffers from anaphylaxis / severe allergy.			
PPG Medicines Reconciliation SEAT View view cannot be shown when previewing a template	If NO – record 'No known allergies'			
	Record Allergy or Sensitivity  If the Medicines Reconciliation Screening took place prior to this screening, please tick the below prompt.			
	Medication reconciliation			
	If not, use the Medicines Reconciliation Screening link to record the screening.			
Practice Plus Group - IP Risk Assessment v1.1 view cannot be shown when previewing a '	SEAT Medicines Reconciliation Screening			
	If the In-Possession Screening took place prior to this screening, please tick the below prompt.			
	Other medication management			
	If not, use the IPRA Screening link to record the screening.			
	PPG HiJ SEAT Medication Status & IPRA (page 2)			
Previous Page	Next page			

Patient	
Name:	Client ID:
Advice —	
•	Advice
	Page
Remember to include any relevant info	rmation using the additional option (pencil icon)
Advice:	Offer patients tailored health advice based on their responses to the assessment
Offer the patient advice, with supporting literature if appropriate, on:	questions. This should be in a variety of formats (including face-to-face). It should include advice on:
how to contact health services and book GP appointments or other clinics, for example, dental, optician, podiatry, substance misuse and recovery services;	•alcohol (see NICE's guideline on alcohol-use disorders);
where to find health information that is accessible and understandable:	•substance misuse (see NICE's guideline on drug misuse in over 16's);
	•exercise (see recommendations 1.3.3 and 1.3.4);
<ul> <li>how to attend or get a referral to attend any health-promoting and wellbeing activities in the future (see recommendations 1.3.1–1.3.8);</li> </ul>	•diet (see recommendation 1.3.5);
• medicines adherence (see recommendation 1.4.7).	-stopping smoking (see recommendation 1.3.6);
Patient given advice	*sexual health (see recommendations 1.3.7 and 1.3.8).
	1
	Advice on alcohol consumption
	Advice on drugs of addiction
	Advice about exercise
	Advice on diet
	Advice on effects of smoking on health
	Advice on sexual health
	Once the below prompt is ticked a Planned Action Template will be triggered via a protocol. This template will have recorded any referral prompts you have selected during this screening. Please use the template to follow-up any outstanding actions for the referrals.
	*Second Reception Screening
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Patient	AT Secondary Screening
Name:	Client ID:
— Publication Details	
Publication Notes:	Page 16 of 16
This template has unde and NHS Improvement	ergone Stakeholder assurance, review and approval by NHS England and NHS Improvement. This template is the intellectual property of NHS England ::
Primarily intended to be	e used within a secure environment Healthcare setting and is based on the following:
Baseline assessmer     Health and Justice Ir     Health and Justice Ir	Physical health of people in prison (NG57);  tt. Mental health of adults in contact with the criminal justice system (NG66);  adicators of Performance (HJIPs) Adult Secure Estate User Guide;  adicators of Performance (HJIPs) Immigration Removal Centres (IRC) User Guide;  children and Young People Indicators of Performance (CYPIPs) CYP Secure Estate User Guide.
Version History	
Version Date of Publication	1.0 September 2019
Following Pilot Review	amendments to template have included correcting spelling mistakes and adding a new Allergy statement.
Version Date of Review	1.1 October 2019 (Care UK addition of Wellbeing Screening Page and views)
Following Care UK rebi	rand 01/10/2020 to Practice Plus Group naming conventions, and links updated.
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