

IN THE BROOK HOUSE INQUIRY

CLOSING STATEMENT ON BEHALF OF THE PRACTICE PLUS GROUP

Introduction

1. Practice Plus Group (“PPG”) welcomes the work of this Inquiry and the significant benefit it has given PPG, as the incoming provider of healthcare services at Gatwick Immigration Removal Centre (“IRC”), in informing current and future practice.
2. PPG has a proven track record providing healthcare in secure and detained settings and is committed to ensuring a high level of healthcare at Brook House.
3. Despite having had no involvement in the relevant period, or prior to 1 September 2021, PPG recognises the significant issues in the provision of healthcare in the relevant period which have been revealed by the Inquiry. PPG supplies this statement with a view to showing what work has been done to date to address these issues (since the commencement of PPG’s contract on 1 September 2021) and what work remains outstanding.

Improvements since September 2021

4. Since assuming responsibility for healthcare, PPG is endeavouring:
 - a) To improve the level of staffing at Brook House, by increasing the volume and variety of clinical roles within the combined Nursing service (Mental Health and Primary Care) and within the team of Healthcare Assistants;¹
 - b) To increase the provision of mental health care, through (for example) low and medium intensity trauma based psychological interventions led by a Psychologist and Assistant Psychologists² (PPG’s ‘Making Sense’ programmes);

¹ Luke Wells WS paras 24 to 25 and 30.

² Luke Wells WS paras 71 to 72.

- c) To improve the availability of translation services, by agreeing an additional contract with The Big Word (in addition to Language Line) which can be used during patient consultations³;
 - d) To improve the level of training at Brook House, by offering all clinical staff the opportunity to undertake the 'Introduction to Health in Justice' course delivered by Stafford University⁴;
 - e) And to maintain the continuity and stability of GP care via its sub-contracted provider, Dr PA Ltd.⁵ This has avoided short-term disruption to the service, although PPG is working towards a model incorporating more GPs who are directly engaged with PPG.
5. In addition:
- a) All staff are required to complete two online training sessions on self-harm and suicidal thought, as part of their induction programme;⁶
 - b) PPG has introduced Multi-Professional Complex Case Clinics (MPCCC) involving clinical leaders and multi-disciplinary team members in a weekly discussion of patients with complex needs. These discussions feed into weekly 'vulnerable persons' meetings to ensure the full clinical picture is taken into account when considering a detainee's ongoing fitness for detention⁷;
 - c) PPG ensures that all detainees placed on constant supervision undergo a Mental Health Assessment, to ensure that mental health needs are identified and (wherever possible) met⁸;
 - d) PPG provides trauma-informed training for the Mental Health team and bespoke Mental Health Assessment training for secure environments.⁹ The intention is for all healthcare staff at Gatwick IRC to be given a trauma-informed training

³ Luke Wells WS paras 85 to 86.

⁴ Luke Wells WS para 37.

⁵ Dr Sarah Bromley WS2 para 1.

⁶ Dr Sarah Bromley WS1 para 24.

⁷ Dr Sarah Bromley WS1 para 120.

⁸ Dr Sarah Bromley WS1 para 13.

⁹ Dr Sarah Bromley WS1 para 16.

package, to ensure greater awareness of the prevalence and impact of trauma on detainees and reduce the risk of accidental re-traumatisation.¹⁰

Ongoing work

6. PPG recognises that many of the issues raised by the Inquiry require systemic and longer-term change.
7. As Dr Bromley explained, significant further work is ongoing. In particular:
 - a) PPG is developing bespoke reception screening training for teams assessing new arrivals, which will:
 - i. emphasise the purpose and importance (i) of the initial screening, (ii) of communicating this to patients, and (iii) of encouraging better attendance at Rule 34 appointments;¹¹ and
 - ii. train all staff in the identification of conditions which may be detrimentally affected by detention and which require assessment under Rule 35, to encourage a more proactive approach to identifying patients who may be at risk due to detention¹²;
 - iii. This is due for roll-out by the end of **May 2022**.¹³
 - b) PPG is reviewing the initial reception screening template to ensure that vulnerabilities are properly identified¹⁴ and is working with Serco to pilot second reception screens as a further opportunity to pick up any needs not identified on the initial screening including any adults at risk and/or individuals who may need to be considered for a Rule 35 (1) (2) or (3) report.¹⁵ Any individual identified as vulnerable becomes the subject of a Supported Living Plan¹⁶ and is discussed at the weekly 'vulnerable persons' meeting chaired by Serco and attended by healthcare and the Home Office¹⁷;

¹⁰ Dr Sarah Bromley WS1 para 48. Luke Wells evidence on 31.03.22, Transcript Day 42, bottom of page 204.

¹¹ Dr Sarah Bromley WS1 para 5.

¹² Dr Sarah Bromley WS1 para 8.

¹³ Dr Sarah Bromley WS1 para 5.

¹⁴ Dr Sarah Bromley WS1 para 113.

¹⁵ Dr Sarah Bromley WS1 para 115.

¹⁶ Dr Sarah Bromley WS1 paras 113, 117 and 118.

¹⁷ Dr Sarah Bromley WS1 paras 117, 119 and 122.

- c) PPG is working with external training organisations to develop bespoke training on suicide intervention ('ASIST'¹⁸), Mental Health Assessment, and healthcare responsibilities in Control and Restraint¹⁹ – that is, training specifically designed for secure and detained settings – recognising that staff knowledge across these areas is in need of improvement;
- d) PPG is in the process of developing bespoke Rule 34/Rule 35 training for GPs, to ensure high quality assessments and reports. This is due for delivery in **July 2022** and will be delivered both as part of the induction of new GPs and as an annual refresher.²⁰ It will cover the 'Adults at Risk' guidance and signs and symptoms of trauma and torture, drawing on guidance from the Faculty of Forensic & Legal Medicine ('FFLM').²¹ PPG is also planning to develop a new quality audit, which will be peer-reviewed, to examine the quality of Rule 35 reports.²²
- e) PPG is working with Stafford University to develop a more bespoke version of their course for staff working in IRCs (rather than prisons) using learning from the first 6 months of its contract to identify current gaps in training and induction.²³

Rule 35

- 8. PPG recognises the disconnect between the absence of Rule 35(2) reports in recent months, as in the relevant period, and the significant number of detainees who have been on constant supervision due to suicidal thoughts or self-harm. Since the evidence hearings, the Rule 35 workshop in **April 2022**, described by Dr Bromley and Luke Wells²⁴, has been held and Dr Bromley has met with the Home Office on more than one occasion. The Rule 35 pathway developed at the workshop will be shared with the Home Office and there will continue to be joint working, with the Home Office and

¹⁸ Applied Suicide Intervention Skills Training.

¹⁹ Dr Sarah Bromley WS1 para 28; see the training package currently being piloted relating to clinical assessment during and following C&R [Exhibit SB2]. See also Luke Wells evidence on 31.03.22, Transcript Day 42, pages 202 to 203.

²⁰ Dr Sarah Bromley WS1 paras 28, 38 and 132.

²¹ Dr Bromley evidence on 01.04.22, Transcript Day 43, pages 174 and 178.

²² Dr Sarah Bromley WS1 para 137.

²³ Dr Sarah Bromley WS1 para 26.

²⁴ See Luke Wells evidence on 31.03.22, Transcript Day 42, pages 176-177, 181, 183-184; Dr Bromley evidence on 01.04.22, Transcript Day 43, pages 180-181, 198, 202; and Dr Sarah Bromley WS2 para 15.

contacts from the FFLM, to develop the training. PPG has offered to share this training with other providers once piloted.

Immediate action

9. PPG fully appreciates the concern to ensure that some immediate action is taken in respect of those currently in detention who may be vulnerable and/or in need of a Rule 35 report. To that end, Dr Bromley supplied a further short witness statement dated 5 April 2022 in which she confirmed that:
 - a) Both GPs who gave evidence to the Inquiry have been reminded by the Head of Healthcare, Sandra Calver, of the need to complete Rule 35 reports wherever indicated, and have been actively encouraged by both Ms Calver and Dr Bromley to undertake Rule 35 assessments;
 - b) The joint letter from the Home Office and NHS England, received on Friday 1 April 2022, has been shared with the GPs;
 - c) As a temporary solution, until a new Rule 35 pathway is developed:
 - i. When an ACDT is opened, a Rule 35(1) appointment will be booked for that day or the following day. Additionally, all patients are reviewed by the mental health team when an ACDT is opened;
 - ii. Dr PA Ltd have been instructed to undertake Rule 35(2) assessments for all patients on constant supervision. As of the afternoon of 1 April 2022, only one patient was on constant supervision and he was due to be seen for a Rule 35(2) assessment the following day (Saturday 2 April 2022).
10. In addition, Dr Bromley remains of the view that there is a need to challenge and change custom and practice, which will require further discussions, training and clinical supervision as outlined in her evidence to this Inquiry.

Broader objectives

11. PPG is committed to the continual improvement of its service at Gatwick, whilst recognising that there are factors outside its control. These include the physical capacity of the site, the policies and procedures developed and 'owned' by other bodies such as the Home Office and Serco, and the paucity of education and training materials nationwide which are bespoke to the environment of an IRC. To date it has been very

difficult to obtain and deliver training on Rule 34 or Rule 35. PPG continues to work with providers across the country to develop bespoke training for IRCs, and in particular the site at Gatwick, which has not hitherto been available.

12. PPG hopes and anticipates that better training will promote better understanding and awareness of vulnerabilities on the part of detainees and the safeguards which must be upheld in an IRC in order to protect them from harm. PPG regards clinical supervision, reflective practice groups and peer reviews as essential routes for all healthcare staff to reflect on their attitudes and approach to the delivery of care. The overall goal is to develop a more integrated, patient-centred service; this is the subject of sustained effort on the part of PPG.
13. PPG places particular reliance on strong and effective leadership in progressing the objectives outlined in this closing statement; and hopes that the focus supplied by this Inquiry will enhance these efforts.

Conclusion

14. PPG is well experienced in the provision of healthcare in secure settings and has only been at Gatwick for a relatively short period. PPG is working to the best of its ability to deliver the services it is commissioned to provide, appreciating the challenges that detainees face in such settings.
15. PPG recognises:
 - a) The opportunities for improvement as the new provider. PPG will continue to learn, adapt, and make changes at Gatwick in line with its contract, the Inquiry's findings, and in partnership with its commissioners at NHS England;
 - b) That with a programme of continued improvement and feedback, high standards can and will be attained and maintained.

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