



# Screening of Unaccompanied asylum seeking children/young persons in Warwickshire

Dr Agatha Okah; Bsc (Hons), MBBCh, MRCPCH - Birmingham Children's Hospital Gastroenterology department  
Dr Pamela Lewis; MBBS, FRCPCH Consultant Community Paediatrician, South Warwickshire University Hospital

## Background

In 2021 there were 4,081 applications from unaccompanied asylum seeking children in the UK, a 15% increase on the number prior to the covid 19 pandemic (3,553 in the year ending March 2020). This accounts for 17% of all applications (office of National Statistics 2021). Initial health assessment (IHA) and medical screening of unaccompanied asylum seeking children and young persons (UASCYP) in Warwickshire is one of the duties of the community paediatrics team. The results of investigations are then communicated to the child/young person/foster carer, social worker, their GP and in some cases arrangements for repeat tests or referral to specialists if positive results

## Objectives

- Following a considerable adverse event (CAE) where the results of an UASCYP were not communicated to the GP and a positive TB case was missed, this audit sought to find out if investigations are being performed within an appropriate timescale and results acknowledged, acted upon and shared with the young person/foster carer/social worker and GP. Other aims of the project were;
- To determine the duration between initial assessment and the time blood tests are done
- To find out how many of the tests done return as abnormal
- To look at our performance as a team in meeting our KPI

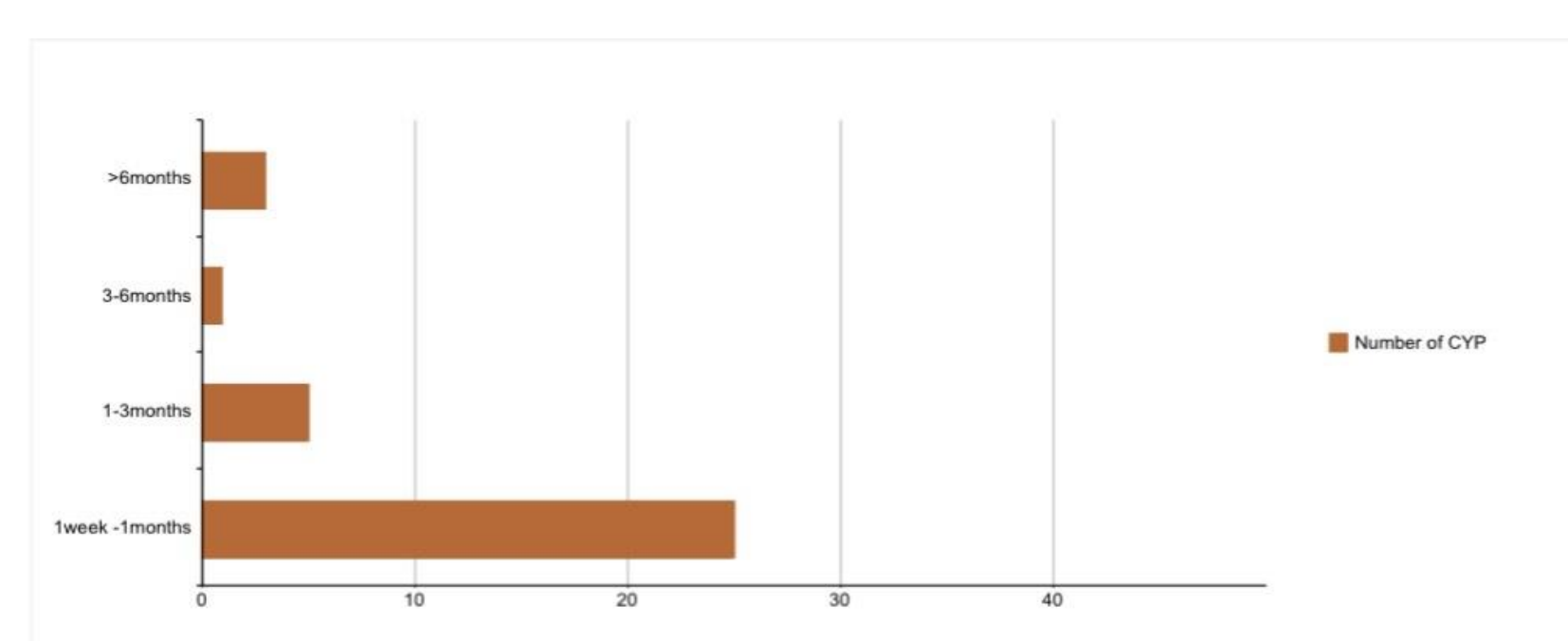
## Methods

The list of unaccompanied asylum seeking children and young persons (CYP) obtained from the clinic input over a 1 year period, from January 2022 to January 2023 - A proforma was designed - Data were collected from the e-records and from clinic letters on SWFT e- record systems. - Different variables of each result were coded and inserted into a spread sheet and analysed Limitations: 1. Quite a few with no NHS numbers hence difficult to trace results. 2. Navigating the different electronic results System -evolve, ICE, Lorenzo. 3. Accessing tests done outside SWFT, although some results were not seen but correspondence letters acknowledging them

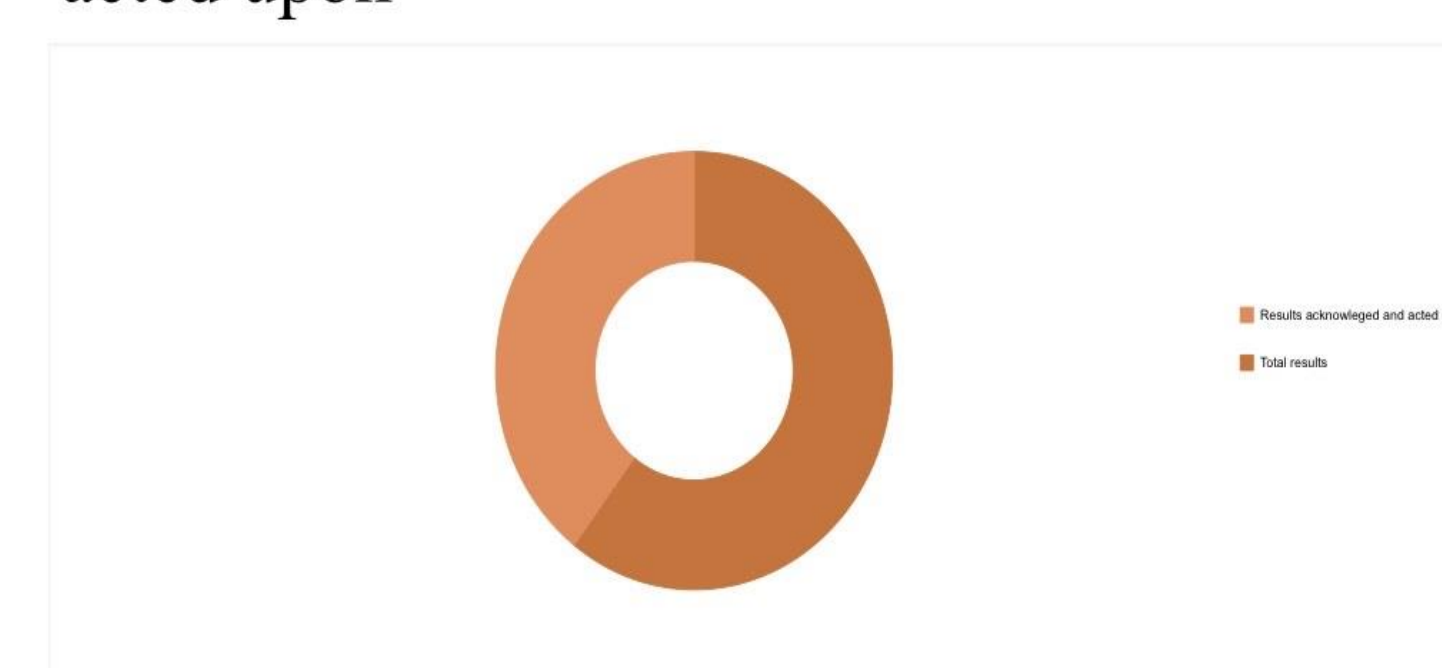
## Results

A total of 67 CYP were referred for IHA within period in view • 3 had no NHS number so difficult to trace, 4 had NHS numbers but no records of them on the electronic systems • This left a total of 60, of which 36 had investigations and evidence seen on the electronic results system, while 24 had no test results on the systems • The average time from IHA to investigations was about 1 month (33.2 days). With the earliest being 3 days and the latest being 14 months from IHA. • 15 CYP were referred for blood tests but there was no evidence of being done. • Of the 36 that had investigations done, 24 had their results acknowledged and acted upon - either communicated to GP, CYP/foster carer/social worker, or further tests or referred to specialist The results showed the most common finding was low vit D levels, seen in 21(60%) of the CYP screened. • 4 of them (11.1%) had results indicating either previous infection with immunity to hepatitis B or acquired immunity from vaccination, while 1 had abnormal hep B and had follow up investigations including LFT and abdominal USS • 4 CYP (11.1%) had abnormal TB screening test and required further tests. All CXR came back as normal. 1 also had sputum AFB which was normal. 1 CYP had X-ray due to injury LFT, bone profile and folate had 3 abnormal results each • There were 2 abnormal heamoglobin electrophoresis.

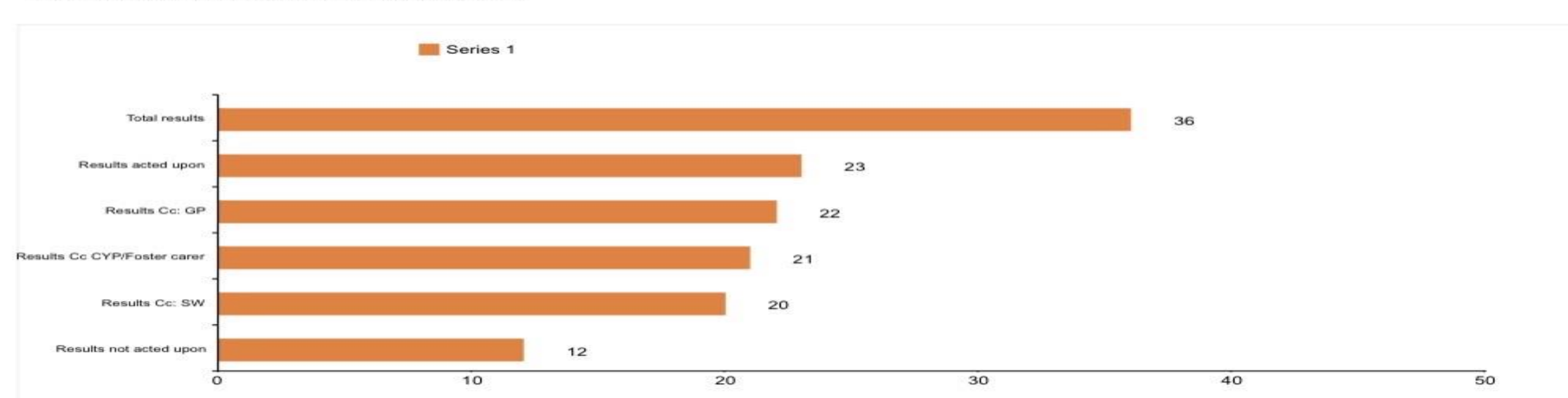
Time from IHA to investigations



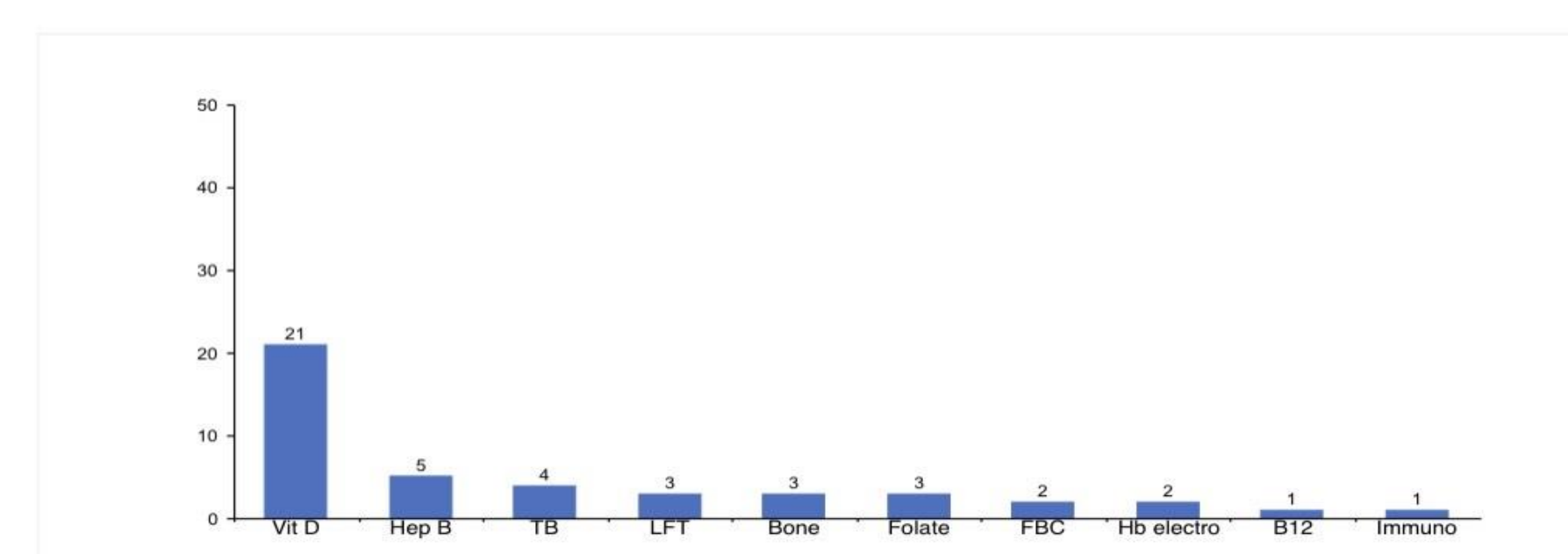
Total results versus results acknowledged and acted upon



Graph showing total results versus results communicated



Number of positive screening tests



## Conclusions

At this audit, it was noted that we were not meeting up with our KPI for screening UASCYP as regards timely investigations and communication of results to relevant persons/personnel. This was not without contributions from cumbersome administrative protocols and multiplicity of electronic result systems, as well as the divergent nature of the area covered by the community Paediatric team in Warwickshire. Interestingly, there were no significant abnormalities in the results of the investigations within the period in view, consequently, there were no significant events or near misses. Recommendations were made and measures put in place to improve our performance. An example of such recommendations was ensuring UASCYP have blood borne viruses and TB screen at or before their IHA. Suggesting that UASCYP be given Vitamin D supplements routinely at the time of initial health assessment.

## References

Office of National .Statistics 2021