
London Borough of Hackney
Health in Hackney Scrutiny Commission
Municipal Year 2017/18
Date of Meeting Monday, 19th November, 2018

Minutes of the proceedings of
the Health in Hackney Scrutiny
Commission held at
Hackney Town Hall, Mare
Street, London E8 1EA

Chair	Councillor Ben Hayhurst
Councillors in Attendance	Cllr Peter Snell, Cllr Yvonne Maxwell (Vice-Chair) and Cllr Patrick Spence
Apologies:	Cllr Deniz Oguzkanli and Cllr Emma Plouviez
Officers In Attendance	Dr Penny Bevan (Director of Public Health) and Amy Wilkinson (Public Health Manager)
Other People in Attendance	Councillor Sophie Conway, Councillor Feryal Demirci (Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks), Councillor Clare Potter, Shuja Shaikh (North London Muslim Association), Ernell Watson, Councillor Caroline Woodley, Mary Clarke (City and Hackney teaching Primary Care Trust), Amanda Elliott (Healthwatch Hackney), Dr Rhiannon England (City and Hackney CCG), Tracey Fletcher (Homerton University Hospital NHS Foundation Trust), David Maher (NHS City & Hackney Clinical Commissioning Group), Laura Sharpe (City & Hackney GP Confederation), Rehana Ahmed (NHS England London), Dr Miriam Beeks (Hackney Migrant Centre), Kathie Binysh (NHS England London), Sarah Darcy (City and Hackney CCG/LBH), Steven Davies (Royal Free NHS Foundation Trust), Dr Simrit Degun (City & Hackney CCG), Rayah Feldman (Hackney Migrant Centre), Debbie Green (NHS England London), Catherine Heffernan (NHS England London), Maggie Luck (NHS England London), Councillor Gilbert Smyth, Kim Stoddart (Royal Free NHS Foundation Trust), Tamara Suaris, William Teh (Royal Free NHS Foundation Trust) and Daf Viney (Hackney Migrant Centre)

Members of the Public

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Councillor Ben Hayhurst in the Chair

1 Apologies for Absence

- 1.1 Apologies for absence were received from Cllrs Plouviez and Oguzkanli and from Anne Canning, Dean Henderson and Kirit Shah.
- 1.2 The Chair welcomed the following Members of the Children and Young People Scrutiny Commission who were present for item 6: Cllr Sophie Conway (Chair); Cllr Caroline Woodley, Cllr Clare Potter, Ernell Watson (coptee) and Shuja Shaikh (coptee).
- 1.3 Apologies were also received from Cllr Margaret Gordon, Cllr Humeria Garacia and Jo MacLeod (coptee) from CYP Scrutiny Commission.

2 Urgent Items / Order of Business

- 2.1 The Chair stated that item 8 would be taken as the first substantive item.

3 Declarations of Interest

- 3.1 Cllr Snell stated that he was the Chair of Trustees of the disability charity DABD UK.
- 3.2 Cllr Maxwell stated that she was a Member of the Council of Governors of the Homerton University Hospital NHS Foundation Trust.

4 Minutes of the Previous Meeting

- 4.1 Members gave consideration to the draft minutes of the meeting held on 26 September 2018 and noted the matters arising.

RESOLVED:	That the minutes of the meeting held on 26 September 2018 be agreed as a correct record and that the matters arising be noted.
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5 Update on changes to breast screening services in Hackney

- 5.1 Members gave consideration to a briefing providing an update from NHS England (London) on the recovery plan for breast screening services in Hackney, following a period of poor performance. At the previous meeting Members had noted a response from NHSEL to a letter from the Chair raising concerns about the volume of cancelled appointments and the displacement of sessions in Hackney. Members had issues with that response and so representatives of NHSEL were invited to this meeting to answer further questions. They were accompanied by representatives of Royal Free London NHS FT which is now the sub-regional provider for central and east London.
- 5.2 The Chair welcomed the following:

Dr Kathie Binysh, Head of Screening, NHS England (London) **(KB)**

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- Maggie Luck, Deputy Head: Adult & Cancer Screening, NHS England (London) **(ML)**
William Teh, Overall Director of Breast Screening Services, Royal Free Hospital NHS Foundation Trust **(WT)**
Tamara Suaris, Director of Screening CELBSS **(TS)**
Kim Stoddard, Senior Operations Manager, Royal Free Hospital NHS Foundation Trust **(KS)**
Steven Davies, Operational Manager, Royal Free Hospital NHS Foundation Trust **(SD)**
- 5.3 KB took Members through the briefing and it was noted that an agreed recovery plan was in place. There was an issue about wheelchair access in static sites and this was being looked in to.
- 5.4 The Chair stated that he had been contacted by a Hackney Resident who is a wheelchair user who had a complaint about her personal treatment when she attended for a screening at the Barts site and had been made to stand, which had been very painful for her. Officers had referred her to Steven Davies, the Operational Manager at the Royal Free, now the provider, who would be responding to her. The Chair added that while the Commission could not get into an individual case providers had a legal duty to ensure that wheelchair users were not discriminated in any way in terms of their ability to access screenings or in their treatment during screenings and asked that officers ensure that the resident was given a full response. Officers replied that they would.
- 5.5 Members asked what was being done about the shortage of mammographers. SD replied that NHSEL was fully aware of this in the Central and East London Breast Screening Service (CELBSS) there should be 15 in place but they currently had half that amount covering up to 6 sites across the patch. The time between calls for screening was running at 40 weeks and they were required to keep that below 42 weeks. A new training programme was up and running at St George's also. In Hackney they had increased the numbers screened at the Homerton site. KS added that they had regular meetings with the Superintendent of Mammography to address the London wide shortfall. Many of the staff will for example take career breaks which will affect numbers she added. They also moved staff around London to plug any gaps and they were pleased that the new apprentice scheme, which commences in January, will help address the shortfall.
- 5.6 The Chair asked for clarification on the reference to screenings "stopping" at the Homerton in April. KS explained that this was not a cut but an actual routine temporary planned pause as part of how they approach achieving full coverage across the patch. Screenings would continue there at a lower level for a time and then increase in the next phase.
- 5.7 The Chair commented that the shortfall in Q3 where there were just 5.8 FTE employees instead of the target of 11.8 was quite dramatic and must have an impact on the numbers of women screened. He added that the Royal College of Radiologists had expressed concern at how services were struggling and how this was a problem even before the removal of the training bursary. KS replied that many practitioners were now reaching retirement age. Plans were afoot for Assistant Practitioners but there was a need for continued focus on

recruitment. Some Trusts offered golden handshakes but this was problematic as it would just have the effect of destabilising other areas.

- 5.8 Cllr Demirci (Cabinet Member) asked whether the NHSEL officers could comment on a related matter. She asked what impact there had been on the Hackney population of the recent controversial national incident regarding the failure to accurately issue letters to women being called for cervical cancer screenings. KB replied that this was a national incident and was being investigated at the highest level. She stated that reassurances could be given because there was a fail-safe mechanism in place so that the system did not rely totally on those letters. There was also a direct referral between the laboratory involved and the service which ordered tests. The Chair asked if NHSEL could provide data on how many women in Hackney were affected and to clarify what local mitigation had been put in place. KB undertook to pursue this.

ACTION:	Head of Screening NHSEL to provide data on how many women in Hackney were affected by the recent national serious incident relating to notifications about cervical cancer screenings as well as a note to clarify what was put in place locally to mitigate the damage caused.
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RESOLVED:	That the report and discussion be noted.
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6 Update on Integrated Commissioning - Children Young People and Maternity Workstream (JOINT WITH CYP SCRUTINY COMMISSION)

- 6.1 The Chair stated that this was the latest in the rolling programme of regular updates from the 4 Integrated Commissioning Workstreams. This item was joint with Members of the Children and Young People Scrutiny Commission as it related to the Children Young People and Maternity Workstream.
- 6.2 Members gave consideration to the update report and the Chair welcomed:
- Amy Wilkinson, CYP&M Workstream Director (**AW**)
Sarah Darcy, CYP Strategic Lead, CYP&M Workstream (**SD**)
- 6.3 AW took Members through the report and highlighted that CAMHS, SEND and maternity were the current key areas of focus for the workstream. She reported that Angela Scattergood had left the Council and the new Senior Responsible Officer for this Workstream was Anne Canning. She added that since the last report in March there had been two highly rated SEND inspections and Homerton's maternity service was also now rated 'good' by the CQC. Work had also commenced on the re commissioning of the Looked After Children Service.
- 6.4 Members asked about the 'deep dive' work on exclusions and AW described the work being led by the Director of Education and the Improving Exclusions Board on carrying out a "deep dive" into the databases available to look at children who might be vulnerable with a view to offering earlier intervention.

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- 6.5 Dr Miriam Beeks, a local GP, asked what the Council was doing to tackle holiday hunger, extending free school meals and on free school meals for children of families who have No Recourse to Public Funds. AW undertook to take this back. MB commented that North East London Migrant Centres had collated a lot of evidence on the impacts. Cllr Demirci subsequently clarified that the Council had committed to pay for free school meals for children of parents who have No Recourse to Public Funds.
- 6.6 Members asked what was being done to tackle obesity and diabetes in children. SD replied that there was a multi-agency approach under Integrated Commissioning and as part of this the GP Confederation had a contract to improve support children with Long Term Conditions. Every child was invited to see a nurse and there were checks with families to ensure they had everything they needed. There was such a system in place also for children with asthma. The challenge with diabetes was greater at present though.
- 6.7 Members asked about out of borough placements for children with SEND. AW detailed the work with the CCG on the finance pathways here in order to improve the situation. SD detailed how the SEND Partnership Board oversaw the partnership working on this. They were working with the Education team on the offer to children with SEND and among the principles underlying this work was the need to ensure in-borough support.
- 6.8 Members asked about the engagement with the Charedi community. SD explained that this was mainly done via the organisation Interlink who has, for example, very active Members who they work with on access to speech and language therapies. There were co-morbidity issues and gaps in services and they worked closely with them on many issues. They also worked with them on Looked After Children.
- 6.9 A member of the public asked about the numbers of children brought into the City during the working day and the impact supporting them would have on demand for services in City and Hackney. SD replied that Hackney's CYP service worked very closely with City colleagues and one of the things they were doing was to provide clarity specifically on the health offer to children in the City.
- 6.10 The Chair stated that any Member, who like himself, had served on the Corporate Parenting Board would be aware of the challenges around supporting the boroughs Looked after Children. The health services for these children were provided by the Homerton but are now provided by the Whittington. AW replied that provision of services to Looked after Children was a vital issue and they were measured across a range of statutory indicators for this. Looked after Children must have annual health reviews. AW stated that managers were satisfied that there weren't any current risks in the system and in terms of current performance, progress needed to be made on a number of indicators. Performance was improving in the move to the Whittington service and it was providing an opportunity to take forward the work on ensuring a more joined up approach to supporting these children. Members asked if the monitoring approach was too much of a tick-box exercise and a more proactive approach to prevention would be preferable to support of these children and young people. AW agreed and stated that particular pressure points were in relation to sexual health services and mental health support. A Member asked

if in re-procuring these services thought had been given to bringing them in-house. AW replied that with health services in particular there was no value in the Council employing people directly.

RESOLVED: That the reports and discussion be noted.
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7 Vaccine preventable disease and 0-5 childhood immunisations

7.1 The Chair stated that the Commission had agreed at the start of the year to devote a whole meeting to this, which it had not been able to achieve but they had requested the following updates as there had been another recent increase in cases of measles (50 in the last four weeks across Hackney, Haringey and Newham) and rising concern about the issue. The Commission had last examined the issue in 2016 and concerns remained. They had agreed to focus here on 0-5 year immunisations as this was where the challenge was and there would be three elements to this item:

- a) Briefing from NHSE London who commission GP Practices to deliver vaccinations
- b) Briefing from City and Hackney GP Confederation who run a supplementary vaccination programme funded by the CCG
- c) Update from Integrated Commissioning on the issue as it is currently rated as a risk item in the CYP&M Workstream

7.2 Members gave consideration to papers from NHSEL and from the GP Confederation and the Chair welcomed for this item:

Dr Catherine Heffernan, Principal Advisor for Commissioning CHIS, Immunisations and Vaccination Services, NHS England London (**CH**)

Debbie Green, Commissioner, NHSE London (**DG**)

Rehana Ahmed, Immunisation Commissioning Manager, NHSEL (**RA**)

Dr Mary Clarke, Director of Workforce, City and Hackney GP Confederation (**MC**)

Laura Sharpe, Chief Executive, City & Hackney GP Confederation (**LS**)

Dr Simrit Degun, City and Hackney GP Confederation (**SD**)

Amy Wilkinson, Integrated Commissioning Workstream Director - Children, Young People and Maternity (**AW**)

Sarah Darcy, Children and Young People Strategic Lead, Integrated Commissioning CYP&M Workstream (**SD**)

Dr Rhiannon England, City and Hackney CCG (**RE**)

David Maher, Managing Director, City and Hackney CCG (**DM**)

Dr Penny Bevan, Director of Public Health, City and Hackney (**PB**)

7.3 CH took Members through NHSEL's paper. She stated that she was from Public Health England but was currently embedded in NHSEL. She added that it was regrettable that no PHE colleagues were present who could better answer on the current outbreak in north and east London. Hackney's performance was poor but one of the key challenges here was that while children within the reported figures appeared to be unvaccinated it would turn out that many actually had been and this was a recurring pattern. The main

- challenge to the record keeping was the mobility of the population. One of the key tasks was to simplify the reporting and information systems and they had reduced 19 different systems to 4. CCGs were now on just 3 data systems in London. One of the characteristics of the Hackney population was that children were being vaccinated later e.g. at aged 2. She detailed the wider pan London plans on increasing vaccination and the work being delivered by the London Immunisation Partnership.
- 7.4 DG stated that there was now a national initiative on revalidation of data and a national 'movers and removers' process was being added and by June 2019 the NHS would be in a much better place in relation to live data on immunisations.
- 7.5 LS explained that City & Hackney GP Confederation was an umbrella body to support general practice locally. Local GP performance was one of the top nationally in terms of clinical measures. The CCG had given the GP Confederation some non-recurrent funding to tackle the urgency of the situation on the low immunisation rates. She stated that local GPs knew full well that immunisation was the best evidence based intervention which could be made on children's health but driving uptake takes time and GP practices were hard pressed. Improving the overall level of uptake would always be a slow steady process. The Confederation produced monthly performance dashboards on immunisation uptake and it had gone from being almost all red to having significant amounts of green. The challenge was to get Practices to think of immunisations in the same way as they think about tackling hypertension and diabetes. As part of the specific project Mary Clarke had established a programme to add capacity and more weekend access. They would also use nurses who were engaged in wound dressing rotas to work on vaccinations. A key challenge was 'Call and Recall' systems. Each Practice has responsibility for phoning each patient to get them in for vaccinations. The system was reliant on vaccinations being done in core hours in General Practice. This was proving an inconsistent approach and when Practices were short of Receptionists, as was happening, it was proving difficult. NHSEL commissioned the Confederation to carry out a pilot project, which they decided to hold in North West Hackney, which was closest to the 95% 'herd immunity' target, to examine over 12 months what actions could be taken to have the greatest impact. Having access to live data on immunisations remained the "holy grail" of prevention work here, she added.
- 7.6 MC detailed that 5 extra clinics (evenings and weekends) which were being provided. Initial uptake had not been good but more work was underway with the communities in NW Hackney. They were aiming to move from 8 week checks to 6 week checks and were working with both health and maternity services and with the Ann Taylor and Lubavitch Children's Centres in particular.
- 7.7 Members asked why the pilot was running not in the worst performing area but in the second worst. LS explained that this was deliberate because to attempt to do it in the worst area would be difficult as the baseline would be too low to be an effective pilot study.
- 7.8 Members asked about the challenge for large families of ensuring every child was fully vaccinated. RE replied that this was a huge challenge in the North East. While there was some cultural opposition in ultra-orthodox families this

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- was not significant. Much work needed to be done on improving access. Recent measles outbreaks in Israel and New York were also a factor because of the links with the community in Stamford Hill.
- 7.9 Cllr Demirci (Cabinet Member) commented that a one-size-fits-all approach to commissioning across London was not helping Hackney with this situation and the Chair asked further if this could be commissioned at a CCG level.
- 7.10 CH replied that there were common issues across London and the UK so Hackney was not unique. Data was a key problem and they were finding data on 5 year olds who should have been vaccinated 3 years previously. It is now possible to see the update by Practice monthly. Immunisation was a huge endeavour and it was a partnership. There was a need to make it far easier for parents. Hackney was making great progress because of a keen partnership approach. DG described the development of an electronic version of the 'Red Book' whereby parents would get prompts from antenatal stage onwards. This was being piloted in Kingston.
- 7.11 Members expressed the concern that a digital solution such as this would be of no use to the Charedi community in Stamford Hill. LS stated that there were three large practices in the NE but they did not have the capacity to cope with the volume of vaccinations needed in that area, the community model therefore was not working in this context. With Public Health England, NHSE London, CCG and the GMS contracts all involved it was proving too complex. There was a need for a debate on whether every child, for example, should be immunised before nursery. She added that childhood Immunisations did not have the focus and attention at very senior levels that breast screening, for example, has.
- 7.12 A Member of CYP Scrutiny Commission asked what follow up was considered for babies who were being taken abroad on holidays. CH replied that it depended on the length of the holiday. Taking babies abroad before 2 months always posed a risk if there were not vaccinated. She added that the recent measles outbreaks were in young adults who should have been vaccinated but weren't because of the MMR scare during 1999-2000 and who had picked it up abroad.
- 7.13 A Member of CYP Scrutiny Commission asked about the use of Children's Centres. MC replied that immunisations were no longer offered but advice and guidance was. They were in discussions with Lubavitch and Ann Taylor about instigating them again and would be carrying out a pilot in Ann Taylor Centre in January. There were challenges for many e.g. Tyssen and Woodberry Down as the environment there was not appropriate for running immunisation sessions.
- 7.14 Members asked what the ideal community model for delivering immunisations would be. One Member commented that what was taking place constituted contract failure and the variations between Practices were unacceptable and asked why sanctions hadn't been put in place.
- 7.15 RE replied that she understood Members' frustrations about this situation. In the NE specifically Stamford Hill Practice was running 4 baby clinics a week but it wasn't enough as the baby population had exploded and they also had

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- inadequate space. There were a lot of mitigating circumstances but it would be unfair to characterise the GPs involved as not trying to tackle this problem. She stated that it was unfortunate that Health Visitors had been stopped from delivering vaccinations and up until recently many GPs had been dependent on that system. The Call and Recall system was inadequate and the under 5s population had exploded.
- 7.16 A resident asked about how Gateshead was performing as it had a similar Charedi population. She also asked how much the electronic screens in GP waiting rooms were being used to promote immunisation uptake.
- 7.17 LS replied that Cranwich Rd Practice for example had a video on immunisations on a loop in Reception. Some Practices such as Barton House were doing very well and it was vital to understand why. She would like to see Practices receive mini accreditation for best practice on childhood immunisations as a way to drive up performance. RE stated that ongoing sustained partnership working was required and no one player could tackle it alone.
- 7.18 The Chair asked for the latest on the recent outbreak.
- 7.19 AW stated that the situation was fluid but as of the meeting there had been 50 new cases across Hackney, Newham and Haringey. 35 cases in Hackney and 6 unconfirmed. NHSE was providing additional funding to tackle a local outbreak response to meet the sharp increase in the demand for vaccines from the community. NHSEL and PHE had also called for bids on a call-recall pilot. Locally the GP Confederation was leading on an excellent response. One of the challenges was that Haringey did not have a GP Confederation which could mobilise GPs in the same way as in Hackney but City and Hackney CCG had now offered to put a response in place for them.
- 7.20 The Chair asked if someone at NHSEL was on top of the Haringey situation and added that the lesson to be learned from the Francis Report was that when 4 or 5 organisations were holding the ring there was a greater chance of things going wrong.
- 7.21 CH replied that they were and the health protection teams had been notified of the situation in Haringey. She added that the recent incident was a contained outbreak and there had been a similar one recently in SE London. The outbreak was predominantly related to an older group returning from abroad. PHE would be focused on containing the spread and there would be mobilisation in schools etc.
- 7.22 MC stated that prior to the recent outbreak the uptake had been 21% in the NE it was now 94% and 316 children had been immunised up to Oct 22. 6 clinics were running that week in addition to some immunisations at home. 261 additional appointments had been added over and above what they had planned and they had opened up a third clinic in Stamford Hill on Sunday. They also had an immunisation phone line open 7 days 9.00am-6.00pm.
- 7.23 Members asked whether funding for immunisations could be delegated to the CCG. CH replied that it could not legally be delegated. DM added that the health community ignored at its peril the need to consolidate the commissioning

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arrangements for immunisations. He added that a contained outbreak would not be contained for long and there was a greater need for co-commissioning.

- 7.24 Dr Miriam Beeks, a local GP, asked what NHSEL would do about children not registered with GPs considering that half of London was born abroad. RE replied that when immunisation was offered it was offered to all.
- 7.25 The Chair asked for clarification on whether it was a “contained outbreak” of measles. AW replied that Public Health England had informed Public Health in the Council that it was an outbreak. CH took issue with this stating that NHSEL had not been informed of this by Public Health England. AW added that NHSEL had undertaken to pay the top-up tariff.
- 9.26 The Chair thanked all the officers for their papers and their attendance and that the Commission would keep a watching eye on this.

RESOLVED: That the reports and discussion be noted.
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8 Implementing the Overseas Visitors Charging Regulations

- 8.1 The Chair stated that this issue was first raised with the Commission over the summer as part of local concerns about the government’s broader ‘hostile environment’ approach to illegal migrants. He had written to Homerton University Hospital (HUHFT) for a response and the reply was included in the agenda papers. It was raised again by Members at the September meeting and he therefore invited Tracey Fletcher (Chief Executive, HUHFT) to attend to answer questions on the Trust’s approach.
- 8.2 The Chair noted that also present for this item were:
- Dr Miriam Beeks (a local GP, active in Hackney Migrant Centre) **(MB)**
Rayah Feldman (Chair, Hackney Migrant Centre) **(RF)**
Daf Viney (Centre Manager, Hackney Migrant Centre) **(DV)**
- 8.3 Members’ gave consideration to the briefing from the Chief Nurse to the Chair, which had outlined the process at the Homerton in relation to charging Overseas Visitors who are not entitled to free NHS services, and to a subsequent presentation titled ‘Overseas Patients’ which the Director of Finance had recently given to HUHFT’s Council of Governors.
- 8.4 Tracey Fletcher **(TF)** stated that HUHFT, like all NHS Trusts, had obligations to comply with the government’s regulations on charging overseas visitors once it was established they were not eligible to free NHS services. The initial ‘pre-attendance questionnaires’ which had been used had caused concerns and so had been withdrawn in favour of a process which is now used at ‘check in’ at the hospital where they are required to establish a patient’s eligibility for free

treatment. The Trust was required to provide the Home Office with information on overseas patients who have outstanding debts with the NHS. The Trust also provided information to the CCG on overseas patients who are being treated as part of the UK's reciprocal health agreements with fellow EU countries.

- 8.5 In response to a question from the Chair, TF confirmed that the Trust was obliged to share data with the Home Office in the case of outstanding debts but not otherwise.
- 8.6 MB asked whether HUHFT would be prepared to agree with other Trusts to refuse to make these charges. The initial letters were issued widely and according to how patients replied to them some were charged. These charges were mostly being levied on people who were destitute and vulnerable. She stated that a recent Evening Standard Freedom of Information request had revealed that of 9000 people sent invoices only 0.5% turned out to be chargeable and nationally only 0.3% of these NHS charges were actually recoupable. In her view this charging was not about increasing income opportunities it was about deterring the most vulnerable patients, including pregnant women and many with PTSD. They would lead to more costs in the longer term because people in this situation were being deterred from seeking medical help and thus would become more ill. She highlighted the recent case of a TB patient who had a form of the illness which was difficult to diagnose. The Chair commented that the use of the words "income opportunities" in the Homerton's paper had come from NHSI and not from HUHFT itself. She continued that Tower Hamlets CCG was encouraging Barts Health NHS Trust to stop charging. Overall this policy was potentially disastrous in relation to immunisations, infectious diseases and supporting pregnant women, she added.
- 8.7 TF replied that it was DoH who had characterised this as "income opportunity" and Dr Beeks' sentiments were widely shared among members of the Council of Governors. She added that she would be interested to hear the views of Alwyn Williams (Chief Executive, Barts Health NHS Trust) and Dr Sir Sam Everington (Chair, Tower Hamlets CCG) and would meet them to discuss how these issues might be resolved. NHS Trusts had been set quite clear guidance on this by DoH but she acknowledged the point about the difference between what was chargeable and what could be recouped. A Member added that the local NHS Trusts needed to challenge this on the basis of how much time was spent on invoicing and trying to recoup this money.

ACTION:	Chief Executive of HUHFT to meet with Chief Executive of Barts Health Trust and the Chair of Tower Hamlets CCG to explore a common approach to implementing these regulations for charging overseas visitors and to report back to the Commission.
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- 8.9 DV gave a number of examples of recent cases including a woman who had been sent a bill for £96k for a liver transplant, a bill for £86k to a cancer patient who was street homeless and a bill for £14k sent to someone for treatment they had not yet received. He asked if TF could guarantee that these charges, which were ludicrous in his view, would not be applied. RF asked further if

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HUHFT could examine the degree of deterrence and what the health impacts were. TF replied that it would be very difficult for the Trust to examine the second element i.e. how, once patients had been charged and dropped out of the system, what had become of them.

- 8.10 The Chair suggested a meeting with Hackney Migrant Centre to draft a submission from the Commission to DoH on the local impacts and Members agreed.

ACTION:	The Commission to meet with Hackney Migrant Centre to draft a letter/submission to DoH detailing the negative impacts of the Overseas Visitors Charging Regulations locally.
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RESOLVED:	That the report and discussion be noted.
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9 Health in Hackney Scrutiny Commission- 2018/19 Work Programme

- 9.1 Members noted the updated Work Programme for the Commission.

RESOLVED:	That the updated work programme be noted.
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10 Any Other Business

- 10.1 There was none.

Duration of the meeting: 7.00 - 9.00 pm