

Health in Hackney Scrutiny Commission

Hackney Council
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28 February 2019

The Rt. Hon. Matthew Hancock MP
Secretary of State
Department of Health and Social Care
39 Victoria St
London SW1H 0EU

By email to matt.hancock.mp@parliament.uk

Dear Secretary of State

Impact of Overseas Visitor Charging Regulations for NHS services on vulnerable migrants

I am Chair of Hackney Council's Health Scrutiny Committee and following representations from residents, GPs and local third sector organisations about the use of Pre Attendance Forms for overseas visitors at our local acute trust, Homerton University Hospital (HUHFT), we recently held a meeting on the issue, where we heard major concerns, which I would now like to share with you.

We understand that the Pre-Attendance forms used at the Homerton have since been withdrawn but that all Trusts are still required to pursue all those who don't qualify for free NHS services and more importantly to report non-payment to the Home Office or UK Border Agency.

The issue here is that we've learned from the local Hackney Migrant Centre and others that the bulk of those being pursued are destitute and so are in no position to pay these very significant charges. Many have 'No Recourse to Public Funds', although if they have children the Council still has statutory responsibilities to them, and some of course are homeless. The Council may also have responsibilities to some of these adults under The Care Act.

We heard from Hackney Migrant Centre about cases such as:

- A woman sent a bill for £96k for a liver transplant
- A bill for £86k sent to a cancer patient who was street homeless
- A bill for £14k sent for a treatment not yet delivered

The key issue is the degree of deterrence and what the health impacts are. Often, when patients disappear from the system, their health subsequently deteriorates to the point where they are then admitted by emergency services.

Although maternity cases and cases involving infectious diseases (such as TB) are excluded from charging, most of these people do not understand this fact and are fearful of coming into contact with officialdom. Maternity care is classed as 'immediately necessary' care and therefore cannot be delayed for any reason, including any reason related to charging, however, it is still chargeable and the patients are billed after the event, with charges typically starting at around £4000.

The implications of this for their personal health not to mention wider public health are obvious. In the case of one homeless patient we heard about, it was only when he subsequently contracted TB that he was effectively saved by the system.

Our questions to you are:

- 1.) Are you auditing how much Acute Trusts are paying to administer these overseas visitor charges and whether the income being generated from them is covering the cost of administering the system? The Homerton (our local hospital) now has a whole team engaged in pursuing these charges.
- 2.) Are you requiring Acute Trusts to monitor and report on the deterrent effect these charges have? Are they required to report on the numbers of 'no shows' for follow-up appointments? We learned that patients are fearful that any debt they might accrue with the NHS, of whatever size, would mean that any future applications by them for Leave to Remain would be automatically refused.
- 3.) Is it correct that you will not pursue a patient once they agree a Repayment Plan and therefore their case would then not be reported to the Home Office? Are you therefore issuing guidance to Acute Trusts on how they can make better use their discretion to waive these charges when collection would be unlikely? We learned of one destitute person with a debt of £96k agreeing to repay £5 per week. This would take 400 years to repay.
- 4.) We also understand that the current guidance states that "writing off the debt for accounting purposes does not waive nor extinguish it" and therefore the data on those whose debts have been written off are not necessarily protected from being reported to the Home Office. Would it not be reasonable to consider rescinding this punitive regulation?

- 5.) Are you reminding Acute Trusts that they already have responsibilities in terms of need to treat vulnerable patients (e.g. homeless and destitute) with sensitivity and that guidance on this already exists but is obviously not being adhered to in many cases?
- 6.) We also have concerns about the complaints mechanism and the mechanisms for patients to challenge charging decisions. Third sector organisation who work with these patients tell us these systems are inadequate and we would ask that this be looked at because so many of the cases here are or become complex?

We look forward to hearing from you.

Yours sincerely



Councillor Ben Hayhurst
Chair of Health in Hackney Scrutiny Commission

cc Diane Abbott MP, Member of Parliament for Hackney North and Stoke Newington
Meg Hillier MP, Member of Parliament for Hackney South and Shoreditch
Mayor Philip Glanville, Mayor of Hackney
Cllr Feryal Demirci, Deputy Mayor and Cabinet Member for Health, Social Care, Transport & Parks
Tim Shields, Chief Executive, Hackney Council
Anne Canning, Group Director CACH, Hackney Council
David Maher, Managing Director, NHS City and Hackney CCG
Tracey Fletcher, Chief Executive, Homerton University Hospital NHS Foundation Trust
Alwyn Williams, Chief Executive, Barts Health NHS Trust
Rayah Feldman, Chair, Hackney Migrant Centre
Health in Hackney Scrutiny Commission Members