Lewisham and Greenwich NHS Trust

Oversight Panel: Patient Charging

Report to the Trust Board of the Panel's work from January 2020 to June 2021
The review of the Trust's arrangements for charging those patients not eligible for free NHS treatment and care

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Patients who are not eligible for free NHS care are charged under national legislation. In 2019, following local and national criticism of the Trust's approach to charging patients, the Trust established the Panel to find the best way to implement national policies whilst fulfilling the Trust's values of compassion and respect for all its patients. The Panel was established with an aim to support the Trust to make sure that all patients needing treatment and who are not eligible for free NHS services feel able to approach the Trust to provide their care.

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1) Panel Chair's summary and timeline of events: 2013 to June 2021

a. Putting patients at the heart of the NHS is an often-stated aim of national government and local NHS organisations. All NHS trusts have a legal duty to identify patients who are not eligible for free NHS care and to charge them for that care. At the same time, clinical and non-clinical staff aim to make sure that patients who attend their Trust – or who need to attend for care – can access care and treatment. A tension exists between the legal requirement to charge non eligible patients whilst keeping their health care needs at the centre of the caring relationship. That tension can and does affect patients, clinical staff, and members of the Overseas Visitors Teams. However, all clinical staff have a professional duty to place the best interests of their patients first and foremost. These potentially conflicting obligations can place staff in moral dilemmas if handled inappropriately. It is the responsibility of every NHS Trust to live within legal and financial regulations while recognising the professional responsibilities of their staff. Similarly, the panel recognised its duty to have both these positions clearly understood in all its work.

b. Access to free NHS care is based on being ordinarily resident and with the legal right to remain in the UK. Immigration law states that a person must be lawfully settled in the UK and have Indefinite Leave to Remain (ILR) to be 'ordinarily resident'. 'Ordinarily resident' is different from other terms denoting residence in a place such as 'permanent residence', 'usual residence' or 'habitual residence'. A British citizen living abroad, although they have Right of Abode and will always be lawfully in the UK, also has to be settled in the UK, which can sometimes be an issue when they find they are not entitled to free NHS care. Some groups who are not ordinarily resident will receive free NHS care, such as asylum seekers and illegal residents who have been trafficked. This definition means that person whose legal status is unclear or may be under review, is called an 'overseas visitor', whether they have been in the UK for a few hours or for many years. This legal definition can cause surprise and confusion at times, creating tension between the patient and the NHS Trust concerned

c. Following concerns reported within the local and national media in the autumn of 2019 (Health Service Journal, The Guardian and The South London Press), Lewisham and Greenwich NHS Trust ('the Trust') agreed to review the way it had implemented national policy on charging at its two hospitals: Lewisham University Hospital and Queen Elizabeth Hospital. It established the panel to consider the issue further and to make recommendations for improvement.

d. As the independent panel chair, I was determined that the panel reflected the wide range of views on charging: medical, midwifery, and nursing staff; Board level and senior management; the national lead for this topic; the three local authorities whose residents mainly receive care from the Trust; the statutory Healthwatch organisations representing patient experience; external organisations opposed to any charging; and an internationally recognised leading clinician to make sure that as a non-clinical chair, I did not miss any clinical aspects. Every one of these people, whether from the Trust or an external organisation, has contributed candidly and constructively to the panel's work. I thank them all for their commitment, well thought out ideas, reflective comments, and their support to me.

e. I greatly appreciate that the Trust has been open to all my suggestions as to the panel's membership and its role. The work has been testing for all. The issue of charging raises strong views. For some, national policy is justified for the NHS to charge non-eligible patients, while for others it offends their clinical, professional, or ethical motivation. The panel has held up a mirror to the way national policy is implemented at local level by the Trust. Such a process is not comfortable for any organisation. However, the positive approach of the Trust to the panel has meant that already improvements are being made to processes, information to patients and training.

f. I would also like to thank especially Lisa Bunting and Karen Smith, whose help, often under the pressure of short deadlines, made sure that elegantly produced agendas and papers have always been available for the panel, and that managing large meetings using digital platforms, was both smooth and enabled all panel members to be fully involved in the work.

g. The Trust commands widespread local support. The charging controversy in 2019 adversely affected the relationship with parts of the community and local organisations. I hope sincerely that the panel's work will mean that no no-one is scared to walk through the doors of the two hospitals and that every patient and their family can approach with confidence. If this work has been successful, the Trust will be better able to demonstrate how it is able to fulfil its legal obligations while caring for all its patients with compassion and respect and to have a basis for strengthened engagement with those communities most affected by charging;

the wider population; local advocacy and voluntary associations; and the three local authorities of London Borough of Bexley, Royal Borough of Greenwich, and London Borough of Lewisham.

h. The main section of this report is written by the Trust to reflect the work of the panel, why it was established, how it was conducted, and the Trust's response to it. The recommendations are from the panel and for the Trust Board to consider. This report does not end the work of the Trust. It provides a platform for further development of its approach to charging non-eligible patients and to become an example of best practice in this controversial area of its work which is so vital for patients and the populations of Bexley, Greenwich, and Lewisham. Whilst there is still work to be done, I wish this outward facing local NHS organisation well for the future.

i. Care and treatment of patients is central to all that the Trust does. Making sure that patients experience this focus requires constant attention, not only what is happening today and, in the future, but also reflecting on past activity where the Trust identifies areas where it can strengthen and improve its services. Criticism in 2019 of how the Trust implemented national legislation to charge patients not entitled to free NHS care, led to setting up a panel to review is policy and procedures. The intention was to find a way that enabled the Trust to fulfil its legal obligations while treating all its patients, with compassion and respect and amending any previous approaches that thwarted that intention.

j. The three-part timeline below captures the background, context, initial concerns, subsequent criticism, and the Trust's open and active response. Having established the panel, the Trust has remained open throughout to the panels' suggestions in the way that it was run, including wide representation of diverse viewpoints and organisations.

i) Timeline (contract with Experian) to 31 December 2019 (establishment of panel)

- 2013: The Trust agrees a contract with Experian, to assess whether any patients might not be eligible for free NHS care and as a result potentially subject to charging
- April 2018: Save Lewisham Hospital Campaign (SLHC) met with the Trust's Chief Executive Officer at regular meeting
- 11 December 2018: Save Lewisham Hospital Campaign (SLHC) received Freedom of Information (FOI) reply from the Trust about maternity services.
- 05 April 2019: SLHC met with LGT's CEO at a regular meeting and raised issue of charging undocumented patients for NHS care and maternity details from media coverage and FOI replies
- April 2019 Senior midwife's survey of maternity patients charged for care and potential impact on their access to services and their outcomes, was presented to the Trust Management Executive Group (TMEG)
- 13 May 2019: Meeting between SLHC, the Director of Midwifery, Senior Midwife, Overseas Visitors Team Manager, and the then Deputy Finance Officer (DFO) to discuss maternity services, during which the contract with Experian was explained by the DFO.
- 16 June and July 2019: SLHC wrote to the Trust with a wide range of questions about its concerns about the Experian contract to the Trust's Chief Executive this document became known as 'The Q&A'.
- 26 July 2019: Trust CEO wrote to SLHC with answers to SLHC questions, some in full and others in part
- August 2019: SLHC produced an updated list of questions to the Trust covering the Experian contract and wider issues of charging patients not eligible for free NHS care
- September 2019: Press coverage (Health Service Journal, The Guardian and local press) was primarily about data governance and issues and NHS Improvement extending the Experian pilot at LGT to eight other trusts.
- September 2019: Media coverage (The Guardian and HSJ) of NHS Improvement's approach to eight NHS Trusts to consider a contract with Experian based on the partnership between the Trust and Experian
- 30 September 2019: Trust CEO decides to establish panel with an independent chair to review Trust's contract with Experian and explore the wider approach to implementation of national policy in relation to charging patients, and that it would answer outstanding questions raised by SLHC.
- Autumn 2019: Despite widespread public support for the Trust, concerns arise about damage to its reputation in sections of the community following criticism from Lewisham Council, local

organisations, and media about the Trust's approach, including heavy use of debt collecting agencies in comparison with other trusts

- October 2019: Trust recognises data protection issues and refers itself to the Information Commissioner's Office for possible breach of General Data Protection Regulation (GDPR) under the Data Protection Act 2018
- October 2019: Trust suspends and then ceases contract with Experian
- November 2019: Membership of Oversight Panel: Overseas Charging agreed with an independent chair
- November 2019: Trust commissions KPMG consultancy to review its adherence to national requirements in its approach to charging and use of patient information
- November and December 2019: Panel members briefed, and first meeting arranged for 27 January 2020

ii) Timeline from 1st Panel meeting 27 January 2020 to 31 December 2020, including relaunch of panel 25 November 2020

- January 2020: KPMG reports that generally the Trust's approach to the technicalities of charging non-eligible patients is robust, reaching an assurance conclusion of 'significant assurance with minor improvement opportunities. In particular, these opportunities related to how information was used. This report was received but not discussed by the Panel.
- 15 January 2020: Lewisham Council's Healthier Communities Select Committee (the Council's Overview and Scrutiny Committee) critical of the Trust's approach to charging but acknowledges establishment of the panel as a positive development
- 27 January 2020: First panel meeting that received the KPMG report and also discussed wider areas of concern and professional tensions; it agrees a work plan to be completed with a report and recommendations to the Trust Board by July 2020: enthusiasm for the project is evident and momentum achieved
- 23 March 2020: COVID-19 First of three national lockdowns in place and panel's work put on hold
- April - October 2020: Work continued but impacted by national lockdowns
- 30 July 2020: Following a referral by the Information Commissioner's Office in 2019, the National Data Guardian (NDG) for Health and Social Care Annual Report 2019 - 2020 criticises the use of Experian as part of a potential NHS Improvement pilot of eight NHS Trusts and separately, criticises LGT, the NDG noted that the national pilot and LGT had by then all ceased the work with Experian. A copy of the wording in this report is provided at Appendix 8 to this report.
- 25 November 2020: Relaunch of the panel at its second meeting.

iii) Timeline: From 01 January 2021 (3rd national lockdown) to report to Trust Board 29 June 2021

- January 2021: Panel's work was again put on hold during the third national lockdown but Staff Workshop and Patient Listening interviews planned, information gathering continued, and potential recommendations identified from all the work already covered by the panel
- 25 February 2021: Despite the great COVID-19 pressure on the Trust, it restarted the panel's work - by MS Teams - with the intention of completing it by end of May 2021
- March to June 2021 (inclusive) the panel met monthly - by MS Teams - drawing together already gathered information, and further evidence and testimony collected from patients, staff, other Trusts, the three local authorities and Healthwatch organisations in Bexley, Greenwich and Lewisham, community associations, and local, regional (London) and national advocacy and charities, and the wide experience of all the Panel members
- 20 May 2021: Panel saw the first draft of report combining Trust authorship and the panel's recommendations; panel' work extended to the end of June 2021
- 29 June 2021: Report goes to Part 1 (public part) of the Trust Board.

Peter Gluckman
Independent Chair
Oversight Panel: Overseas Charging
June 2021

Lewisham and Greenwich NHS Trust

Oversight Panel: Patient Charging

Part 2 Report to the Trust Board of the panel's work from January 2020 to June 2021
Review of the Trust's arrangements for charging those patients not eligible for free NHS treatment

1) Overview of this report

1.1 Following concerns raised regarding its approach to charging patients not eligible for free NHS care, the Trust established an 'Oversight Panel: Patient Charging' in January 2020 with a wide membership - reflecting the diverse perspectives on issues of patient charging held by stakeholders, and an independent chair. The overriding purpose of this panel was to consider how the Trust's arrangements could be enhanced and developed and, where necessary, changed, to be more compassionate whilst remaining within the legal and financial framework.

1.2 Over the course of the past eighteen months the Panel has received independent assurances that the Trust's application of the current framework for patient charging is in line with legislative guidance. However, the Panel's work has also highlighted to management a number of instances where the Trust's past approach to implementation of its legal duties to charge patients has not been delivered in the most empathetic or compassionate way. As is demonstrated by some of the case studies shown at Appendix 7 to this report, the Trust's approach may have resulted in patients feeling uncomfortable, scared or unable to seek timely treatment and/or choosing to go to other hospitals for their care.

1.3 **The Trust sincerely regrets, and apologises for, any instances where patients were not treated with compassion, or in a manner consistent with the values of Trust.**

1.4 The panel has made recommendations grouped around key themes as identified in section five of this report. In a number of cases recommendations have been implemented during the course of the panel's work, but where actions remain outstanding the Trust will ensure their delivery within the timescales confirmed.

1.5 The Trust recognises that the ethical, financial and clinical tensions identified during the panel's work (for patients, Trust staff and clinicians), and which arise from the current legislative approach to charging, are unlikely to be fully resolved without radical redesign of the current patient charging framework. However, the Trust is committed to developing the work of the panel, driving improvements in its interaction with those patients not eligible for free NHS services, and building on the foundations established by the panel for strengthened relationships with patients, community groups, Local Authorities and advocacy and community organisations.

1.6 Over the past year, the Covid pandemic has brought issues of health inequalities into sharp focus and to the forefront of the national healthcare agendas. Addressing heath inequalities for groups of patients that are unable to access free NHS services, a disproportionate percentage of whom will also be from minority ethnic and economically disadvantaged backgrounds, would likely provide an effective way to address some of the wider health inequalities that have been escalated by the COVID pandemic. As addressing health inequalities is given greater priority and focus, the Trust is committed to sharing the learning and leading practice arising from the Panel's work at both a local and national level.

2) Background to the Panel's work

2.1 In September 2019 the Trust received a query from the Health Service Journal (HSJ) requesting information on a contract between the Trust and credit reference agency Experian for the provision of checks on all Trust patients who are booked for non-emergency treatment. The Trust confirmed that it had an agreement in place with Experian for several years, for the provision of information regarding the footprint of individuals in the UK, by running checks on data to confirm residency. This arrangement was known to, and supported by, NHS Improvement. Upon review of its approach the Trust sought specialist guidance from KPMG in October 2019, and this confirmed that the Trust's Privacy Notice and disclosures on its website had been insufficient to demonstrate full compliance with the Data Protection Act (DPA) 2018. Following this, further support was requested from KPMG (as the Trust's Internal audit provider) to improve and confirm appropriateness of the Trust's Privacy Notice, and to review and improve the process for the set-up of future data sharing agreements.

2.2 The publicity surrounding Experian had brought into focus existing concerns previously raised by staff groups (in particular maternity staff) in April 2019 and the Save Lewisham Hospital Campaign group in spring 2019 regarding the Trust's implementation of statutory requirements that related to charging patients not eligible for NHS services. Throughout the autumn of 2019, these concerns were further amplified by local campaign groups, Public criticism voiced at Lewisham Healthier Communities Select Committee, and concerns voiced within both local and national media. The concerns raised were often supported by financial data confirming amounts invoiced by the Trust to those patients not eligible for free NHS treatment, and the presentation of several case studies which demonstrated the experience of patients who had felt scared, and consequently unable, to seek treatment at the Trust.

2.3 Given the nature of the claims being made the Trust accepted the need to immediately suspend the contract in place with Experian and review its processes for patient charging to confirm that these processes were in line with national policy. Following an independent audit of processes, the Trust received assurance that the design and operation of its processes was appropriate and compliant with the relevant legal and DH guidance. However, given the lack of evidence to demonstrate the benefit of the arrangement in place with Experian the Trust then formally terminated the suspended contract with Experian. The Trust also referred itself (October 2019) to the Information Commissioner's Office (ICO), to review whether there had been any breaches of GDPR. The ICO made an onward referral to the National Data Guardian for Health and Social Care that also referred to a potential similar national pilot for eight other Trusts. Neither the ICO nor NDG have commented specifically to LGT. However, the NDG's annual report (July 2020), criticised the sharing of patient data in the way that had taken place before the Trust's contract with Experian was ended (October 2019) and noted that the national pilot had not gone ahead given the concerns raised about GDPR.

2.4 Given the wide range of public concerns that had emerged in relation to a lack of compassion and empathy shown by some Trust staff in their interactions with overseas patients, the Trust identified the need to seek advice and guidance on how changes could be made to the Trust's approach to overseas patient charging. The Trust's ambition was to ensure that the approach of Trust staff in communicating with those patients not eligible for free NHS services was as empathetic, compassionate and supportive to patients as possible, whilst ensuring national policy requirements for patient charging continued to be met.

2.5 The Oversight Panel: Patient Charging was established in January 2020 with a wide membership - reflecting the diverse perspectives on issues of patient charging held by stakeholders, and an independent chair. The overriding purpose of this panel was to consider how the Trust's arrangements could be enhanced and developed and, where necessary, changed.

2.6 The panel's terms of reference are attached at Appendix 1.

3) Approach of the Panel

3.1 The panel with its wide-ranging membership, was assembled with an intention to make recommendations to the Trust Board that enabled it to:

- Achieve national best practice in this area of work and identify what is 'good';
- Learn from the Trust's own experience and the experience of other trusts;
- Allow, through an open, candid and inclusive process, the hearing a wide range of perspectives and views on patient charging arrangements; and
- Fulfil obligations and the Trust's intention to develop arrangements for patient charging that are effective, compassionate, have duty of care to patients and staff at their centre and have processes which are clear for patients and the wider community.

3.2 Over the past 18 months, the work of the panel has been inevitably disrupted by the COVID-19 pandemic. Despite this reality, the panel has been able to meet on seven occasions and has enabled a series of fruitful discussions between stakeholders to inform the development of the Trust's overall approach to patient charging. Since January 2020 the Trust has delivered the greater part of its agreed workplan.

3.3 This workplan (the latest version is provided at Appendix 2), was developed as a framework for the Oversight panel to ensure robust, thorough and timely consideration of its approach on the topic of patient charging, and to clearly define the scope, remit and boundaries of the Oversight panel's work. Initially it was anticipated that the work of the panel would have been completed over 6-12 months during 2020, however the outbreak of the COVID-19 pandemic necessitated an extension to this timeframe. The final meeting of the Trust's Oversight Panel: Patient Charging took place on 21 June 2021, although it is likely that stakeholders on the panel will remain linked through informal networking arrangements following this date. As a result of the work performed, as set out in the agreed workplan, the panel has ensured a clear forum for the Trust to discuss and develop its

approach to overseas charging in line with best practice for both patients and staff. Over the past 18 months the panel has:

3.3.1 ***Engaged with trusts nationally to understand their approach to patient charging and to consider how the Trust's approach to patient charging could be enhanced.*** As a result of these conversations the Trust has made several enhancements to its processes recognising the sensitivity and vulnerability of certain patient groups. To facilitate the development of the Trust's approach the overseas charging team has undertaken in-house training and awareness sessions focusing on recognising when someone is destitute or suffering from domestic abuse or sexual abuse. The team are now equipped with a range of skills and techniques that enable them to be sensitive to the challenges of patients who may be considered vulnerable, and there is greater recognition of circumstances when it may be inappropriate to pursue charging arrangements. The training developed over the past 18 months is now reflected in internal training documentation, procedures guidance and forms part of the overseas patient charging team's quarterly refresher training. Training is also currently being prepared for clinical teams to ensure a consistent patient experience. A positive and welcome development is the engagement of a patient advocacy organisation in training, an approach that will be built on and strengthened over the coming months.

3.3.2 ***Ensured the Trust has considered its processes for patient charging through an equality's lens.*** All patients are now asked the same baseline questions to avoid profiling and or other forms of discrimination.

3.3.3 ***Made recommendations to the Trust, through panel representation about specific services, as to how the Trust could develop its approach to ensure compliance with its duties under equalities legislation and support the London Borough of Lewisham to achieve its objectives as a 'Sanctuary Borough'.*** To achieve this aim, panel members have engaged with a wide variety of patients, staff and stakeholders to understand their views and concerns relation to patient charging. During this work, the panel has collated case study examples of the experience of several patients not eligible for free NHS care at LGT in order that their perspective on their treatment could be understood by the Trust to inform its future approach. The variety of feedback received has been used to develop a friendlier, more welcoming, and consistent approach to communicating with patients not eligible for free NHS care with a view to improving the patients' understanding of the overseas policy, exemptions but crucially encouraging them to receive treatment regardless of their residency status. As a result of this aspect of the review:

3.3.3.1 All original non eligible patient charging related processes were reviewed step by step. Updates to processes were made in line with the latest DHSC guidance, as well as feedback from the variety of stakeholders. Flow charts and complete desk procedures confirming the revisions to the Trust's approach have been created to establish best practice and to support training.

3.3.3.2 As noted above, the overseas visitors team received in-house training on all overseas processes – and are no longer reliant on a single subject matter expert. This will ensure a more consistent experience for the patient and reduces the risk of patients being incorrectly charged. Following particular discussions with the patient advocacy organisation 'Maternity Action' in the course of this review, bespoke training sessions have been arranged with the Overseas Team to ensure that communication with pregnant women is welcoming and encourages them to continue to receive treatment regardless of their chargeable status. Following the first training session, the material will be presented by Maternity Action to matrons, all midwife teams, and clinicians.

3.3.3.3 A full review and audit were conducted to consider Legal Recoveries and Collection ('LRC') cases to ensure patients were only being pursued for payment in appropriate circumstances. The Trust now has two in-house leads who monitor LRC cases. All cases are reviewed monthly to ensure they are following procedures and sensitivity guidelines. The Trust's agreement with LRC has been updated to ensure appropriate clearance is provided by the Trust in advance of any direct instances of patient contact, and LRC will not now send bailiffs out to patients without explicit Trust approval. The overseas visitor team has a weekly meeting with the Trust Head of Working Capital to approve or reject any LRC request, and this explicitly considers whether the Trust has established whether a patient is destitute. Following discussions with Barts Health NHS Trust, the Trust is considering increasing its own in-house debt collection team in order to reduce the reliance on external debt collectors. Barts Health have confirmed that they have identified this approach has enabled improved patient experience (as the in-house team is trained to communicate more sensitively and empathetically). Arrangements

are in place to routinely review all cases for which charges are made as well as the overall levels of income recovered and written off by the Trust. A schedule demonstrating this is provided at Appendix 3.

3.3.3.4 Trust communications - -including letters, leaflets and posters have being updated to be more informative and welcoming to those patients not eligible for NHS patient care. There is also increased promotion of, and signposting to, charities and patient support groups. Finally, all documentation is being made available in a wider number of languages reflecting local populations served by the Trust. The views of Patients and representative organisations have been actively sought by the Trust when updating outdated patient-facing literature.

3.3.3.5 To ensure a consistent understanding of the overseas visitor processes across the Trust, the Trust intranet site has been updated - with details on the overseas policies and is available for all staff to view. Work is also underway to develop the Trust's external website to help patients understand the Trust's overseas policy and direct them to appropriate patient treatment and support services.

3.3.4 ***Understood through the representation of the Senior Project Manager, Overseas Visitor Improvement Team NHSE/I on the panel developments and planned future changes in approach set nationally by the DH for charging patients not eligible for free NHS services*.** This has enabled the Trust to consider implications of planned changes (e.g. EU exit) at an early opportunity and has facilitated a direct dialogue between the campaign groups and stakeholders represented on the panel with the representative of NHSE/I who has attended panel meetings to allow the sharing of differing stakeholder views and perspectives in an open, honest and constructively challenging manner. These discussions between panel stakeholders have helped enable the Trust to engage in a productive dialogue with the concerns recently raised by the 'Save Lewisham Hospital Campaign' in relation to the adequacy of the Trust's arrangements for invoicing patients not eligible for free NHS care and the adequacy of the Trust's response to these.

3.3.5 ***Noted that the Trust had received assurances on the robustness of processes in place to recharge overseas patients in accordance with government policy from KPMG LLP (as the Trust's Internal auditors).*** The panel noted that the review performed by KPMG received an assurance rating of 'significant assurance with minor improvement observations' and provided assurance on the effectiveness of billing, debt collection arrangements at the Trust for those patients who are not entitled to free care. However, the scope of the KPMG report did not deal with wider issues around charging and which the Trust required the panel to address through its terms of reference (Appendix 1). Some members of the Panel raised the issue of whether the legal duties on the Trust in relation to charging could be justified and that national regulations raise ethical and moral dilemmas for many staff. The panel chair noted that it was a ministerial issue and advised that while it is legitimate for members of the panel as individuals or campaigning organisations to advocate changes in law, this was not something the panel would be doing. Meanwhile, the Trust needed to work with staff to address any distress and adverse reaction that might arise. It was agreed to note the discussion in the report to the Trust Board.

4) Closing conclusions

4.1 Throughout its work, the Panel has made recommendations to the Trust for Management consideration. These are detailed in the following section of this report and are grouped within the following key themes:

- General arrangements and processes;
- Patient experience and outcomes;
- The Trust's relationship with the wider community;
- Finance department and escalation of any blockages for rapid resolution;
- Consideration of destitution and review of cases;
- Communications; and
- Training.

4.2 With the report's focus on: strengthening links with local communities; taking full account of patients' experiences, access and outcomes; new processes and protocols in the Finance Department already underway and planned; understanding the impact of destitution on patients; internal and external communications; and better training for clinical and non-clinical staff, the Trust's believes it can demonstrate its values are rightly focused on delivering services in a way that supports all patients within the legislative framework within which it is required to operate. Despite this, the Trust is aware that however well it manages to implement national requirements on charging, there will always be controversy and tensions arising for individual patients, and clinical and nonclinical staff, including the Overseas Visitors Team, who must manage this tension. It is hoped

that full implementation of the recommendations in this report provide a much firmer basis on which to manage that reality.

4.3 The Trust has always been widely supported and valued by local people throughout the three boroughs. It has a long and proud history of serving those populations. Whilst the issue of charging arises for a minority of patients, it can have a material impact on those who are subject to these regulations. During the course of the past 18 months, the panel has received evidence of a number of occasions when the Trust's approach to individual patients that were not eligible for free NHS treatment, has not treated individuals with appropriate levels of compassion and respect and consequently has fallen short of the standards the Trust Board would aspire to achieve. This evidence has been presented in a variety of forms, including, but not limited to:

- A Q&A document to which all panel members can contributed which has been maintained from June 2019 onwards – see Appendix 6 for the questions raised
- The Panel Chair's meetings with advocacy organisations January to March 2020
- The Panel Chair's meetings with Cabinet members of L. B. Lewisham and senior officers of the three local authorities December 2019 to March 2020
- Discussions with three other NHS Trusts and FTs March 2020 and March 2021
- Patients' testimonials provided and interviews conducted between April and May 2021 – full reports are available, but examples capturing the experience pf patients are included at Appendix 7.
- The Staff Workshop held in May 2021 – a summary of the workshop is at Appendix 9, and a full report is available on request
- Experiences of the Panel members – throughout

4.4 Given the evidence received, the Trust recognises that the past implementation of its legal duty to charge patients not eligible for free NHS care may have led to some patients not feeling comfortable in seeking treatment, choosing to go to other hospitals for care, and in some cases may have delayed patients approaching the Trust for treatment. The Trust has revised processes to ensure a more rapid recognition of destitution (through development of training for clinicians and the overseas team) and resolution of appeals and complaints, with an escalation to the Trust's Chief Financial Officer. Through the work of the panel, the Trust has learned from the experience of individuals and is taking action to ensure its approach is as compassionate and empathetic as possible, as set out in Section five of this report.

4.5 As identified earlier in this report in section 1.3, the Trust would like to apologise for any instances where patients were not treated with compassion, or in a manner consistent with the values of Trust.

4.6 Through the work of the panel, the Trust has openly considered all aspects of its former approach to implementation of national policy and has learned from that work, including the experience of patients, staff, local associations, charities, and its statutory partners across the three boroughs. The Trust it is committed to ensuring the future experience of all patients not eligible for free NHS treatment is positive, all such patients are treated with respect and dignity, and all patients are provided with appropriate and helpful guidance in respect of their individual circumstances. The panel has made recommendations grouped across seven themes to management as identified in section five below. In many cases these recommendations have now been implemented, but where actions remain outstanding the Trust is committed to their implementation within the timescales confirmed.

4.7 The Trust is aware of, and welcomes, the considerable interest in this report beyond the Board: local patients and communities most affected by charging, the three local authorities, Healthwatch, advocacy and charitable organisations representing migrants, refugees and asylum seekers, other NHS organisations, and sections of the media. Alongside increasing focus on issues of health inequalities exacerbated by the COVID pandemic across national and local organisations, the Trust is committed to further build on the work of the panel to drive improvements in the Trust's interactions with those patients not eligible for free NHS services and to build on the foundations established by the panel for strengthened relationships with patients, community groups, Local Authorities and advocacy and community organisations. As part of its approach the Trust has agreed to share and promote the learning and leading practice arising from the Panel's work at both a local and national level.

4.8 Whilst, following delivery of the agreed work plan, formal meetings of the Overseas Panel for Patient Charging will now be stood down, the Trust is committed to continued improvements in its approach to patient charging. This will be delivered through delivery of agreed recommendations monitoring by a nominated Committee of the Board on an annual basis and continued engagement with panel stakeholders through more informal channels. Management is committed to ensuring the recent improvement to Trust processes enabled by the panel's focus can be sustained and further enhanced to reflect and promote leading practice.

4.9 Finally, the Trust is very appreciative of the efforts made by Panel members and, the endeavours of the Panel's Chair: Peter Gluckman, to sustain momentum and focus on patient charging arrangements throughout a global pandemic. It is hoped that the constructive dialogue during and between panel meetings and subsequent improvements made by the Trust as a result of the panel's work have delivered, and will continue to deliver, improved experience of the Trust's services for those patients not entitled to free NHS treatment in the future.

5) Panel Recommendations

5.1 As referenced above, the panel has made its recommendations to the Trust Board grouped within the following seven key themes:

- General arrangements and processes;
- Patient experience and outcomes;
- The Trust's relationship with the wider community;
- Finance department and escalation of any blockages for rapid resolution;
- Consideration of destitution and review of cases;
- Communications; and
- Training.

5.2 These recommendations, which impact a wide range of activities, policies, procedures and documents in clinical and non-clinical areas, should be viewed in the context of the following:

- The Trust is committed to improving processes. A number of the recommendations made by the Panel over the course of the past 18 months have now been fully implemented (Recommendations 15, 16, 17, 19, 21, 22, 34 and 35).
- The national regulations are complex and change over time – e.g. changes to UK immigration law and changes to UK charging guidance following EU exit.
- It is recognised that there is scope to improve local practice within the current legislative framework
- It is particularly important to understand patients' experiences
- LGT wishes to live according to its values and within the financial and legal framework and that it will keep up to date with changes in national guidance and their potential impact on vulnerable patients. Although there is widespread public support for the Trust, the panel intends that its recommendations help the Trust to repair any damage to its reputation among some patients, communities, and partner organisations
- This report will be fully available to the public as within published papers for the Trust's Public Board meeting in June 2021.

General recommendations

Recommendation	Management response and action
1. Equalities and Health Inequalities Impact Assessment (EHIA): The Board to consider whether and how an EHIA on patients and communities with protected characteristics, plus the two groups added by OHSEL (Our Healthier South East London) of carers and the economically and socially disadvantaged, would be needed for the new Trust charging policy and processes when they are finalised.	**Recommendation accepted:** The Trust routinely performs EIAs for all papers presented to the Trust Board and its Committees. A full EIA is completed for any Trust policy. This process has been in place for several years. The Trust will consider its approach to Health Inequality/ Patient Outcome assessments in line with relevant examples of leading NHS practice. By September 2021
2. The Trust to offer a presentation of this report at the three Health Overview and Scrutiny Committees of LB. Bexley, RB Greenwich, and LB Lewisham - or going to a joint HOSC if preferred by the boroughs concerned – with an offer of an annual update on progress if wanted by the boroughs.	**Recommendation accepted:** The Trust will provide a copy of the report to all key stakeholders. By 31st July 2021
3. The Trust Board to identify one of its committees to keep under review what has been completed by the Panel and its report to the Trust Board (29 June 2021), and what will be taken forward by the Trust from recommendations made to the Board. This will include KPI's wherever possible and relevant to enable progress to be monitored by the committee of the Trust Board.	**Recommendation accepted:** The Trust proposes to share an annual update to a Trust Board Committee including KPIs to monitor progress on each recommendation and would be willing to share that update with statutory and Third Sector partners and organisations. The Trust is also happy to receive suggestions from its partners as those KPIs they would consider helpful to see. Ongoing
4. The Trust to publish its new policy setting out its approach to charging patients to guide staff, patients, and advocacy organisations.	**Recommendation accepted:** National guidance will be shared on the trust website. By 31 July 2021

5. The Trust to set out its plans to communicate the findings of the panel's review and information about overseas charging internally, including the use of the CEO's weekly webinar.	**Recommendation accepted:** The findings of the review and information about overseas charging will be provided to staff through the updated training arrangements in place. By 31st July 2021
6. The Trust to consider how it communicates proactively the finding of the review to other NHS Trusts and FTs, NHS Providers, professional associations, and the Academy of Royal Medical Colleges e.g. by a covering letter from the Trust Chair or Chief Executive that draws attention to the recommendations in the report.	**Recommendation accepted:** This report will be available on the Trust's website as it is being presented to the Part One Board meeting in June 2021. By 26th June 2021. The report and its recommendations will be sent by the Trust to NHS Providers, and will be shared with local stakeholder organisations and other organisations agreed with the Independent Panel Chair.

Recommendations relating to patient experience and outcomes

Recommendation	Management response and action
7. Staff to be aware of the vulnerable situations that patients can be in when presenting at services and that contact with or referrals to local authority social services will be relevant for some patients.	**Recommendation accepted:** This is covered in the Overseas Visitors' Team and frontline staff training, using leaflets, training events and cascading information
8. The Trust to assess regularly how the way in which national policy is implemented impacts on the relationship between the Trust and its patients and how to make that relationship as positive and as compassionate as possible within the legal framework e.g. through complaints monitoring, surveys, Healthwatch and advocacy groups' experience, and monitoring media coverage. Particular attention should be given to women affected by charging who may be at higher risk of poor maternal health outcomes.	**Recommendation accepted:** The Trust is committed to reflect on and to learn from the recommendations made by the Panel and to implementing the charging policy in the most compassionate and empathetic way. Ongoing
9. The Trust to be aware through its embedded management processes, the Finance and Performance Committee oversight, and case studies from advocacy groups, that some women may delay or avoid maternity care and that its policies and processes minimise that position and that there may be consequent impact on midwives' ability to deliver high quality care.	**Noted** Risks that women may delay or avoid treatment will be recognised in training provided to staff. Ongoing

Recommendations relating to the Trust's relationship with the wider community

Recommendation	Management response and action
10. The Trust takes this report to and then constructively engages with the wider community, three local authorities and being aware that London Borough of Lewisham is a Borough of Sanctuary, three Healthwatch organisations, places of worship, certain schools and community, voluntary and advocacy organisations.	**Recommendation accepted:** As above in Recommendation 2, the Trust will provide a copy of this report to all panel members and will proactively share with key local stakeholder organisations. By 31st June 2021
11. The Trust identifies how it can be effectively networked on a partnership basis both beyond the Trust's walls with local information, advocacy and community organisations and inviting those bodies to the Trust and having a designated lead for this function. . This work can be dovetailed into the Trust's wider approach to and plans for public engagement.	**Recommendation accepted:** The Trust is committed to engaging constructively with community and advocacy organisations where this is possible. The Trust is also identifying ways in which it can direct patients to local information, advocacy, and community organisations in its patient communications. Ongoing
12. While welcoming the Trust's recognition of the potential for community and advocacy organisations to assist patients, the Trust to appreciate that the Third Sector is underfunded and cannot take on everyone who might need help and that the best way to help affected patients is for the Trust to use all its relevant resources to get it right first time. The Trust could also consider commissioning an advocacy partner to provide legal advice to affected patients.	**Noted** The Trust notes this observation and is committed to reflect on the recommendations made by the Panel and to implementing the charging policy in the most compassionate and empathetic way.

Finance department and escalation of any blockages for rapid resolution

Recommendation	Management response and action
13. The Trust to identify an escalation mechanism under the management of a senior finance officer to break deadlocks between the Trust and a patient or advocacy group and to whom the OVT can refer unresolved cases, and to publicise that mechanism through good communication with advocacy partners	**Recommendation already in place:** The point of escalation in the event of any unresolved or contested issues is the Trust's Chief Financial Officer.
14. The Trust to reduce decision making time to alleviate unnecessary stress and uncertainty so that delays are minimised in considering requests that NHS debt be written off or requests are made to apply the Regulation 9 violence exemptions.	**Recommendation implemented:** The Trust monitors all significant outstanding non-NHS patient debt through an established monthly process. The Trust is committed to ensuring that all queries are resolved on a timely basis.
15. The Trust to ensure it follows NHS charging guidance case of destitution or genuine lack of access to funds. Trust policy and procedures to notify destitute and undocumented women through posters, leaflets, briefed clinical staff and the OVT, that the NHS Trust can write off an outstanding debt and using its discretion, to avoid wherever possible referring to debt collection agencies and use of bailiffs.	**Recommendation implemented:** This recommendation is already in place as part of the vulnerable patients' policy developed during the panels work.
16. The new policy to include appropriate safeguarding links are in place when dealing with undocumented and destitute women.	**Recommendation implemented:** The Trust has mandatory safeguarding training in place for all staff and enhanced training for front line staff coming into contact with patients (including both clinical and non-clinical staff) likely to be treating undocumented and destitute women. Compliance with all levels of safeguarding training is monitored on a monthly basis.
17. The Trust has an agreed protocol as part of Trust policy when a patient receives registration by Home Office (HO) as a refugee or asylum seeker during treatment or while awaiting treatment, so that: charging can cease for that patient; the patient does not have to keep repeating their story and possibly experience re-traumatisation; and not to repeat completed Home Office procedures.	**Recommendation implemented:** This is already in place within the existing overseas team processes.
18. The Trust to inform patients how to access advice about NHS charges through the revised leaflets, letters, and staff trained to explain regulations and associated support	**Recommendation accepted:** Guidance to signpost patients to the overseas team and support groups is being developed and will be included on all relevant documents, leaflet, poster and the website By 31st July 2021
19. Trust to make sure that any data sharing of patient information with the DHSC, Home Office and other statutory organisations, is entirely consistent with GDPR requirements.	**Recommendation implemented:** The Trust already follows DHSC guidance on the sharing of patient data with statutory organisations.

Consideration of eligibility for NHS services, destitution and review of cases

Recommendation	Management response and action
20. The Trust should review its current Patient Access form, specifically giving consideration to the guidance issued in 2014 by the Department of Health and Social Care (DHSC) (https://www.gov.uk/government/publications/forms-for-nhs-staff-nhs-visitor-and-migrant-health-charging) that the current form in place at the Trust excludes reference to treating patients not likely to leave the UK in the next 6 months.	**Recommendation accepted** The Trust will review the current 'Undertaking to provide treatment form' and confirm, if applicable, any rationale for deviation from the national template produced by the DH in 2014.
21. The Trust needs to be clear about who is truly exempt and who would be invoiced but not pursued for payment. This should form part of its new policies and processes which must include what to do when destitution is identified. The Trust should be able to reach rapid conclusions about patients unable to pay.	**Recommendation implemented:** This is in place already, per Recommendation 33, part of vulnerable patients' policy.
22. While the Trust must follow national guidance, its staff may find it useful to have available criteria for destitution and some national charities have come forward with such criteria. An example is attached as Appendix 5 but there may be others which the Trust finds useful.	**Recommendation implemented**: The Trust will continue to follow DHSC guidance. Whilst the overall approach to follow DHSC guidance on destitution is unchanged, policy documentation has been updated to be more clearly documented, and the approach is now integrated within training for the Overseas charging team and front line training for staff and clinicians. The OVT will continue to monitor patients based on individual circumstances.
23. Trust staff to understand significance of a patient receiving support from local authority under s.17 of Children's Act 1989, as it means the patient is destitute; possible evidence would	**Recommendation accepted:** This will be covered in the overseas and frontline staff training. By 31st July 2021

Recommendation	Management response and action
be receiving food parcels from a foodbank or a letter from a charity.	
24. Trust processes to be clear as to what action OVT should take about referral to NHS Shared Business Service (SBS) if a patient is destitute.	**Recommendation accepted:** Policy and process notes held by the Trust to be reviewed and reconfirmed. By 31st July 2021

Communications

Recommendation	Management response and action
25. The Trust to inform patients and staff of the existence of exemptions charging regulations and processes and signposting advocacy support groups including in patient-facing literature and design handy credit card sized items for patients and staff.	**Recommendation accepted:** As in Recommendation 15 above process this is in progress for all relevant documents, leaflet, poster and the website. By 31st July 2021
26. The Trust to produce a statement that captures in an easy format document as to what has changed in relation to charging so that members of the public can see quickly those positive changes.	**Recommendation not accepted:** Whilst the Trust is not planning to develop the statement as recommended by the panel, the Trust is committed to the learning enabled by the work of the panel and has reflected on its processes. It is also the ambition of the Trust that the constructive engagement with local campaign, advocacy and support groups will continue once the work of the Panel is complete.
27. The Trust to clarify that the exemption for specified types of violence (Para 7.5 of the guidance on the charging regulations) relates to treatment or services needed to treat conditions caused by that violence but potentially then to charge for treatment unrelated to the violence.	**Recommendation accepted:** There are many caveats to the exemptions and signposting patients towards the OSV team maybe the most appropriate response to this recommendation. The OVT are fully sighted on latest guidance and best placed to support patients. Patient communication materials to be updated by 31st July 2021
28. The Trust to consider how to brief clinical staff given their turnover, using induction sessions and a clinician's guide on the Trust intranet with summarised regulations. In addition, having clinical champions with a basic understanding of the regulations for patient charging so that they are a reliable source of basic advice, with referral to the OVT for specialist expertise.	**Recommendation accepted:** Front-line clinicians and non-clinical staff will receive regular training including refresher sessions and clinical champions will receive additional support. Key guidance notes will be made available on the intranet. By 31st July 2021
29. One of the weekly CEO webinars for staff used to communicate to all staff about the national charging regulations and the Trust's updated approach to ensuring compassionate and respectful care within that framework.	**Recommendation accepted:** The Trust will raise this in a webinar prior to rolling out training- This should give context to what the Trust is trying to achieve. By 31st July 2021
30. Trust to recognise that fear of charging may deter some patients, making it clear that there are exemptions and ability to agree repayment plans.	**Recommendation accepted:** As above in Recommendations 15 and 24, this recognition is covered in patient-facing literature and OSV and front-line staff training to recognise exemptions and raise awareness of affordable repayment plans. By 31st July 2021
31. Patients e.g., in maternity service, need to understand that their care is not affected if they are charged for care.	**Recommendation accepted:** As above, in Recommendations 15 and 24, this recognition is covered in patient-facing literature and staff training with additional support made available for particularly vulnerable patients i.e. in maternity. By 31st July 2021

Training

Recommendation	Management response and action
32. The Trust should ensure the patient and staff experiences captured through the panel's work are embedded within future training programmes to ensure clinical and non-clinical staff, including reception and relevant administrative groups, are aware of how patients have been affected and can highlight the learning which can be taken from these accounts. Staff need a solution as some struggle in clinical practice with respect to charging including making sure that patients know and access their health rights with respect to care.	**Recommendation accepted:** Reflections on the patient experiences captured through the panel's work will be covered in the overseas and frontline staff training and vulnerable patient guidance. By 31st July 2021
33. Staff to have knowledge of destitution and the understanding of section 17 of the Children's Act 1989 embedded within future training programmes to ensure staff are aware of how patients are affected.	**Recommendation accepted:** Reflections on the patient experiences captured through the panel's work will be covered in the overseas and frontline staff training and vulnerable patient guidance. By 31st July 2021

34. Staff need to be aware of safeguarding duties and referral routes in the Trust and Social Services, with knowledge embedded within future training programmes.	**Recommendation implemented:** The Trust has mandatory safeguarding training in place for all staff and enhanced training for front line staff which confirms all duties and referral routes. Compliance with all levels of safeguarding training is monitored on a monthly basis.
35. Clinical staff to be aware of who is being charged as it may affect the patient's wellbeing, clinical care and be a barrier to accessing care or result in DNA's.	**Recommendation implemented:** An 'iCare flag' is in place to enable identification of chargeable patients. It should be noted that this would not impact any clinical decisions regarding urgent or emergency treatment.
36. GPs or other primary care practitioners may know of but not communicate to LGT crucial aspects in the care of a patient e.g. partner's coercive control or domestic violence.	**Noted:** This recommendation will be noted by the Trust in discussions with partners but would be better directed to the CCG and local GPs.
37. Trust to ensure good access to interpreting services so that patients understand and can be reassured, with effective staff knowledge of these services and proactively informing patients about them..	**Recommendation implemented:** The Trust uses Language Line to arrange a face to face or telephone service for patients. Over the past 12 months, in response to patient experience feedback and following a successful pilot in the Trust's maternity division, the Trust has been introducing virtual translation services to all areas. This virtual translation service enables real-time access to 'skype' based translation services for any patient at any time of day. The Trust is fully aware of safeguarding guidance in terms of who should be called on to act as interpreters for potentially vulnerable patients. By 31st July 2021
38. Trust to consider not only E-learning and mandatory training, but also localised training, local induction sessions in certain disciplines, bespoke sessions with teams and with multi-disciplinary teams.	**Recommendation Accepted:** This will be covered in the Trusts training program. By 31st July 2021
39. When considering training, Trust to think about how to create a supportive first conversation with patient, including reception and relevant administrative staff. This might include takeaway literature, translation service, advocacy, signposting, including clinician who understands the clinical situation of the patient, with access to the OVT officer for expertise on the rules.	**Recommendation Accepted:** This will be covered in the Trust's training program. By 31st July 2021

Appendix 1: Terms of Reference

Lewisham and Greenwich NHS Trust

Oversight Panel: Patient Charging

Panel report to the Trust Board 29 June 2021

Terms of Reference: v.9: updated May 2021

The review of the Trust's arrangements for charging those patients not eligible for NHS treatment

Updated following the 6th Panel meeting (20 May 2021), the suspension of its work in March 2020 and January 2021 due to COVID-19, and the many relevant changes and developments

1. Background

1.1. In Autumn 2019, there was controversy about the Trust's implementation of statutory requirements that related to charging patients not eligible for NHS services. In response, the Trust accepted that the arrangements current at that time needed to change. It established this Panel with a wide membership, reflecting diverse perspectives, and with an independent chair, to consider what new arrangements were needed.

1.2. The initial programme was to complete the Panel's work by July 2020. The COVID-19 pandemic, the national lockdown (March 2020), and the impact of the pandemic on the Trust, led to a suspension of the Panel's work for two periods: March to October 2020 and December 2020 and January 2021. With the Panel's relaunch in November 2020, the programme is to complete its work with a report to the Trust Board 29 June 2021.

1.3. The Trust values are:

We take **responsibility** for our actions
We work as a team to **improve quality**
We **learn,** develop and share knowledge
We **work together** for patients and colleagues
We treat everyone wish **respec**t and **compassion**
Source: Our road map January 2019 to April 2021, Lewisham and Greenwich NHS Trust 2019

1.4. The Department of Health and Social Care has national regulations that require NHS Trusts to charge those patients who are not eligible for free care. Different Trusts have implemented this legal requirement in a variety of ways.

1.5. The Panel will make sure that its work and resulting recommendations reflect and promote the Trust's values of respect and compassion within this legal framework.

1.6. The overall aim of the Panel is to make recommendations to the Trust Board that:

- Meet statutory requirements while achieving national best practice in this area of work and identifying what is 'good' in terms of what is clinically safest, and patient focused
- Have learned from the Trust's own experience and the experience of other Trusts
- Arise from an open, candid, and inclusive process built on hearing a wide range of perspectives and views, leading to honest conclusions
- Lead to arrangements that fulfil the Trust's obligations, are compassionate and have duty of care to patients and staff at their centre, achieving clarity for patients and the wider community.

2. Purpose

2.1. The Panel will seek to:

- Identify other Trusts whose experience may be relevant or helpful to LGT in becoming an example of best practice in this area of work
- Agree with the Trust Executive a work programme that will explore and investigate the issues that gave rise to the Panel; while most of the work programme will be undertaken by the Trust itself, there may be elements where members of the Panel can be directly involved or consulted
- Take testimony from patients, staff, and relevant people from outside the Trust, so that the Panel's considerations can include this information and help to develop its recommendations

- Consider the appropriateness of arrangements to identify individuals that may be required to pay for healthcare treatment, including an assessment of the risks and benefits associated with the contract that was in place with Experian
- Obtain assurance on the effectiveness of billing, debt collection arrangements at the Trust for those patients who are not entitled to free care and that these arrangements reflect the Trust's value of treating everyone with compassion and respect
- Obtain assurance on the adequacy of the arrangements in place to adapt existing systems should the definition of those patients required to fund their own treatment be widened because of the United Kingdom's exit from the European Union.
- Review the adequacy of the Trust's response to concerns recently raised by the 'Save Lewisham Hospital Campaign' in relation to the health impact on the whole community of the Trust's arrangements for implementing the overseas visitors charging policies and invoicing overseas patients, and the adequacy of the Trust's response to these
- Identify whether there are steps that should be taken to make the Trust's approach more sensitive when communicating with potentially vulnerable individuals, leading to the Trust demonstrating best practice in this area of work
- Prepare a cost-effectiveness analysis on the cost of current arrangements in relation to income
- Report to the Trust Board its view on the adequacy of arrangements, and make recommendations identified for improvements to existing arrangements that lead to the Trust demonstrating best practice for both patients and staff
- Provide the Trust Board with a clear line of sight to implementation of this policy.

2.2. The Panel will take account throughout its work of the:

- Equalities Act 2010 Health
- Health and Social Care Act 2012
- Impact of current and proposed arrangements on groups with protected characteristics
- Trust's Public Sector Equality Duty
- Recommendations in the Windrush lessons learned review by Wendy Williams Home Office 19 July 2018 and updated 31 March 2020.

2.3. It will be open to the Panel to recommend to the Trust that it commissions research on the health impact on the Bexley, Lewisham, and Greenwich community of the migrant charging policy in deterring people from seeking care, in particular the impact on marginalised people, including people who are poor or destitute, vulnerable people, such as children and those with mental health problems, as well as people who come under protected characteristics, in particular pregnant women.

2.4. The Panel will consider the impact of the migrant charging policies on staff, including how the policies impact on their perceived ability to carry out their duties according to their code of professional values.

2.5. The Panel will operate within the current legal framework impacting on the Trust and its values but will not be involved in work to change existing law; Panel members who wish to do so can use other channels outside the Panel for that purpose.

3. Membership

3.1. The membership of the Panel: shall be:

- Ms. Joy Beishon - Chief Executive, Healthwatch Greenwich – replacing Folake Segun
- Mr. Tom Brown - Executive Director, Community Services, London Borough of Lewisham
- *Note: (Mr. Brown represented Ms. Sarah McClinton - Director of Health and Adult Services, Royal Borough of Greenwich*
- Ms. Yolanda Dennehy - Deputy Director for Adult Social Care, London Borough of Bexley
- Ms. Sophie Gayle - Assistant Director, Patient Experience LGT
- Mr. Peter Gluckman - Panel independent chair
- Dr Louise Irvine - Save Lewisham Hospital Campaign
- Ms. Sukhvinder Kaur-Stubbs - Board Vice Chair LGT
- Ms. Jane Keogh - Save Lewisham Hospital Campaign
- Ms. Helen Knower - Divisional Director of Nursing, Midwifery and Governance LGT
- Ms. Hera Lorandos – Campaigns and Communications Officer, Lewisham Refugee and Migrant Network *(new member Ms. Lorandos replaces the previous LRMN representative, Alessandra Sciarra)*
- Ms. Sarah McClinton - Director of Health and Adult Services, Royal Borough of Greenwich *(represented by Mr. Tom Brown, Executive Director, Community Services, London Borough of Lewisham)*
- Professor Neena Modi – Professor of Neonatal Medicine at Imperial college and past President of the Royal College of Paediatrics and Child Health – external clinical advisor
- Ms. Olivia O'Sullivan - Save Lewisham Hospital Campaign
- Dr. Tony O'Sullivan - Save Lewisham Hospital Campaign

- Dr. Mehool Patel - Deputy Medical Director LGT
- Mr. Spencer Prosser - Chief Financial Officer LGT
- Ms. Sophie Russell – Consultant Midwife Complex Care, LGT *(new member)*
- Mr. Mathew Shaw, Operations Manager, Lewisham Healthwatch

3.2. The Panel will also be advised and attended by:

- Ms. Kate Anderson - LGT Director of Corporate Affairs
- Mr. Peter Cook - Senior Project Manager, Oversea Visitor Improvement Team, NHS Improvement/NHS England
- Mr. David Cooper – Deputy Director Finance, LGT
- Mr. Zahid Karim – Associate Director of Finance
- Mr. Jim Lusby - LGT Director of Strategy and Integrated Care
- Ms. Karen Smith - PA Strategy, Minute taker LGT
- Mr. Ben Travis - LGT Chief Executive - by invite.

3.3 Panel reports and information will also be sent to:

- Ms. Lucy Bayley - Support Officer to Sarah McClinton, Director of Health & Adults Services, Royal Borough of Greenwich
- Ms. Lisa Bunting - PA to Trust Chair & Director of Corporate Affairs, LGT
- Ms. Dee Carlin - Head of Joint Commissioning, Lewisham *(representing Mr. Tom Brown if he is unable to attend)*
- Ms. Jessica Daley - Executive Support to Sarah McClinton, Director of Health and Adult Services, Royal Borough of Greenwich,
- Mr. David Knevett - Finance Department, LGT
- Ms. Emma Dennien - Executive Support, Royal Borough of Greenwich
- Ms. Deborah Miller - PA to Yolanda Dennehy - Deputy Director for Adult Social Care, London Borough of Bexley
- Ms. Leonie Reeves - PA to Tom Brown Executive Director, Community Services, London Borough of Lewisham
- Mr. Stuart Rowbotham – Director of Adult Social Care and Health, London Borough of Bexley
- Ms. Surbhi Shah – PA to Professor Neena Modi, Professor of Neonatal Medicine at Imperial college

4. Chair

4.1 The Panel will be chaired by an appointed individual who is independent of the Trust Board.

5. Authority

5.1 A quorum for the Panel shall be the Panel Chair and three other Panel members.

5.2 The Panel is accountable to the Trust Board through the LGT Director of Strategy and Integrated Care.

6. Frequency of Meetings / Duration of the panel

6.1 It is proposed that the panel meets roughly monthly until it has completed its work. At the relaunch of the Panel at its 2nd meeting (25 November 2020), the ambition was to finish by the end of the financial year 2020/21, or as soon as possible thereafter. However, due to the second wave of COVID-19, the 3rd meeting (27 January 2021) was cancelled with an additional meeting scheduled 20 May 2021. The revised completion date of the Panel's work is the Trust Board meeting scheduled for 29 June 2021.

6.2 Meetings would be attended by those listed above and any further individuals that the panel considers relevant to explore those areas that are being considered.

6.2 The scheduled meetings of the panel will take place in compliance with COVID-19 regulations either at Lewisham University Hospital or by MS Teams:

1) 14:00 to 16:00 Monday 27 January 2020
2) 15:00 to 16:30 Wednesday 25 November 2020
3) *10:30 to 12 noon Wednesday 27 January 2021 - cancelled*
3) 14:00 to 15:30 Thursday 25 February 2021
4) 09:00 to 10:30 Wednesday 24 March 2021
5) 14:340 to 16:00 Wednesday 21 April 2021
6) 09:00 to 10:30 Thursday 20 May 2021
7) 10:00 to 11:00 Monday 21 June 2021 (discussion on Panel report)

7. Conduct of Meetings

7.1 It is recognised by the Trust that Panel members are deliberately drawn from a wide variety of organisations and perspectives. There will be different but legitimate standpoints.

7.2 All members need to listen with courtesy and respect to other Panel members and advisors, many of whom will have very different views.

7.3 Members will be asked to attend the entire meeting. If they need to leave the meeting early for another appointment, they are requested to consult the Chair.

8. Note of Meetings and circulation of papers

8.1 The Executive Assistant to the Director of Strategy and Integrated Care shall note the key points of discussions at meetings and once agreed by the Chair, will circulate these to all members as soon as possible after the Panel has met.

8.2 The agenda and papers for the subsequent Panel meeting will be circulated a week before it is due to take place.

9. Reporting Responsibilities

9.1 Following each Panel meeting, the Independent Chair of the Panel will report to the Director of Strategy and Integrated Care on the activities of the Panel, and any matters that the Panel determine require escalation to the Trust Management Executive.

9.2 The Chair and Director of Strategy and Integrated Care will monitor the work programme between meetings.

9.3 It is intended that on 29 June 2021, the Panel will provide a full report on the activities of the panel and any recommendations to the Trust Board. This report will be presented at the Trust's part one (Public Board meeting).

10. The Trust's role and standing among patients and local communities and their elected representatives

10.1 An outcome of the Panel's work will be that no one is scared to walk through the door.

10.2 Lewisham and Greenwich NHS Trust is a core element in the range of public services in Bexley, Greenwich and Lewisham. Its reputation is one of being community-based. There is great support for the Trust among local populations. The Panel will work to make sure that its recommendations strengthen those links between the Trust, its patients, their carers, local community organisations and advocacy groups, the local authorities, and the populations it serves.

10.3 The Panel expects that its work will be considered by and relevant to the Trust in its development of a new strategy, positioning the Trust very much as a community-based provider, with close links to local advocacy, community and voluntary organisations.

10.4 The Panel intends that its work will contribute to the further strengthening of the vital relationships between the Trust and the London Borough of Bexley, London Borough of Lewisham, and Royal Borough of Greenwich, for the benefit of all local people, patients, service users and staff of all partnership organisations

Oversight Panel: Overseas Charging
Trust Board meeting – 29 June 2021
Work programme: Draft v.9 – Updated
The overall aim is to conclude the work with a report to the Trust Board by the end of June 2021

Appendix 2

Date	Activity	Comment, if any
November/December 2019	Initial discussions; draft ToR; series of 1-2-1 meetings between chair and all Panel members, Trust CEO and key other contacts.	
January 2020 **1st Panel meeting: 27/01/2020**	• 22 & 23/01/2020 Chair met the Trust's two teams responsible for charging. • Further 1-2-1 meetings, chair, and Panel members. • 20/01/2020: Agenda, papers, ToR and draft work programme to Panel. • *(N.B. Presentation on this area of work by Director of Strategy and Integrated Care to L. B. Lewisham Overview and Scrutiny Committee 15/01/2020)* • 30/01/2020: Liaised with Sophie Gayle, A/D Patient Experience, Trust's Communications Team on • their work to prepare new information on charging.	To note that with a CQC inspection took place in February 2020 and that the Trust was preparing for that process at the same time. • Sophie Gayle agreed to join Panel.
February 2020	(NB. CQC scheduled visit took place in February 2020). • 05/02/2020: Amended ToR in the light of Panel members' comments at 1st meeting - as agreed. • 05/02/2020 Amended draft work programme in the light of Panel members' comments at 1st meeting - as agreed. • Took advice and identified other Trusts worth visiting with respect to Panel's work • Preparation for and writing up visits and noting any potential for Panel recommendations. • Took testimony and evidence from patients, Trust staff, and relevant organisations.	05/02/2020: Contacted Panel Advisor Peter Cook NHSI/E for the following list: 1. Bart's Hospital NHST (Nicola Bacon) 2. Chelsea & Westminster NHS FT 3. Guy's & St Thomas's NHS FT 4. Homerton Hospital NHST 5. King's College Hospital NHS FT 6. Imperial College Healthcare NHST 7. Royal Free Hospital NHS FT 8. Sheffield Teaching Hospitals NHST *Plus* 9. Some Panel members requested a visit to Royal Liverpool and Broadgreen University Hospital NHST Note of Chelsea and Westminster NHS FT meeting: ENC. 8 on 2nd Panel meeting agenda *All other visits were then cancelled by those Trusts because of COVID-19.*
March 2020 02 March 2020 10 March 2020	• Chair met Migrants Organise and Medact • First visit and writing up of visit to Chelsea and Westminster NHS FT and potential for Panel recommendations • Arranged all the other visits to Trusts	
18 March -23 March 2020	*Panel suspended due to COVID-19*	*National lockdown (23 March 2020) and pandemic's impact on LGT*
March to September 2020	• Regular communication between Panel chair, Trust executive and Chair of SLHC • Updating of documents • Development of Q & A relating to patient charging.	Panel chair's meetings took place with the Trust by MS Team and with SLHC Chair by Zoom

Date	Activity	Comment, if any
03 September 2020	• Letter from Trust to all existing and new Panel members confirming Trust's commitment to this work.	ENC. 9 on 2nd Panel meeting agenda ENC. 1 on 2nd Panel meeting agenda
September to mid November 2020	• Chair contacted all previous members of Panel to check they still wished to be involved with the Panel • Identified Panel members who have left for other posts, found new representatives, and 'met' them on the internet • Held range of briefing conversations to catch up on latest position of the Trust and organisations represented on Panel • Identified relevant case studies relating to UHL and QEH.	Chair's meetings and briefings took place by MS Team and Zoom. Updated list of Panel members and advisors are in the Terms of Reference v5: ENC.5 on 2nd Panel meeting agenda 25 November 2020
November 2020 **25 November 2020 - 2nd Panel meeting** - In effect the relaunching of the Panel's work after the gap caused by COVID-19		• The Panel were reminded to make sure that they considered if there were any specific equalities implications arising so far. • Trust Executive will keep in touch with national developments and guidance as these occur and report to the Panel as required. • The Panel was briefed by the national lead on charging on developments over the past year. The Panel approved the: • The updated Terms of Reference v.5. • The updated work plan v.6 And noted: • The chair's actions January to November 2020 • The integrated Q & A report and how the Trust will respond
December 2020 and January 2021 *3rd Panel meeting 27 January 2021 was cancelled due to COVID-19*	Some areas of the Panel's work could be progressed alongside the impact on the Trust from patients with COVID-19.	• Trust Executive kept in touch with national developments and guidance as these occurred and will report to the Panel as required. • Plans for the staff workshop and patient listening event were progressed through working groups made up of Panel members. • Work on the Q&A report continued.
February 2021 **3rd Panel meeting** **14:00 to 15:30 Thursday 25 February 2021**	• Progress and take plan for staff workshop to Panel meeting • Progress and take plan for patient listening interviews to Panel meeting • Update on the Q&A report • New OVS processes being developed by Finance Department • Early adoption of some conclusions from the Panel's work by the Trust	• Trust Executive will keep in touch with national developments and guidance as these occur and report to the Panel as required.
March 2021 **4th Panel meeting** **09:00 to 10:30 Wednesday 24 March 2021**	• Update from national lead on impact on charging regulations of UK leaving EU • Discussions to agree completion of Panel's work and writing first draft of the Panel's report • Draft updated Q&A report • Update agenda and content for both the Staff Workshop and Patient Listening interviews	• Trust Executive will keep in touch with national developments and guidance as these occur and report to the Panel as required. • Agree to identify how the Trust responded to patients who could not afford treatment in terms of access to clinical support.

Date	Activity	Comment, if any
April 2021 **5th Panel meeting** **14:340 to 16:00 Wednesday 21 April 2021**	• Potential interviews with up to 10 patients with experience of being charged for care by the Trust: event to be coordinated by LRMN, Healthwatch Greenwich and Healthwatch Lewisham • Consideration between 21 April 2021 (5th) meetings, whether an Equalities Impact Assessment (EIA) might be needed on potential recommendations • Considering testimony and evidence from patients, and relevant organisations, including some case histories of patients treated by the Trust who were not eligible for free NHS care. • 1st draft of Panel report – structure and outline of report.	• Initial consideration of testimonials submitted by five advocacy organizations about patients charged by the Trust Update on Patient Listening interviews • Update on staff workshop 07 May 2021 • Update on Q&A report
May 2021 **6thq Panel meeting** **09:00 to 10:30 Thursday 20 May 2021**	• 6th Panel to consider 1st full draft of report • Contact with other Trusts for advice and experience • Submit any draft(s) of report and recommendations to scrutiny by Trust's legal advisers. • To identify if any patients were caught up like Windrush individuals. who were deemed not to have rights when in fact they did have such rights. • Possibility: To include recommendation in relation to Experian. • Considerations of how the Trust can view local community organisations as a resource for information, advocacy and promoting the Trust's work • Consideration of recommendations that might be made to inform local community and patients' organisations of any potential changes • To answer the question: Is the Trust effectively networked with local information and advocacy organisations • May 2021 might be the time to see if any groups with protected characteristics under the Equality Act 2010 have been disproportionately affected. • Identify, if possible, ethnic breakdown of maternity patient who are charge	
June 2021	• Papers distributed to Board Members 23 June 2021 • Trust Board meeting to receive final report and recommendations from the Oversight Panel: Overseas Charging 29 June 2021 • Updated Q&A report placed on Trust website.	

Potential Trust to visit- All by MS Team	CEO & contact(s)	CEO & contact
1. Bart's Hospital NHST (Nicola Bacon)	Ms. Alwen Williams -West Smithfield, London EC1A 7BE	Prof. Tim Orchard The Bays, South Wharf Road St . Mary's Hospital, W2 1NY
2. Chelsea & Westminster NHS FT - visit took place 10 March 2020 with: • Peter Gluckman • Dr Tony O'Sullivan	Lesley Watts • -369 Fulham Road, SW10 9NH We met: • Paul Goodrich, MD for private care and overseas • Tina Lucas, OVM for Trust - on and off for 20 years • Veer Parman, Finance business manager • Virginia Massaro Chief Finance Officer, who had to leave early because of urgent COVID-19 meeting.	Ms. Kate Slemeck Pond Street NW3 2QG
3. Guy's & St Thomas's NHS FT	Dr Ian Abbs CE & CMO -Great Maze Pond SE1 9RT 0207 188 7188	Ms. Kirsten Major Northern General Hospital Herries Road, Sheffield S5 7AU 0114 243 4343
4. Homerton Hospital NHST	Ms. Tracey Fletcher -Homerton Row London E9 6SR	Mr. Steve Warburton -Prescot Street, Liverpool L7 8XP
5. King's College Hospital NHS FT	Dr Clive Kay -Denmark Hill SE5 9RS	Mr. Julian Hartley St. James University Hospital Beckett Street, Leeds, West Yorkshire, LS9 7TF 0113 2433144

Appendix 3: Details of income recovered and written off by the Trust in relation to patients not eligible for NHS treatment

OSV and OSM charges April 2016 to April 2020						
Financial Year	2020	2019	2018	2017	2016	Comments
Income	£000	£000	£000	£000	£000	
OSV Patients Care income	3,048	4,148	4,216	2,030	1,407	Invoiced raised to patients
50% Bad Debt Provision	(1,524)	(2,074)	(2,108)	(1,015)	(704)	CCG cover 50% of lost income
Reduced BDP on recovery of cash	360	264	352	232	304	
Income	1,884	2,338	2,460	1,247	1,007	
Cost						
Experian	(28)	(30)	(44)	(14)	(30)	Final payment made 19/20
LRC	(118)	(59)	(42)	(57)	(59)	Cost varies on a case by case basis
Legal	0	0	0	0	0	
OSV Team	(218)	(281)	(249)	(212)	(213)	Staff cost
Total Cost	(364)	(370)	(335)	(283)	(302)	
Net Income	1,520	1,968	2,125	964	705	
% of total income after expenses	50%	47%	50%	47%	50%	
Memo Note - Bad Debt Written Off	*(1,337)*	*(994)*	*(408)*	*(312)*	*(330)*	For debt which is older than 3 years, 50% is covered
Memo Note - Patient Income Received	720	528	703	464	607	Actual cash received and report to NHSI
Memo Note - Patient Income Received	*41*	*15*	*13*	*13*	*10*	Actual cash received for EHICs and reported to NHSI

Appendix 4: Panel meetings and membership

The panel has met six times and has had the following membership

Panel member		January 2020	November 2020	February 2021	March 2021	April 2021	May 2021
Peter Gluckman	Panel independent chair	✓	✓	✓	✓	✓	✓
Sukhvinder Kaur Stubbs	LGT Board Vice Chair	✓	✗	✓	✓	✓	✗
Spencer Prosser	Chief Financial Officer	✓	✓	✓	✓	✓	✓
Peter Cook –	Senior Project Manager, Oversea Visitor Improvement Team, NHS Improvement/NHS England	✓	✓	✓	✓	✓	✗
Jim Lusby	Chief Strategy and Infrastructure Officer	✓	✓	✓	✗	✓	✓
Kate Anderson	Director of Corporate Affairs	✓	✗	✗	✗	✓	✓
Tom Brown (1)	Executive Director, Community Services, London Borough of Lewisham	✓	✓	✓	✓	✓	✓
Yolanda Donnely	Deputy Director for Adult Social Care, London Borough of Bexley	✓	✓	✓	✗	✗	✗
Dr Louise Irvine	Save Lewisham Hospital Campaign	✓	✓	✓	✗	✓	✗
Jane Keogh	Save Lewisham Hospital Campaign	✓	✓	✓	✓	✓	✓
Sarah McClinton (1)	Director of Health and Adult Services, Royal Borough of Greenwich	✓	✗	✗	✗	✓	✗
Professor Neena Modi	Professor of Neonatal Medicine at Imperial college and past President of the Royal College of Paediatrics and Child Health	✓	✓	✓	✓	✓	✓
Olivia O'Sullivan	Save Lewisham Hospital Campaign	✓	✓	✓	✓	✓	✓
Dr Tony O'Sullivan	Save Lewisham Hospital Campaign	✓	✓	✓	✓	✓	✓
Dr Mehool Patel	LGT Deputy Medical Director	✓	✗	✓	✓	✓	✓
F Segun (2)	Chief Executive, Healthwatch Lewisham	✓	✗	✗	✗	✗	✗
Alex Sciarra (3)	Lewisham Migrant and Refugee Forum	✗	✗	✗	✗	✗	✗
Helen Knower	Divisional Director of Nursing, Midwifery and Governance	✓	✓	✓	✗	✓	✗
Joy Beishon (2)	Chief Executive, Healthwatch Greenwich	✗	✓	✓	✗	✗	✓
Sophie Gayle (4)	Assistant Director, Patient Experience LGT	x	✓	✓	✗	✓	✗
Hera Lorandos (3)	Campaigns and Communications Officer, Lewisham Refugee and Migrant Network	✗	✓	✓	✓	✓	✓
David Cooper (5)	Deputy Finance Director LGT	✗	✓	✓	✓	✓	✗
Zahid Karim (6)	Associate Director, Finance Department LGT	✗	✗	✓	✓	✓	✓
Mathew Shaw (2)	Operations Manager, Lewisham Healthwatch	✗	✓	✗	✓	✓	✓
Sophie Russell (4)	Consultant Midwife Complex Care LGT	✗	✓	✗	✗	✓	✓

Notes:

1. Tom Brown represented Sarah McClinton on the Panel at and from the 2nd meeting
2. Mathew Shaw replaced Folake Segun on the Panel at and from the 2nd meeting
3. Hera Lorandos replaced Alex Sciarra on the Panel at and from the 2nd meeting
4. Sophie Gayle and Sophie Russell joined the Panel at and from the 2nd meeting
5. David Cooper joined the Panel at and from the 2nd meeting
6. Zahid Karim joined the Panel at and from the 3rd meeting

Appendix 5: Rowntree Trust Foundation definition of destitution

People are destitute if:

EITHER: (a) They have lacked two or more of the following six essential items over the past month, because they cannot afford them:
• shelter (they have slept rough for one or more nights)
• food (they have had fewer than two meals a day for two or more days)
• heating their home (they have been unable to heat their home for five or more days)
• lighting their home (they have been unable to light their home for five or more days)
• clothing and footwear (appropriate for the weather)
• basic toiletries (such as soap, shampoo, toothpaste, and a toothbrush).
To check that the reason for going without these essential items was that they could not afford them, we: asked respondents if this was the reason; checked that their income was below the standard relative poverty line (that is, 60% of median income – after housing costs – for the relevant household size); and checked that they had no or negligible savings.
OR:

(b) Their income is so extremely low that they are unable to purchase these essentials for themselves.
We set the relevant weekly 'extremely low' income thresholds by averaging: the actual spend on these essentials by the poorest 10% of the population; 80% of the JRF 'Minimum Income Standard' costs for equivalent items; and the amount that the general public thought was required for a household of their size to avoid destitution, in an omnibus survey we undertook as part of the original study. The resulting weekly (after housing costs) amounts were £70 for a single adult living alone, £95 for a lone parent with one child, £105 for a couple and £145 for a couple with two children. We also checked that households had insufficient savings to make up for the income shortfall.

From Joseph Rowntree Foundation *Destitution in the UK* 2020 p.7. December 2020

Appendix 6

Lewisham & Greenwich NHS Trust (LGT)

Oversight Panel: Overseas Charging

Questions that led to the regular 'Question and Answer 'reports considered by the panel at its meetings

Based on the report to the 2nd Panel meeting 25 November 2020

Appendix 6 is the list of questions the Panel and LGT agreed to address.

It combines questions from the Save Lewisham Hospital Campaign (SLHC)

put to LGT and questions arising from the first meeting of the

Oversight Panel: Patient Charging (27 January 2020)

Section A **Combined list of SLHC and Panel questions**

Section B **Glossary**

The questions 1-18 are listed below

They include LGT Panel questions 5,15,16 and 17 – *shown in italics* – posed by the first meeting of the Trust Panel of inquiry into patient charging (27 January 2020).

Question 5 incorporates a similar question originally put by SLHC in June 2019.

Document authors

This document has been edited by panel member Tony O'Sullivan on behalf of SLHC and the Panel, in collaboration with Peter Gluckman, Panel chair.

Purpose of the document

Its purpose it to show the wide range of questions put to the Trust about charging patients not eligible for free NHS care and treatment. The panel worked with the Trust to make sure that the questions were answered and put on record. The panel appreciates that the questions required considerable work by Trust staff, none of whom were in post when the contract with Experian was arranged in 2013.

Section A. Combined list of SLHC and Panel questions received to date

ISSUE	QUESTIONS incl. extra Qs from the Oversight Panel
1. Experian	**1.1:** Will LGT explain the history of the partnership with Experian and the process that was used; and share the critique of that arrangement, subsequently abandoned by the Trust in Autumn 2019? **1.2:** Please can the issue of wrongly invoiced patients be addressed? **1.3:** Will this process will be documented so that lessons can be learned?
2. Data sharing	**2.1:** Will LGT address the questions of confidentiality, possible breaches of General Data Protection Regulation (GDPR), data sharing, and good practice during the Experian arrangement? **2.2:** Can the outcome of self-referral to the Information Commissioner's Office (ICO) be shared with the Panel, given that a 'due date' of 04 October 2019 is referenced by LGT? **2.3:** Can the Panel be informed of the following? What personal data were in fact shared with Experian? What if any guarantees were made that data were not held by Experian on an ongoing basis and if such a guarantee was checked? Whether the data of children (who do not generally have a financial data footprint) were shared with Experian? Whether informed consent was given by patients or parents/guardians?
3. Overseas Visitor Team (OVT) process algorithm	**3.1:** Will LGT make explicit and share the whole process/algorithm for how patients are selected for questioning and where further use is made of Message Exchange for Social Care and Health (MESH)/Experian processing? **3.2:** Please confirm at what stage patients are made aware that their details are being checked via the Home Office database or any other database other than their clinical record. **3.3:** Will LGT confirm there is no risk of racial profiling of finally selected for OVT questioning after earlier segmentation along algorithm? **3.4:** What are the common functions that MESH and Experian share, and what if any functions does MESH provide in addition? **3.5:** How many patients have the experience of being wrongly invoiced?
4. Information sharing with Department of Health and Social Care	**4.1** Will LGT clarify the relationship between the Trust, the Home Office and the DHSC in terms of 'reporting' and data processing including the use of the MESH database? **4.2:** How often does the Home Office ask LGT to check on named patients? **4.3:** Could LGT clarify what is meant by 'reporting' when you state that the Trust's 'relationship and interaction with the Home Office … largely involves reporting'?

ISSUE	QUESTIONS incl. extra Qs from the Oversight Panel
(DHSC)/Home Office (HO)	
5. Volume: invoicing debt-chasing bailiffs	***1st Panel question (27 January 2020)*** ***5.1:*** *Why is the trust the highest referrer to debt recovery in the country?* ***5.2:*** *Can the trust explain how many patients had visits from bailiffs looking for debt recovery? (reference: Guardian Freedom of Information (FOI) and article)*
6. Messaging & Communications	**6.1:** Will LGT address the measures taken to drastically improve Trust public messaging on the charging of patients? **6.2:** Could LGT list the measures it has taken, and measures planned still to be completed?
7. Discretion to pursue debt in destitution Exemption policy	**7.1:** The Trust has discretion in not pursuing debts: how will it improve its response to exceptional circumstances including destitute patients? *Please see definition of being destitute in main report.* **7.2:** Can the offer assurance on how it will identify exemption criteria and not charge patients who are exempt? **7.3:** Will LGT develop clear guidelines on exemptions from pursuance of debt from patients who are destitute now or likely to become destitute when faced with unpayable debt?
8. Training, Assurance	**8.1:** Will the Trust initiate OVT and clinician training on the process including completion of the clinician patient assessment form? **8.2:** Will the trust agree that training of Trust OVT staff, and run by them, will emphasise issues on exemption, destitution, alternatives to pursuance of invoices and issues of confidentiality, access to supporting information and advocacy? **8.3:** Will the Trust monitor how many patients are wrongly invoiced and subsequently found to be entitled to NHS care without charge?
9. Risk assessment: Equality and Health Inequalities Impact Assessment	**9:** Will LGT conduct thorough Risk and Equality and Health Inequalities Impact Assessments (non-clinical and clinical) to *identify the risks and impact* of the policy implemented locally?
10. Risks and impact: *Patients Research*	**Risks and impact on patient health: EHIA and clinical research** **10.1:** Will LGT include in the EHIA the impact on maternity care (mother and baby) and safeguarding – on patients who have been deterred from attending or accessing care? **10.2** Will LGT consider research into the potential clinical impact of the migrant charging policy on patient care, including maternity and safeguarding?
11. Risks and impact: *patients – mother, child Outcome and impact on trust policy*	**Adverse impact on maternity patients – mothers and babies:** **11.1:** Following the Maternity audit (shared with SLHC by the Trust), will LGT confirm what changes have been implemented? **11.2:** What is the current Trust policy on charging women experiencing adverse perinatal outcomes, including 'stillbirth, miscarriage, neonatal death or babies born with hypoxic ischaemia encephalopathy (HIE) who are not entitled to free NHS care.'? **11.3** Can LGT please confirm whether details of these women affected by these circumstances are passed to the Home Office? **11.4** How many patients overall are lost to follow up when they hear about being charged, and at what stage of antenatal, peri-or postnatal care?
12. Risks and impact: *patients – Safeguarding*	**Adverse impact on patient health/ conflict with duties re: safeguarding children and vulnerable adults** **12.1:** Will LGT demonstrate that it meets its safeguarding policies and clinical duty of care in relation to charged patients duties (for children & vulnerable adults)? **12.2:** Will LGT review its safeguarding duties (children & vulnerable adults) in the light of known risks to patients denied free NHS care or diverted from care through anxiety or fear? **12.3:** Will LGT look at the conflict between professional duty of care and the legislation, and share its conclusions?
13. Risks and impact: *Staff*	**Adverse impact on staff:** **13:** Will the trust consult with staff to explore the impact of this policy on clinical and administrative staff, and share the findings of this consultation?
14. Risks and impact: *Sanctuary borough*	**Adverse impact on London Borough of Lewisham's aspiration to become a sanctuary borough** **14:** How will LGT engage with LBL on sanctuary status and mitigate the impact of NHS charges on vulnerable people?
15. Statutorily Protected characteristics and OHSEL/Clinical Commissioning Group (CCG)	***2nd Panel question (27 January 2020)*** ***15:*** *Will the Trust formally respect two additions to the nine statutorily protected characteristics set out in the Equalities Act 2010 on carers and vulnerable individuals? (So that LGT is consistent with OHSEL/SEL CCG policy.)* *Please see Terms of Reference adopted by the Panel*

ISSUE	QUESTIONS incl. extra Qs from the Oversight Panel
16. Policy on writing off debts	***3rd Panel question (27 January 2020)*** ***16:*** *Will the Trust share the policy on when a debt is 'written off'?*
17. Cost/benefit analysis	***4th Panel question (27 January 2020)*** ***17:*** *Will the Trust provide a cost-benefit analysis of the overall cost of charging patients not eligible for free NHS care and the income raised over the period 2013 – 2019?*
18. Sharing the Panel's conclusions and recommendations	**18.1** Will the trust share the outcome of the Panel's inquiries with other bodies who have publicly raised professional and clinical concerns? **18.2** Others have called for a suspension of policy pending a full review and publication of findings. Will the Trust consider ways to raise concerns with these bodies and within NHS trust and provider management networks?

Section B. Glossary

AoMRC	**Association of Medical Royal Colleges**
CCG	**Clinical Commissioning Group (e.g. Lewisham CCG; South East London CCG)**
CEO	**Chief executive officer, Ben Travis**
DHSC	**Department of Health and Social Care**
ED	**Emergency Department**
EHIA	**Equality and Health Inequalities Impact Assessment**
FOI	**Freedom of Information**
GDPR	**General Date Protection Regulation**
HIE	**Hypoxic ischemic encephalopathy**
HO	**Home Office**
ICO	**Information Commissioners Office**
JK	**Panel member Jane Keogh**
LBL	**London Borough of Lewisham**
LGT	**Lewisham & Greenwich NHS Trust**
MESH	**Message Exchange for Social Care & Health** [1]
OHSEL	**Our Healthier South East London (now Our Healthier SE London Integrated Care System)**
OVM/OVT	**Overseas visitors' manager / team**
OVS	**Overseas visitors**
Panel/the Panel	**Oversight Panel: Overseas Charging**
SLHC	**Save Lewisham Hospital Campaign**
The Trust	**Lewisham & Greenwich NHS Trust**
TOS	**Panel member Tony O'Sullivan**

[1] https://improvement.nhs.uk/documents/5923/OVM_MESH_user_guide.pdf

Appendix 7: Examples illustrating patient experience

Over the course of the panel's, work it has sought first-hand reflections from individuals who have had negative experiences in relation to patient charging to provide context to its work and inform its approach and recommendations. Examples detailing the experiences reported by several patients are summarised below. It should be noted that this feedback was sought on an anonymous basis, and the cases presented to the panel do not contain identifiable information, which would enable to the Trust to fully validate the details or take follow up actions relating to individual cases.

No. 1 Patient 'A' referred by Maternity Action (MA) - Treatment 2019/early 2020
The patient was undocumented and referred for maternity care. She had been subjected to sexual and domestic violence and accompanied to all appointments by her violent partner; she had disclosed the violence to her GP. She had claimed asylum and felt overwhelmed by demands for a repayment plan. Maternity Action made a submission to LGT that the Regulation 9 exemption should apply as the patient had been subjected to sexual and domestic violence. Six months after the submission by MA the Trust confirmed that Regulation 09 applied, and the patient was exempt from NHS charges.

No. 2 Patient 'B' referred by Doctors of the World (DotW) – Treatment in 2019
The patient had been in the UK since 2018 and became pregnant early 2019. She registered with Trust for ante natal care and the Trust set up a repayment plan. The patient told the Trust that she could not afford to pay, but then agreed a repayment plan with a deposit borrowed from friend. In the later stages of pregnancy, the patient had become destitute and became street homeless. DotW state that it was unclear if an assessment of the patient's income and ability to pay was made, and throughout her pregnancy, as patient B had no income, she was not allowed to work because of her immigration status.

No. 3: Patient 'C' referred by Migrants Organise (MO) – Treatment 2018/2019
The patient is a single mother from a non-EU country; she received successful help from MO to obtain refugee status in 2019 and received her Residence Permit from the Home Office. The patient received an invoice for several thousand pounds from the Trust; eventually, after a year of interviews and correspondence, and with MO's threat of legal action, and a potential meeting between MO and the Trust, the Trust cancelled the meeting and the invoice. MO states that the patient should not have been invoiced at that time because she was an asylum seeker with a registered application at the Home Office and that the year of discussion and involvement of lawyers was a poor use of time and funds.

No. 4: Patient 'D' referred by Lewisham Refugee and Migrant Network (LRMN)
The patient had one child in a non-EU country and had a second child at the Trust in 2018. She had fled her country due to domestic abuse. She had her second child when her visa expired and had overlooked the its renewal. During the day of delivery the patient was approached on the ward by a Trust staff member who said that the patient would have to pay £6,000. On hearing the amount, her blood pressure rose sharply, and she had to remain in hospital for an extra 3 days. After inconclusive discussions about a repayment plan, the patient's contact with the Trust was lost. She now has a residence permit for two and a half years and is on the '10-year route' to being able to remain.

Appendix 8: Challenging poor practice: p28, National data Guardian for Health and Social Care Annual report 2019-20

The National data Guardian (NDG) is often called upon to look into cases where best practice appears not to have been followed. One example came in 2019 as a result of an NHS Improvement pilot, involving the credit reference

company Experian. NHS Improvement invited eight NHS Trusts to join a pilot scheme that would have seen them providing Experian with details of patients' name, address, date of birth and a unique identifier. Experian would then use its resources to establish whether these individuals had "an economic footprint" in the UK – a likely indicator of UK residence, which the trusts would then be able to use to identity which patients might not be entitled to free healthcare because they were not ordinarily resident in the UK.

The pilot would have had similarities to a scheme that had been running since 2015 in south-east London where Lewisham and Greenwich NHS trust used Experian to help it determine which patients might not be eligible for free NHS care.

The NDG was asked by the Information Commissioner's Office to comment on the confidentiality aspects of the proposal. The NDG replied:

> **"My Panel and I are clear that patients would usually have a reasonable expectation of privacy with regard to such information held by a hospital trust. The duty of confidentiality should be understood to apply, and a common law justification is therefore needed for the use of such data. In this case, the use is clearly beyond the provision of individual (direct) care and so the legal basis would need to be appropriate to this...**
>
> **"We find it hard to anticipate how, even if clear and accessible information were made available to patients, trusts taking part in the pilot proposed would have been able to rely on an appropriate legal basis for meeting their confidentiality obligations. One fundamental difficulty is that it is not clear that such a use of data could have been demonstrated to be proportionate and effective...**
>
> **"With regards to public trust, our impression is that the potential negative impacts of the pilot were not well anticipated. When individuals disclose information to health and care professionals, they do so within the context of a relationship of trust. To protect this relationship, it is essential that patients and service users' confidential information is used in ways that they expect and accept. If this trust does not exist, individuals may avoid seeking help or under-report symptoms."**

Ultimately, only one NHS Trust took part in the pilot, but it did not act on the data file received from Experian. The pilot was halted. Lewisham and Greenwich NHS Trust stopped using Experian in September 2019. One of its directors subsequently told Lewisham Council's healthier communities select committee that he "struggles to defend the logic" behind the decision to use Experian in the way that it was.

Appendix 9: Summary report of workshop for staff most likely to meet patients affected by the charging policy 07 May 2021

1. Context for Staff Workshop
   The idea of a Staff Workshop for staff most likely to meet patients not eligible for free NHS care, arose during preparations for the Panel's first meeting 27 January 2020. COVID-19 restrictions meant that it was delayed until 07 May 2021.
2. Staff Workshop attendees and content
   With 32 multidisciplinary attendees from 39 people invited from LGT and external backgrounds, all contributing to this digitally supported event, the workshop was intense and productive. A keynote presentation by the Deputy Director of Finance, five facilitated breakout rooms, a plenary session, and full participation by four advocacy and charitable organisations, led to lively discussion and debate. The Overseas Visitors Team (OVT) was well represented throughout the workshop. The event was facilitated by the panel chair. A full report is available on request.
3. Feedback from attendees indicated that:
   - These conversations mattered
   - The discussion had been vital and welcomed
   - That it was the beginning of an interesting discussion
   - The challenge now is how the work continues after the Panel is stood down
   - It was an important meeting that focused staff experiences and suggestions
   - It was important that the Trust had a mechanism to review and update the Trust's progress in this area
   - The workshop highlighted the lack for knowledge around the complexities of this subject and illustrated how much work there is to do to ensure that there is a consistent level of understanding amongst the clinical workforce making decisions about patients care.
4. The Panel considered the ideas and suggestions arising at the workshop and identified further recommendations from them to be made in the report to the Trust Board. Staff ideas, suggestions and recommendations covered sixteen areas:
   - Access to care
   - Outcomes for patients
   - Clinicians' role and knowledge of the charging issue
   - Sharing clinical experiences
   - Role of the Overseas Visitors Team (OVT)
   - Finance, escalation, and decision making
   - Staff expressing views
   - Data sharing
   - Communications and information – internal
   - Communications and information – external: what is the best way to signpost patients who may be affected
   - Community links and outreach
   - Links to social workers and Social Services
   - Trust keeping up to date with national policy changes
   - Training
   - Home Office
   - External advice and information.

Invitees to the Staff Workshop

1. Mr. Peter Gluckman Independent Chair	23. Mr. David Cooper: LGT Deputy Director of Finance
2. Mr. Daniel Sarpong: LGT Overseas Visitors Officer	22. Mr. Jim Lusby: LGT Chief Strategy of Infrastructure Officer
3. Mr. Awo Korkoi Rockson: LGT Overseas Visitors Officer	24. Ms. Kate Anderson: LGT Director of Corporate Affairs
4. Mr. Samuel Owusu-Ansah: LGT Head of Working Capital	25. Ms. Sophie Gayle: LGT Associate Director Patient Experience
5. Ms. Michelle Brierly: LGT Overseas Visitors Officer	26. Ms. Sandra Iskander: LGT Deputy Director of Strategy
6. Ms. Sandy Cullen: LGT Overseas Visitors Officer	27. Mr. Spencer Prosser: LGT Chief Financial Officer
7. Ms. Julia Price: LGT Overseas Visitors Supervisor	28. Dr. James Skinner, Medact
8. Mr. Zahid Karim: LGT Associate Director of Finance	29. Ms. Ros Bragg: Director Maternity Alliance
9. Ms. Helen Knower: LGT Director of Midwifery	30. Ms. Hera Lorandos: Campaign and Communications Manager, Lewisham Refugee and Migrant Network (LRMN)
10. Ms. Laura Crome: LGT Matron, CYP, UHL	31. Dr. Hayder Hassan: LGT Consultant A&E Trauma
11. Ms. Hannah Lawrence: LGT Matron CYP, QEH	32. Dr. Benjamin Cahill LGT Doctor
12. Ms. Tracey Phayer: LGT Named Midwife for safeguarding children	33. Ms. Rezi Morales: LGT Ward Manager Neonates
13. Ms. Sarah O'Sullivan: LGT Team Leader Indigo Team	34. Mr. Peter Cook: Senior Project Manager, Overseas Visitors Improvement Team, NHS Improvement/NHS England
14. Ms. Vlora Purchase: LGT Team Leader, Best Beginnings team	35. Ms. Meera Nair: LGT Chief People Officer
15. Ms. Linda Machakaire: LGT Head of Midwifery, UHL	36. Ms. Pauline Cross: LGT Consultant Midwife
16. Ms. Sue Chatterley: LGT Head of Midwifery, QEH	37. Dr Joanna Lawrence, LGT Consultant Paediatrician
17. Ms. Sophie Russell: LGT Consultant Midwife	38. Dr. Gordon Bruce: Docs not Cops
18. Ms. Tracy Foley: LGT Midwifery Team Leader	39. Dr. Elaine Harding: LGT Consultant
19. Ms. Justine Gosling: LGT Specialist Midwife for Safeguarding	
20. Dr. Sukrutha Veerareddy, LGT Consultant Obstetrician	
21. Ms Toyin Adeyinka, Chair Lewisham MVP	
22. Dr. Mehool Patel: LGT Deputy Medical Director	