Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

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Mr A Tweddle
Senior Coroner
HM Coroner's Office
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- 4 FEB 2014

Dear A. Tweddle,

Thank you for your letter following the inquest into the death of Zeeyad Hamadi. In your report you state that Zeeyad died from natural causes.

The deceased was a prisoner serving a sentence at HMP Frankland. He became unwell and after the prison GP had been unable to make a diagnosis he was transferred to University Hospital of North Durham. Thereafter he was diagnosed with Hodgkins Lymphoma.

The deceased sought a transfer to St Bartholomew's Hospital, West Smithfield, London so that he could receive a form of chemotherapy treatment from the world's leading expert in such matters on a private paying basis. There was considerable urgency attached to the proposed move to London as the deceased's health was rapidly deteriorating and medical advice was that treatment should commence as soon as possible.

It took some time for arrangements to be completed to facilitate the transfer from UHND to Bart's. The deceased's health deteriorated during this time.

You raise the following matters of concern:

- evidence disclosed that the deceased had not been weighed at the times of medical appointments and a history of weight loss would have been a useful diagnostic tool. Not all medical consulting rooms at HMP Frankland had scales to do so and doctors/nurses did not routinely weigh patients.

- the standard of record keeping in the patient's medical notes was not as good as it could or should have been.
- there was limited liaison between health care staff in HMP Frankland and medical staff at UHND to monitor the deceased's medical condition once he had left the prison.
- when a decision was made by the deceased to seek treatment in London on a private paying basis this information was not speedily communicated to those responsible for health care in HMP Frankland.
- there was confusion about the proposed move to Bart's from UHND; whether this was a prison to prison transfer or whether it was a relocation of the deceased from one hospital to another whilst remaining the responsibility of HMP Frankland.
- there was confusion over the funding arrangements for this proposal; whether the local NHS would be responsible for the medical treatment or the costs of transport, the form of such transport (NHS ambulance, a private ambulance or an air ambulance.) and the costs of bed watch.
- lack of understanding about who would have the responsibility for payment in the first place prior to reimbursement by the deceased's brother.
- there were issues with arranging bed watch.
- there was no single point of contact within the prison who could take ownership of the issue.
- there was a lack of clarity in the rules as to how and when a convicted prisoner is entitled to private health care as opposed to a prisoner on remand.
- there was no system in place to aid those involved in making a transfer from an NHS hospital in one part of the country to a hospital in another part of the country for private treatment
- although the deceased died in October 2010 no policy or guidance has been introduced to assist either prison service staff or health care providers with the issues highlighted by this case.

I consider that several of the issues you have raised regarding record keeping, liaison between prison and hospital medical staff, security issues such as bed-watch and ownership of the situation at the prison, are not for my Department to respond.

I note that you have sent a copy of this Regulation 28 report to the National Offender Management Service (NOMS) and I would expect them to properly address these issues.

Regarding the healthcare processes at the prison, this service is commissioned by NHS England and is made available to all prisoners on a clinical needs basis, as applies to non-prisoners also. In the community, any patient may opt-out of receiving NHS care and purchase private treatment, paying for all costs incurred.

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Officials have consulted with NOMS and with regard to the issue of whether a prisoner is entitled to use private healthcare, and what happens if they are using NHS services and wish to transfer to the private sector, I can confirm that it is very rare for a prisoner to seek private treatment. There are no national protocols currently in place by which a request for private treatment from a prisoner would be considered.

However, I can advise that the National Offender Management Service (NOMS), NHS England and Public Health England (PHE) are due to meet shortly to discuss governance arrangements for considering prisoner' requests for private treatment. NHS England are required to participate in these discussions because when an NHS patient ceases NHS treatment or care, the NHS would still be involved in arrangements for record transfer or medical handover for example. NOMS will need to consider issues including escort and bed-watch costs for a prisoner moving from a prison to a hospital and whether payment was required in advance or after the move.

The matter of prisoners being allowed to purchase private healthcare will require consideration of more than just health-related issues. For example, consideration will need to be given to ensuring that the proceeds of crime are not being used to purchase private treatment and to security issues.

It is likely that, once NOMS, NHS England and PHE have reached agreement on a private healthcare protocol, that the majority of requests from prisoners will be in respect of routine, elective treatments but consideration would also need to be given to how to respond to requests for private palliative care, as in Mr Hamadi's case.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Zeeyad's death to my attention.

Yours sincerely

Jeremy Hunt

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