

Questions from Members of the Public – Governing Body Meeting, 1 February 2018

Q: How will inter organisations disputes ‘passing the buck’ be a) identified b) resolved straight away to prevent bed blocking when after care cannot take place in the patient’s home?

A: As partners in the Local Care Board we have identified a number of priority programmes where we will work together to transform and improve the health and care of people living on the Island.

We have already had great success as a care system in improving our delayed transfer of care (so called bed blocking) figures through the success of the Care Closer to Home initiative and are now one of the top five areas in the country for hitting our targets.

We are now developing this further with programmes like Hospital to Home, which focuses on how we can collectively work to support people’s timely discharge from hospital. Some of this work focuses on what we need to do before patients even arrive in hospital, how we support their journey whilst in hospital and their safe and timely discharge, whether to home or an alternative community setting.

It involves, for example, working with care homes to ensure up to date and accurate patient information and medication arrives with the person, is updated during their stay and on departure to enable safe discharge. It also involves implementing trusted assessments, so people can be assessed in a more timely manner. It also involves working with relatives and ward staff to ensure people begin that journey towards discharge whilst on the ward, by getting out of bed and dressed and using bathrooms etc rather than staying immobile, in pyjamas, in bed.

We are confident that the full range of initiatives will help us make even greater strides in supporting a timely discharge for patients.

Q: The exact difference between option 3&4 is still unclear in real service terms rather than % age.

A: The work to date has focused on current hospital activity and the figures provided give an indication of the different percentage shifts in activity to mainland hospitals. There is some further information described in relation to this in the appendices of the CCG Governing Body report on pages 114-120 see here <http://www.isleofwightccg.nhs.uk/Downloads/Governing%20Body/GB17-083%20ASR%20Programme%20Report%20for%201st%20Feb%202018%20w.%20appendices%20-.pdf> However, the next phase of detailed work over the course of this year will look to refine these in more detail and identify the type of surgical procedures or specific conditions that would potentially be delivered off island. The details will then form part of a full, public consultation.

Q: Have you considered how the Isle of Wight’s economy could be affected by a reduction in acute hospital services? Could there be increased recruitment problems

for Island businesses and public services as a result? As there are already recruitment problems in the IW NHS, could these service reductions create a vicious circle and second-rate staff?

A: Although some specialist activity will be transferred there are opportunities for routine activity to be repatriated, so we expect the overall impact to be marginal in terms of activity changes. Therefore we do not expect a significant impact on the islands economy.

We already face huge difficulties recruiting to NHS posts on the Island, particularly some specialist posts. This is also a national challenge, however it is felt even more keenly on the Island with the difficulties of persuading people to work in an Island location and in a hospital in special measures which is currently facing challenges to improve its services.

The proposed changes would undoubtedly help us to tackle some of those challenges by enabling us to build a more flexible workforce, working collaboratively with mainland partners. This would also enable our staff to maintain and extend their skills and in so doing to improve the standard of care that we can offer people on the Island.

By enabling us to focus on what we are good at and can do well, we also aim to develop a reputation of excellence in other aspects of care, which will help us to attract staff in these areas. The work to redesign community services will also look at new roles and new ways of working. This could provide greater opportunities for services to be sustained by providing a wider range of employment opportunities for residents.

Q: When very ill patients are transferred to mainland hospitals, and maybe quickly released, they are likely to struggle to return to their homes on Island, if they are not fortunate enough to be provided with private transport by a family member or friend. I have read letters in the press from individuals who have struggled to use public transport with no one to accompany them. Would support be offered to them? A voluntary organisation offering transport is struggling without financial support.

A: We know transport and travel is a key concern to Island residents and we are also in dialogue with the ferry operators through the Cross-Solent Partnership Board to discuss how we can improve this experience for patients and tackle some of the issues raised.

Our discussions with mainland healthcare providers will also seek to improve the experience and support Isle of Wight patients and their carers and families receive when they are transferred off the Island.