

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

Second set w/c 19.02.18

Q: Will the local provider remain sustainable if repatriation is not as successful as planned; i.e. because of non-NHS providers advertising on local radio patient choice still selects referral elsewhere.

A: Patients will always have the option to choose other NHS providers for their planned treatment however we know that most Islanders would prefer not to have to travel for routine treatment if at all possible. We are confident that with our proposed changes to services that, in the future we will be able to offer better access to routine care here on the Island and improved quality of care both of which will be more attractive to Island residents. We also expect to be able to offer more pre-assessment checks and post-operative follow up appointments on the Island too, so that patients who need complex specialist treatment, need only travel for their surgical procedure.

Q: Could improvement in the Community service transformation under Local Care Board priorities again reduce Acute Demand in the local provider and again make the future unsustainable – back to Consultants doing less operations than best practice so quality reduces against different services that first considered under ASR i.e have a knock-on effect further than expected.

A: Under our model of care for the Island – My Life a Full Life, we aim to see more care being delivered out of hospital closer or at home, focused on individual's needs and delivered by organisations working more closely together supporting people to enable them to manage their own care. This will ensure hospital-based care when it is necessary and appropriate. Our aim is to manage the projected increases in demand for services and flatten the expected 3.5% increase in growth. In endorsing the preferred option for delivering hospital-based services in the future, the Island's Clinical Commissioning Group also acknowledged the importance of continuing the work to look at the redesign of community services over the course of this year. Once this work is completed it will enable us to describe the full picture of health and care for Island residents.

Q: Constant reference is made to care in patients' homes. What is the model for this? Does this mean families will have to care for patients that would have been previously the remit of trained medical professionals? It could be interpreted as using families as the cheap option. How would the quality of this care be monitored and assessed?

A: The model of care for the Island, My Life a Full Life, aims to see more care being delivered out of hospital and at or closer to home, focused on individual's needs and delivered by organisations working more closely together. It recognises that people want to stay in their own homes for as long as possible but that they may need support to do so. For some people with low level care needs, that may mean making

people more aware of the range of support available to them in their own area so that they can manage their own care in the way that they want to. For others it may involve professionals from different organisations supporting a range of different needs to prevent an escalation of ill health. The aim is support people in a way that is right for that individual, their family and carers. As a Clinical Commissioning Group we monitor the quality of care regardless of where it is provided.

Q: What does 'bringing patients to the Island' mean – a reciprocal arrangement with the mainland hospitals for services offered on the Island?

A: It primarily means enabling more patients, who are currently travelling off Island for more routine care or treatment, to have that care on the Island. Around 48% of planned elective procedures (e.g. a planned surgical operation or treatment) are already delivered off the Island. Some of this is due to patient choice and some people already travel for specialist care. By increasing our capacity at St Mary's, through transferring more complex, high risk cases where we are not able to provide care to the required standard, we hope more people will want and be able to have their treatment on the Island. We will do this by ensuring improved waiting times and better quality of care.

Q: What particular services would you envisage being transferred to the mainland?

A: No services are being transferred to the mainland in their entirety. Under these proposals, some complex, high risk procedures within some services would be potentially carried out on the mainland in the future and those patients transferred for only the element of their care that cannot be provided on the Island. The detail of those procedures involved has yet to be confirmed and forms part of the next piece of work being carried out with staff and partners over the course of this year. However, this would be likely to include the small percentage of the most high-risk/complex treatment where better clinical results can be ensured on the mainland. The detailed proposal would also be subject to a full public consultation before any final decisions are made.

Q: How involved were social services in assessing the quality of after hospital care services which will increase with options 3-5?

A: Adult social care and children's social care staff were given opportunities to comment on the early stages of this piece of work through face to face briefings, however, more detailed discussions with these members of staff will be carried out over the course of this year to help inform any final proposals, prior to public consultation.

Q: What provision is there for budgeting and support for carers (families and other agencies) to stay/travel to Southampton / Portsmouth for mentally ill patients with learning difficulties who need a familiar face and someone able to interpret the new environment?

A: We recognise the challenges that patients, families and carers face when they are required to travel for their treatment, not only in terms of the physical impact and costs involved, but also in terms of the additional support that some individuals may require. Some reduced fares and subsidies already exist for patients travelling for treatment; the potential for further opportunities in this area is being discussed with ferry operators. The additional challenges for those who are mentally ill with learning difficulties, and the need for support, is recognised and will be considered in the development of the proposals that will ultimately go to public consultation.

Q: What is the impact on social services / care in the community budgets?

A: There is no current identified impact on social services/care in the community budgets. More detailed work over the course of this year around the Acute Service Redesign, and the work in parallel being undertaken around the Community Service Redesign, will enable us to get a more detailed picture of both the in-hospital and out-of-hospital model of care and identify if this remains the case.

Q: How will the final consultation with the public be undertaken? Will there be road shows? Online? Both? Other? Will there be just one option at that stage?

A: We are currently preparing our plans for consultation and these will be subject to both formal scrutiny and informal testing to ensure that they provide the best opportunities for the public to share their views. The approach to consultation will most likely include a variety of different ways in which the public can get involved whether face-face at events or roadshows, online or in writing. We will also be looking to develop a range of tools/materials to ensure the information is easy to understand and accessible to all, so that everyone who wants to contribute their views as part of this process will be able to do so. It is too early to comment on the content of the consultation document itself but it will need to explain in detail why change needs to take place, what the proposals look like and how we arrived at these.