

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

Q: Do mainland NHS organisations have capacity to meet 18 weeks for additional activity (11% increase)?

A: We have worked alongside our Solent partners in mainland NHS organisations throughout this process to date and we will be continuing those discussions to look at the detail around our proposed changes over the course of this year to ensure that we can deliver them. These changes are proposed as part of a three to five-year plan that will consider any requirements to build capacity at mainland organisations.

Q: What services make up 11% transfer to the mainland?

A: The 11% of activity being proposed for transfer to the mainland does not constitute whole services, rather it comprises small elements of activity/specific high-risk procedures which require complex, specialist treatment which we are unable to continue to provide to the same standard as mainland specialist providers. Whilst the detail of this is subject to much more intensive work over the course of this year, and a full process of consultation, examples of this could include high risk/complex emergency surgery (including some abdominal surgery).

Q: I have most of my treatment done on the mainland. It's very draining not only to myself but my family too, and the cost. Will we get better boat deals to get across the mainland for treatment?

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 but also the costs involved. That is one of the reasons why we have sought to retain as much clinical support on Island as possible with only a small percentage of the most complex, high risk procedures requiring patients to be transferred off Island. We fully expect there to be fewer patient journeys off Island. We are in discussion with the ferry companies, who already provide discounts to patients travelling for treatment. These discussions are ongoing through the Cross-Solent Operators Partnership Board.

Q: The recommendation keeps 89% of current services on the IOW. Is there a danger that subsequent work / tweaking could extend the % of treatment on the mainland?

A: We do not anticipate this percentage changing having carried out significant work to date to enable us to determine this level of additional support required by mainland partners. However, detailed proposals will be worked on over the course of this year and will then be subject to both the formal checking processes applied by NHS England and the process of public consultation before any final decisions are made. It should also be noted that the evaluation of the shortlisted options clearly identified that any substantially larger volumes of activity transferred to the mainland would be unaffordable and incur greater clinical risk.

Q: Who will be included in the public consultation and will the 'ordinary' man in the street be included? Also can the CCG consider presenting the final plan in layman's language that we can all understand?

A: We aim to make our public consultation such that it enables anyone to share their views with us. We will look to produce it in language that people can understand and in different formats that make it accessible to all. The Isle of Wight Clinical Commissioning Group report was written for commissioners for their meeting and was therefore written in such a way that it was understandable to that audience – an audience who are more familiar with technical terms and language. Their meeting, whilst held in public, was not a public meeting - however the report was delivered verbally to ensure that those members of the public present could understand the terminology involved. We plan to hold further events where we will share this information with the public in language that they can understand to enable people to ask questions. These will be before the period of formal consultation and are likely to take place over the next couple of months and will be publicised in advance.

Q: Why are NHS manager's entirely failing to take Islanders with them on this redesign? Why have they only consulted with selected groups?

A: We have several phases to our communications and engagement; our initial engagement work took place in 2016 around the whole system redesign. This included mailouts to 69,000 households with a survey (also available online), public events, community discussions and widespread advertising. We have now completed our second phase of discussions which were designed to give us an early steer from community groups most likely to be affected by any changes. In this next phase we will be engaging more widely with our staff, partners and the community to explain the preferred option and listen to people's views as we build further detail around the suggested changes. This will enable us to answer people's questions about how it would work and the likely impact of making these changes. We will also use this time to prepare for more formal consultation; making sure our consultation materials are easy to understand and accessible to all, so that everyone who wants to contribute their views as part of the process will be able to do so. Finally, when we have permission to do so from NHS England having completed a formal assurance process, we will be able to carry out a full and meaningful public consultation involving everyone in our Island community who would like to take part.