

Governing Body 29 March 2018

Responses to Questions from Councillor Jean Bartrum (Cowes Medina)

No final decisions have been made about the future reconfiguration of services; these remain subject to detailed further work, NHS England assurance and a period of formal public consultation. However these are responses to your questions:

I have a resident who the NHS Trust have stated took 11 hours to transfer a patient. What impact could this delay have to patients with the reduced capacity proposed, could this lead to significant reduction in a patients chances for recovery?

The Acute Service Redesign process has been led throughout by clinicians and quality of care and patient access and safety have been a core consideration throughout this process to date. We are working through the detail now with mainland partners to identify the specific areas of complex, specialist acute care that would provide better outcomes for patients if they were transferred to mainland hospitals with a greater ability to manage this specialist treatment. This has been driven by our commitment to ensuring IW residents should be able to expect the same standards of care as is provided anywhere else in the country. However, we have made it clear that no changes would be implemented until robust, seamless arrangements for stabilising, transferring and discharging patients between hospitals are in place to support any proposed changes. As part of this detailed phase of work, we are therefore looking at how those inter-hospital processes could be best managed both to improve the situation now as well as with future changes. At the same time, regardless of the procedures in place, each individual patient would be considered on a case by case basis to determine the best and appropriate time and method of transfer for their clinical requirements to give them the best chances for their recovery and ongoing health and care.

How will those islanders with medical conditions which prevent travel i.e. double incontinence, spinal injuries, MS, and degenerative disease, be treated in the future?

(Amended response 17.04.2018)

We do not envisage any significant change due to the acute services redesign work on the travel implications for islanders with the conditions listed above. However we have been informed that a few individuals with these types of conditions are currently experiencing difficulty when accessing care at specialist centres. This is due to existing ambulance service vehicles which make transfer of some patients with for example spinal conditions, challenging for the individuals concerned. We are seeking solutions to these existing issues by relooking at health travel arrangements and seeking to learn from the experience of patients and the way the Ambulance Services here can respond more appropriately to meet their needs when travelling longer distances.

It *should also be noted* that we currently treat people with spinal injuries off the Island and their stabilisation, transfer and retrieval from mainland hospitals is coordinated by the Trust. This is because spinal injuries, like many of the small pockets of acute care that we are talking about potentially transferring, already need the input of specialists who are

treating spinal injuries on a regular basis, as well as the support services that are available in larger specialist units, and can achieve better health outcomes for those involved.

However, as outlined above, if the proposals are implemented to give people the best health outcomes for these rarer, highly specialist, more complex aspects of acute care, each individual's medical condition will still be taken into account to determine the best approach to their health and care. Where possible, for example, in a planned care situation, these discussions would take place with the patients and their families directly. Where an emergency situation arises, decisions may need to be made by clinicians in the best interests of the patients. As we work through this next phase of more detailed work we will be examining these different examples to look at how we can put in place the most robust, stabilisation, transfer and retrieval arrangements to optimise patient care.

It is also worth noting that patients who have a medical need that meet certain eligibility criteria can be referred by their GP or Consultant to access the Patient Transport Service provided by the Isle of Wight NHS Trust.

DoH (2007) Eligibility Criteria for Patient Transport Services (PTS) states that eligible patients for Non-Emergency Patient Transport Services NEPTS are those:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff, either during or after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by any other means.
- Where the patient's condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery if they were to travel by any other means.
- Recognised as a parent or guardian of a child being conveyed.
- Recognised as carer of a vulnerable adult – discretionary provision for this would be agreed in advance when transport is booked.

This applies to people accessing mainland services as well as Island services.

What contingency plan has the NHS have in place for sustained periods of bad weather or events preventing ferry crossings?

The Trust will always face days when it will need to be able to manage the health, wellbeing and care of its Island population without access to the mainland. The Trust will continue, for example, to operate an emergency department, a maternity facility and continue to employ general surgeons to enable us to respond, when needed in this type of situation. Working together with our mainland partners we are also exploring how specialists can be accessed via appropriate technology in these situations to assist remotely with the treatment and care of patients needing acute, specialist care. However, it remains the case that the Island simply does not see the volume of these highly specialist cases on a regular basis to ensure the best outcomes and quality of care for this small number of patients. We therefore need to look at robust longer-term solutions that can ensure that Island residents have access to the best possible care. We have and will continue to consider the impact of bad weather on any proposed service change.

Responses to Questions from Christine Lightbody representing IOW Save our NHS

1. The 2018/19 finances look like a fair old mess "In order to deliver, the STP set financial control totals of a break-even in 2018/19. The CCG must deliver a savings programme of £9.4m (4%) in 2018/19." In other words cut spending. What are they going to cut? How is that going to affect patient safety and the NHS constitution commitments about patient access to healthcare, particularly elective (planned) care? "There is an exceptionally high risk around non-delivery of the full amount. Despite significant savings and redesign programmes around acute services to reduce unnecessary activity, and rehabilitation redesign, the CCG will experience significant financial challenges in 2018/19." What "unnecessary" acute activity is being reduced and how? What happens if they can't make this £9,4m "savings"?

The CCG has a cost improvement target of £9.4m which is 4% of total allocation. This is consistent with other NHS Organisations and Public Sector generally. In terms of the schemes to deliver the targets, some of these are still in development and are dependent on system wide working and planning. Specifically, for planned care the thrust of the transformation plan is about providing services in more appropriate settings of care i.e. Community and also reviewing procedures of limited clinical outcome.

If the CCG fails to deliver its financial targets through its planned savings initiatives, it will be required to balance its finances through other means of financial control e.g. underspends being stretched, freezing of vacancies etc.

2. Is the CCG planning to do an impact assessment on Cancer patients who are losing IWCC reimbursed travel expenses for fares to the mainland, for radiotherapy?

We understand that the loss of this funding is a great concern to cancer patients travelling from the Island, however the funding was provided by the Isle of Wight Council under a discretionary arrangement only and the council has now made the difficult decision to withdraw that funding due to its own financial pressures.

We will however check with the Local Authority to see if they have undertaken an impact assessment in relation to their decision. If they have not undertaken an impact assessment we will seek to understand the numbers of people affected and what other information they have collected to help inform an impact assessment. The Local Authority is leading a Cross Solent Travel Operators Board. In direct response to the feedback received to date in relation to travel-related concerns, a new health sub group, linked to the board, is being formed to which patient representatives have been invited. Whilst the terms of reference for this group will be agreed at its first meeting in April, it is hoped that this will promote useful dialogue and discussion about a range of issues facing patients travelling across the Solent so that the group can work together to find appropriate solutions.

For noting under the (Travel Expenses and Remission of Charges) Regulations 2003, the CCG is unable to spend allocated health and care funds on patient travel, with the exception of ambulance and emergency transfers and on those who meet national eligibility criteria under the National Hospital Travel Scheme. However, there are existing arrangements with

the ferry providers that enable patients with proof of their appointments, to claim up to 50% on the cost of their travel. These details are available on the CCG website here <http://www.isleofwightccg.nhs.uk/health-and-services/health-and-services.htm>”

3. It has been noted that the 'Public' Consultation has now been put back even further to April 2019. Why? Will this just be a public relations exercise with no real reflection of proper grass roots public opinion as opposed to those expressed by selected Stakeholder groups which may not truly represent or reflect the public opinion.

The timeline reflects the further detailed work that needs to be undertaken, prior to the NHSE Assurance process and the length of time this is likely to take. There will be ongoing engagement with the public throughout this period and then formal consultation. We are planning 3 locality meetings for engagement before the end of June 2018 which will be open to all members of the public.

4. Will the CCG agree to meet members of IOW Save Our NHS to discuss our concerns?

Yes we would be happy to meet.