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Mr G Elderfield
Joint Chief Executive – Isle of Wight Healthcare NHS Trust and Primary Care Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

21 April 2006

Dear Mr Elderfield

POLICY COMMISSION FOR CARE, HEALTH AND HOUSING

The Commission wishes to make the following comments for inclusion in the annual health check declaration for the Isle of Wight NHS Healthcare Trust and Isle of Wight Primary Care Trust

Core Standard 6

In relation to this core standard, the Commission submitted the following comments for inclusion in the draft declaration in October 2005: "Whilst overall joint working was continuing in a positive way, there were still some problems due to a divergence of need between the organisations themselves and between organisations and patients". Members of the commission still hold this view and wish to re-emphasise the point.

Core Standard 7d

The Commission appreciate the difficult national financial context in which the local NHS trust are operating. The local health economy has been operating at a deficit for some time and successive recovery plans do not appear to have yet delivered a sustainable financial position. The commission, reflecting a national issue, is concerned that bureaucracy takes resources away from front line service delivery. It is the case that the benefits of bringing together the PCT and the Healthcare Trusts, in terms of more streamlined managerial structures, have yet to be fully realised.

Core Standard 10a

The Commission have no evidence to comment on this standard at present but will be seeking assurances in the future that the Trusts' employment protocols are being followed.

Core Standard 13a

The Commission believe that to their knowledge the treatment of patients, relatives and carers within St Mary's hospital meets this standard.



Core Standard 14a

The Commission have anecdotal evidence to suggest that complaints information is easily available for patients, relatives and carers and therefore that this standard is being met.

Core Standard 17

The commission has benefited from good engagement with the Island NHS Trusts in a way which has enabled public participation. For example over 100 members of the public attended a commission meeting to scrutinise the financial recovery plan in August 2005.

The commission and the Trusts believe there is more to be done in ensuring that the commission can contribute to the design and planning of services by ensuring issues are brought to the commission earlier in the process.

Core Standard 18

The Commission are delighted that the Island's unique status has been taken into account by Government with regards NHS organisational restructuring.

Core Standard 20a

The Commission would be glad to receive reassurance that a thorough risk assessment has been carried on hospital balconies on the St Mary's site, in light of recent incidents.

Core Standard 21

The Commission are unsure as to the suitability of mental health care facilities on the island. This is due to the current state of flux with regards to exactly where this care will be provided as a result of the Trust's financial situation.

Core Standard 22

The Commission would like to express its great satisfaction with the work currently being undertaken by the Public Health team, and their willingness to proactively engage with the Commission.

Core Standard 23

The Commission continue to be impressed with the public health strategy for the Isle of Wight, including the continuing commitment to smoking cessation.

Core standard 24

The Commission are pleased with the current emergency plans for avian flu.

Additional comments

The Commission are looking forward to robust engagement with the existing and emerging NHS Trusts in the year ahead. Of particular interest will be proposals such as the weekend closure of the St Helen's ward, and ensuring that the need for financial sustainability is not delivered at the expense of the immediate needs of patients.

Yours sincerely

Erica Oulton

Chairman – Policy Commission for Care, Health and Housing

Isle of Wight Council