Isle of Man Government

Reiltys Ellan Vannin

Department of Health and Social Care

DEPARTMENTAL RESPONSE

To

The Health Services Consultative Committee Annual Report 2024-2025

October 2025

The Health Services Consultative Committee Annual Report 2024-2025

Background

Regulation 5 of the Health Services Consultative Committee Constitution (Amendment) Regulations of 2023 require the Health Services Consultative Committee (HSCC) to submit an annual report to the Department of Health and Social Care (DHSC; the Department). The report from the HSCC shall be submitted no later than the end of June.

The Department thanks the Committee for the timely delivery of its first annual report since the Committee was reformed in 2024. The framework agreement between the HSCC and the DHSC outlines the proposed content for the annual report to describe the discharge of its functions:

The report shall reflect the Committee's statutory duties and will include, but not be limited to, the following areas:

- *An overview of the Committee's activities and areas of focus;*
- *The performance of the Committee's consultative function throughout the year;*
- *Themes/observations arising from visits to health and care services, providing the Committee's perspective on how health and care services are delivered;*
- *Recommendations for consideration by the Department in the continuous improvement of services; and*
- *The operation of the Committee, and its own ongoing training and development.*

As outlined in the framework, the Department will provide a response to the annual report and this is published by the DHSC alongside the report. The Department has also made Tynwald Members and other key stakeholders aware of the publication of the report.

Department Observations and Comments

The Department recognises the work the Committee has undertaken to establish itself with new members, and for establishing new ways of working to deliver the revised direction for the Committee, as outlined in the 2023 Regulations. The Committee has successfully adjusted its focus to place greater emphasis on the experience of the patients and service users, and has undertaken to present the patient/service user voice, and patient/service user experience to the Department.

The Department is committed to ensuring the patient/service user remains at the centre of all its work, and the HSCC plays an integral role in contributing to this goal. As outlined in the DHSC Department Plan for 2025-2026, "listening to the voices of patients, service users, carers, and all residents is crucial" and the Department will

continue to use the insights provided by HSCC, and other platforms, to ensure that commissioning decisions remain responsive and effective.

The Department recognises that the initial period of activity for the Committee was focused on building internal structures and looks forward to a second year of increased representation of the public voice. The Department is pleased to have also seen the activity of the Committee through its consideration of its first substantive focus area of off-island treatment and assessment, and for members of the Committee to have joined Quality Walks led by Manx Care.

The Department encourages the HSCC to continue to be public facing, to find ongoing opportunities to listen to the patient and service user voice, and to bring these back to the Department. The Department would like to hear more from the HSCC about how services can be continually improved for users.

The review by the HSCC of off-island treatment and assessment was timely, given the focus on this matter by both the DHSC and Manx Care during the financial year. The recommendations made by the HSCC identify challenges with the service, and ongoing work is underway to strengthen the service. In particular, the Department asks Manx Care to demonstrate that clear policy is in place that will ensure the patient and service user experience is improved, and that the financial parameters for the service are well-managed. The Department recognises the point made by HSCC that there is difference between feedback given to Manx Care about the service, which is generally positive, and general public perception about the service, which is less positive.

The Department encourages the public to direct comments, feedback and questions to the Manx Care Advice and Liaison service (MCALS) to ensure that the experience of the public is heard, and can be responded to. HSCC plan to conduct a follow up review in the next financial year to ascertain whether the views and challenges identified by the HSCC have been addressed.

The Department particularly thanks the HSCC for the time given by members to provide feedback and input on projects underway by the Department. The Department recognises that the time period for feedback has at times been short, and despite this, the Committee has been swift and responsive with comments. The Department has found the feedback from the HSCC to be constructive, and has used the input to support policy development.

The Committee has also included in its annual report commentary on governance and financial accountability. The point made by the Committee, to strengthen collaborative working between the DHSC and Manx Care, is one that both the Department and Manx Care are committed to deepening and improving. The Department also takes note of the comment for governance mechanisms to be

"completed as a matter of urgency and on time," and is in agreement with this call for accountability and timeliness. The Department is pleased to confirm that the HSCC will be a stakeholder in the forthcoming DHSC governance review.

In conclusion, the Department values the work of the HSCC and looks forward to continued engagement with the Committee as it continues to highlight the patient and service user voice and experience across the breadth of the national health and care services. The Department values the important role of the HSCC as a critical friend, and the Department encourages the members to continue to develop their representative voice of the service users on the Island.

Health Services Consultative Committee

Annual Report to the Department of Health and Social Care

June 2025

Health Services Consultative Committee
An independent lay member committee of the Department of Health and Social Care
Web: www.gov.im/hscc
Email: HSCC@gov.im

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1. Chair's Introduction

It is my privilege to provide this introduction as Chair of the Health Services Consultative Committee (HSCC), which is a statutory committee within the Isle of Man health and social care system. Established to act as a consultative body to the Department of Health and Social Care (DHSC), the Health Services Consultative Committee (the Committee) plays a vital role in ensuring that the views of patients and service users are heard and considered in the delivery of publicly funded health and social care services.

The past year has marked a period of significant transition for the Committee. In 2024, a revised framework was introduced to strengthen its role and sharpen its focus as an independent voice for patients and service users across the Island. This new structure has been designed to enhance the Committee's ability to influence and support the ongoing development and improvement of health and social care services under the DHSC's mandate to Manx Care.

A key element of this evolution was the recruitment of a majority of new members, bringing with them a broad range of skills, professional backgrounds and experiences. This refreshed membership has enabled the Committee to adopt a diverse, informed and community-focused approach to its work.

As with any structural change, the transition to a new operating model has required time and adjustment. The Committee has invested considerable effort in establishing new working relationships, refining its methods of enquiry and improving access to data and insights from multiple sources. These efforts are crucial to the Committee's ability to fulfil its statutory functions and provide meaningful, evidence-based, input to the DHSC.

It is also important to acknowledge the wider context within which the Committee has been operating. The DHSC itself has experienced a considerable period of organisational change, including ministerial transitions, the retirement of the Chief Officer and the appointment of an interim CO. Additionally, whilst a proposal was advanced to form a committee of five Members of the House of Keys (MHKs) to review the relationship between the DHSC and Manx Care, the Minister has now confirmed that this will be led by the DHSC with external support for the review. These developments underscore that the broader health and social care landscape remains dynamic and evolving. Despite these challenges, the Committee continues to discharge its statutory remit.

I would like to express my appreciation to all Committee members for their commitment and contribution during this time of renewal and change. Together, we remain dedicated to promoting high standards of care, ensuring that patient voices are heard, and supporting the continuous improvement of services for the people of the Isle of Man.

Lee Clarke | HSCC Chair

2. Legislation and Framework Agreement

The Committee was established under Section 2(1) of the National Health Service Act 2001. The DHSC may, under Section 2(5) of the Act, produce regulations prescribing the Committee's functions and constitution. The DHSC has exercised this power under the Health Services Consultative Committee Constitution Regulations 2012, subsequently amended by the Health Services Consultative Committee Constitution (Amendment) Regulations 2023. Key changes introduced by the 2023 Regulations include:

- The Committee submitting an annual report to the DHSC on the discharge of its functions.
- Making site visits to various premises in the Island's health and social care network.
- Producing reports for the DHSC and Manx Care based on these site visits.
- DHSC becoming the body responsible for appointing/suspending/removing Committee Members.

As referenced in the Chair's introduction, the transition process that has taken place since the introduction of the revised remit of the Committee through the 2023 Regulations has necessitated a new agreement on how the Committee would undertake its work. To achieve this, work commenced in the summer of 2024 to establish a framework to be agreed amongst the DHSC, the newly appointed Committee and Manx Care. This was concluded in autumn 2024 and the agreed framework was signed in October 2024 by all three parties. (See framework here).

The document reflects the changed focus of the Committee. In addition, it provides the operational process to ensure the patient experience is brought forward in a clear and effective manner.

It remains a key responsibility of the Committee to advise the DHSC on matters relating to publicly funded services provided under the National Health Services Act and the Manx Care Act 2021. The Committee's primary role is to offer an independent, lay perspective on service delivery - particularly through direct engagement, service visits, and feedback mechanisms that reflect the real experiences of service users.

In doing so, the Committee contributes meaningfully to the DHSC's assurance and oversight functions. Committee members work closely with both the DHSC and Manx Care by attending key governance forums such as the DHSC Quality and Safety Committee and Manx Care's Quality, Safety and Engagement Committee. Furthermore, the Committee responds to consultations, raises concerns where appropriate, and aims to promote transparency and public confidence in the oversight of health and social care services. The National Health Service Act specifies that the Committee may tender to the Department its views on any general matters

relating to the services provided under this Act and the Manx Care Act, and the Department may request the HSCC to look at specified matters.

3. Committees Attended

DHSC - Quality and Safety Committee

The Quality and Safety Committee (QSC), chaired by the Minister for Health and Social Care, continues its work overseeing key areas of service delivery and patient engagement. This Committee is attended by heads of department, the Public, Patient and Service User (PPSU) representative, an HSCC representative, the Director of Public Health and invited guests who contribute to specific agenda items.

In its oversight of Quality Assurance and Compliance, the QSC received updates on a wide range of health and social care focus areas:

- A project to examine the patient experience of waiting times between primary and secondary care and its impact on care quality was initiated, with the aim of listening to the public.
- A project conducted by the PPSU on maternity service user engagement.
- Updates on Manx Care's progress against the Care Quality Commission action plan and the Children's Services Improvement Plan gave regular assurance.
- Reports on the activities of Health and Social Care Ombudsman (HSCOB) highlighted the DHSC activities in its assurance role in this area. The QSC supported the development of a formal protocol to manage these reports and improve response timelines.
- Reports on the activities of the Mental Health Commission were regularly shared.
- Concerns around communication of cancer waiting times to the public were discussed, with the DHSC asking Manx Care to disseminate correct times to GP surgeries through the Primary Care Network.

Manx Care - Quality, Safety and Engagement Committee

A member of the HSCC has been attending the monthly meetings of the Manx Care - Quality, Safety and Engagement Committee (QSE) since November 2024.

The following key points have been noted:

- **Board Assurance Framework (BAF)**

The BAF is the key document which provides the Manx Care Board (the Board) with assurance on the risk and control framework. It is nine pages of A3 covering various areas of Manx Care. The first two pages, covering safe health care and safe social care, are presented to the QSE meetings.

The BAF is very detailed and it is unclear how risk scores are allocated to the risks and associated controls. Amber ratings have been allocated to four out of six broad categories (two allocated green) in the health services and social care sections. It is difficult to see how the current framework is providing the necessary assurance to the Board and it was noted that there is going to be a complete refresh of the framework by the end of June 2025. The HSCC hopes that this is completed as a matter of urgency and on time.

- **Integrated Performance Report (IPR)**

This is a detailed 90 page report outlining the performance of health services using key performance indicators and other metrics. It covers 12 areas of Manx Care, primarily broken down into different service areas such as emergency care and mental health. The first section is dedicated to Care Quality & Safety and this is the focus of the QSE meetings. It was noted in the March 2025 QSE meeting that 'there have been plans in the pipeline for some time to change the format of the report to reduce the volume of information, introduce benchmarking and to make it more forward facing' and that it is now 'looking to progress the overhaul of the Performance Report, triangulating it with the Risk Register and Board Assurance Framework. The target date for this work is the end of June 2025'.

- **Budget Issues**

In the January meeting of the QSE, a paper was presented outlining the short-term reduction in services that would be necessary due to budget pressures. The focus of the meeting was how to implement the reduction in services in a safe and effective manner. The pressures were later discussed in Tynwald and the DHSC allocated additional funds so that not all of the services were reduced.

The implementation of these reductions was not optimal from a patient point of view, and caused anxiety for patients who had their treatments cancelled (and in some cases reinstated at a later date). This resulted in unnecessary stress and inconvenience for patients. Also, the tertiary providers in the UK were informed whilst discussions with the DHSC were still taking place, putting the relationship with these providers at risk.

In future, the HSCC would hope that any such short-term reduction of services is properly discussed with the DHSC before detailed plans are drawn up and initiated. Also, Manx Care should keep the DHSC informed of budget problems throughout the year and avoid short-term actions at the end of the financial year.

Additionally, the current annual discussion of finances does not seem to be optimal. The HSCC recommends that a long term strategy and financial plan (over five or ten years) is produced by the DHSC in cooperation with the Manx Care Board. This would then enable services to be improved with the necessary investment over the long term. Key stakeholders, such as health care professionals from the IOM Medical Society, should be invited to the strategic discussions so that medical experts are involved in shaping the health and care services of the future.

4. Patient Transfer Report

The HSCC has reviewed how patients are referred for treatment and assessment off-island. This work was prompted by growing interest from both the public and healthcare professionals. The review looked at current processes, costs, patient experiences and highlighted areas where improvements could be made. In particular, it was noted that clearer policies, better communication and more consistent support for patients, especially in emergency situations, would help create a more joined-up and reassuring system. While many elements of the service are working well, the Committee believes that there are opportunities to strengthen coordination, improve transparency and ensure patients feel supported throughout the process.

The specific findings and recommendations were as follows:

Findings

1. Lack of formal policies, leading to inconsistent application and process oversight.

2. High costs – ongoing budgetary pressure and insufficient analysis of alternatives.

3. Patient feedback – collection processes are in place, but not fully optimised.

4. Third-party services – a reliance on external providers without robust, scheduled reviews.

5. Policy oversight fragmentation – calls for more centralised responsibility.

Recommendations

1. Develop and publish formal policies for patient transfer, ensuring that the patient's interests are the primary consideration in decision-making processes.

2. Implement structured cost-benefit analyses to guide strategic decisions, keeping in mind that low cost may not be the best option for the patient. Consider alternatives to patient transfer, including further use of telemedicine (for all or part of the process) and visiting consultants.

3. Strengthen feedback mechanisms to influence service improvements and keep the Manx population informed.

4. Create a programme of regular review of third-party contracts for value and efficiency. Ensure that referrals by a UK consultant to another UK consultant are reviewed by Manx Care.

5. Centralise oversight of referral policy within a single accountable executive structure.

The HSCC will revisit this topic in late 2025, with the intention of issuing a follow-up to this report. The HSCC will continue to monitor developments and maintain engagement with stakeholders to ensure accountability and progress.

It is noted that Manx Care intends to undertake a review of patient transfer and the HSCC anticipates receiving the report.

5. Attendance at Meetings

Under the framework, HSCC representatives are invited to attend the DHSC QSC meetings and the Manx Care QSE meetings (see section 3). Members of the Committee have also attended other meetings in the DHSC and Manx Care to help inform the HSCC's work and an overview is shown below:

DHSC	Manx Care
Quality & Safety Committee	Quality, Safety and Engagement
Monthly liaison meetings	Finance, Performance & Commissioning
	Manx Care Advice & Liaison Services (MCALS)
	Public Board meetings
	Annual Public Meeting
	Safety Walks Training
	Complaints Handling Team
	Interim Designated Finance Officer

6. Quality and Safety Walks

At an introductory meeting between the HSCC and Manx Care's Care Quality and Safety team on 2 October 2024, HSCC members were informed of, and were invited to participate in, Manx Care's established quality and safety walks and visits to its integrated primary and community care settings and services. Teams of walkers led by a clinician, all of whom are unconnected to the setting or service, attend on a timetabled basis. The aim is to assess the overall environment, conduct clinical checks and speak anonymously with staff and, where appropriate, patients/service users about their experiences. The walks support the improvement of settings and services with Manx Care's Experience and Engagement Team by reviewing previous action plans, noting progress and analysing trends, effectiveness and outcomes quarterly to provide a report to the Operational Clinical Quality Group.

Three members of the HSCC attended an induction session organised by Manx Care and shared that learning with the rest of the HSCC.

Although the HSCC participates in all aspects of walks, it chiefly represents the patient/service user, as per its remit.

HSCC members have joined four walks as some have been postponed for operational reasons. More are timetabled. The HSCC members will participate in as many walks as the Committee feels is valuable to its work and that Manx Care is able to accommodate.

7. Consultations/Liaison

The HSCC has met at least once a month from August 2024 to June 2025. At each meeting responses to consultations and questions have been agreed, following detailed discussions. Also, the Committee has invited speakers to clarify and fully explain any unclear areas.

August 2024

A member of the DHSC Transformation team gave a presentation prior to HSCC giving feedback on the Health and Care Services Bill.

The Committee gave feedback on fees charged for prescriptions.

September 2024

The HSCC framework was discussed.

October 2024

The Health and Social Care Ombudsman Body (HSCOB) was invited to the HSCC meeting to discuss its remit and role. It was felt that the two bodies can work closely in terms of what HSCOB review and the HSCC can investigate, as they can identify themes that emerge from both complaints and patient feedback.

The proposed HSCC Operating Procedures were circulated to members for their review.

November 2024

The HSCC web page layout and content were discussed and subsequently revised by members.

December 2024

The governance review survey was responded to by individual members.

The draft Quality Assurance Framework was responded to by individual members.

January 2025

The Manx Care Tertiary Care Business Manager addressed the HSCC regarding the current and future developments in off island patient transfer.

February 2025

HSCC met with the Interim Deputy Director for Policy and Strategy within the DHSC. His primary responsibilities are overseeing the strategy, legislation and policy teams. He thought that the benefit of meeting with the HSCC would be to align the work and review on patient transfers being undertaken by the Committee with ongoing work within the DHSC. Additional queries regarding the Health & Care Services Bill and DHSC matters were also addressed.

March 2025

The HSCC meeting received an update on the Health and Care Services Bill, which had been discussed with it six months earlier. Also, the Head of Registration & Inspections, DHSC, provided an update on the review of the Regulation of Care Act 2013 and introduced the members to the regulation of health and social care. The Regulation of Care Act currently only legislates for a regulation of social care and non-NHS services and as such, there is a need for additional legislation to cover the regulation of health care. As a result of the recommendations, the Department decided to bring all services under a single umbrella of regulation.

Additionally, the Manx Care CEO, discussed the Patient Transfer Service Review and answered detailed questions submitted by the Committee.

April 2025

Fees and costs for a Freedom of Information consultation received individual member responses, as did feedback on the NHS tax levy.

May 2025

The HSCC met with Minister for Health and Social Care.

DHSC presented a revised policy in respect of Non-Emergency Patient Transfer (NEPTS) and requested that the Committee consider it prior to its submission to the DHSC board.

June 2025

DHSC draft Department Plan for 25/26 was received and a response collated. This plan sets out the Department's objectives over the next 12 months.

8. High Level Plans 2025/26

The Committee is in the process of determining its main areas of focus for 2025/2026. This will be patient and service user led, informed by the discussions that the Committee had with the Minister for Health and Social Care in May 2025 and the draft DHSC operating plan 2025/26 which was provided to the HSCC in mid-June 2025.

9. Committee Training

Reappointed and newly appointed members of the HSCC attended an induction meeting, delivered by the DHSC in July 2024.

HSCC members were also trained in the latest developments in the use of Microsoft Teams, delivered by the DHSC in November 2024.

HSCC members undertake mandatory training courses via the Isle of Man Government's online learning platform. They also take additional training via the platform if, for example, involvement with a specific setting/service requires relevant training.

10. Committee Members

Members of the Committee are appointed for a term of three years, at the end of which the member may be appointed for another term of three years.

Name	1st warrant issued	Expiry date	2nd warrant issued	Expiry Date
Bamford, Carol	29/03/2022	29/03/2025	31/03/2025	31/03/2028
Boyle, Lillian	21/06/2024	21/06/2027		
Clarke, Lee	25/08/2020	25/08/2023	25/07/2023	25/07/2026
Gill, Quintin	21/06/2024	21/06/2027		
Holt, Juliet	21/06/2024	21/06/2027		
Kermode, Adrian	21/06/2024	21/06/2027		
Overty, Jo	21/06/2024	21/06/2027		
Simpson, Margaret	25/08/2020	25/08/2023	25/07/2023	08/08/2024
Townsend, Ian	21/06/2024	21/06/2027		
Wilson, Natasha	14/04/2025	14/04/2028		