HBOT IOM

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Hon. Claire Christian

Minister for Department of Health and Social Care

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11th September 2026

Open Letter to Minister

Dear Minister

I am writing on behalf of the board of HBOT IOM in respect of the email letter dated 10th August from the Interim Deputy Director of Policy and Strategy regarding our funding application and our subsequent meeting with your CEO and the Interim Deputy Director.

In that letter the Department offered just £90,000 per year (which was based on the cost of sending just two casualties to England for treatment) to run a 24/7/365 service for emergency diving casualties which is clearly not feasible or sustainable and takes no account of the infrastructure costs involved in providing such a service.

It is unfortunate you were not able to attend the meeting but hopefully your officers will have relayed the extreme disappointment and frustration felt by our board. This Charity first contacted the Department in July 2024 about possible funding and now after more than two years, the Department thinks it is appropriate to offer only the same amount of support that was provided to the previous charity from 2003 until it closed in 2018. This is despite an increase in inflation of 93% since 2003 and a completely different regulatory environment.

Two of the main reasons for the previous charity closing down were a lack of adequate funding by the Department and the introduction of the Regulation of Care Act 2013 and the associated Care Standards by your Department. These Care Standards required services offering hyperbaric oxygen therapy to be registered with your Department and required

renewal or replacement of their original chamber and increased staffing requirements, all of which was anticipated to drastically increase their costs. As you know, HBOT IOM was successful in achieving registration with your Department in June of this year and met those very Care Standards but there is obviously a cost to doing this which we do not believe has been acknowledged in your Department's offer.

Over the past 7 years, with the full knowledge of your Department's leading officers, our charity has worked tirelessly to raise £1.5 million and has created what is a "state of the art" hyperbaric oxygen therapy centre that meets the highest standards, is the envy of many involved in this field of medicine and something that the Island should be very proud of. This is a community asset run mostly by volunteers and deserves to be supported as the services provided by the Charity will reduce the costs and reduce the waiting lists of Manx Care which is detailed later in this letter.

You will be aware that NHS England has recently contracted 6 hyperbaric oxygen therapy centres strategically based around England to provide emergency services for diving casualties and gas/air embolisms only at a cost of £1.3 million each. It is almost ironic that these centres are now considering providing routine treatments in order to avoid "skill fade" in their chamber operatives as they don't receive enough emergency casualties to maintain their competence.

HBOT IOM was requesting just over half of the amount received by our English counterparts for the emergency indications of decompression illness and gas and air embolisms only (on an "open book" basis) but importantly would have also provided routine treatments for up to 200 patients each year at no extra cost for the other 12 conditions that are internationally recognised as benefitting from hyperbaric oxygen therapy which are:

1. Decompression Illness ("the bends")
2. Gas/Air Embolisms
3. Carbon Monoxide Poisoning
4. Gas Gangrene
5. Necrotising Soft Tissue Infection
6. Crush Injury, Compartment Syndrome or other Traumatic Ischaemia
7. Arterial Insufficiencies
8. Severe Anaemia/Blood Loss
9. Adjunct Intercranial Abscess
10. Osteomyelitis (Refractory)
11. Delayed Radiation Injury (Soft Tissue and Bony Necrosis)
12. Compromised Grafts and Flaps (Chronic hard to heal wounds)
13. Acute Thermal Burn Injury
14. Idiopathic Sudden Sensorineural Hearing Loss

In the first paper submitted to the Department seeking funding back in June 2025 we urged the Department not to simply blindly follow the NICE guidelines as laid out in the UK as it is woefully behind the rest of the world when it comes to hyperbaric medicine. However, we

now understand that a new governance framework has been introduced by the Department, which is quite similar to what exists in the UK , and so it is no surprise that a similar decision was reached and support is only offered for diving casualties. However, it is surprising that you would place such a low value on the one service that you are prepared to support.

It is hard to believe that the likes of the Food and Drugs Administration in America would approve hyperbaric oxygen therapy and the American insurance companies pay for such treatments (for all 14 of the internationally accepted conditions that benefit from hyperbaric oxygen therapy) if they were not satisfied that the treatments were respectively both effective and provided value for money. Incidentally, in France, cancer patients are routinely referred for hyperbaric oxygen therapy (HBOT) primarily to treat late radiation tissue injury (LRTI) and chronic tissue damage that occurs months or years after radiotherapy.

In the 10th August letter it is stated "……there is currently insufficient evidence to support the commissioning of the full range of hyperbaric treatments proposed, or to justify underwriting the full annual operating costs associated with the service". This is despite the previous charity successfully treating many thousands of patients and yet no account has been taken of this fact or insufficient weight given to all this evidence. We would contend that the Isle of Man facility over the past thirty years has treated more patients than any similar centre in the British Isles and all of that history should not be ignored.

Unfortunately, it would appear that the people advising you have no knowledge of hyperbaric medicine or indeed of the tremendous success of the facility over those years. We did ask the Department not to make a final decision until we had arranged for two of the leading experts from the British Hyperbaric Association to give a presentation and share their wide experience of the value of hyperbaric medicine, but we were not afforded that opportunity.

If we had been asked, we would have referred your advisers to the "Textbook of Hyperbaric Medicine" (6th Edition) written by Kewal K Jain ISBN 978-3-319-47138-9 if they had really wanted to learn about the subject.

We continue to maintain that considerable savings could be made by Manx Care if our service was properly financially supported to the value of 750K, I repeat at half the cost of a centre financially supported by NHS England.

As just one such example, we know that hyperbaric oxygen therapy is very effective in treating diabetic foot ulcers, as it produces faster healing, this alone can produce significant reductions in pharmaceuticals, dressings and attendance by Community Nursing teams, not forgetting the potential avoidance of eventual amputations and the need for ongoing care.

In a recent cost benefit analysis for another associated treatment the average weekly cost of care (averaged across several European countries) for non-healing leg ulcer patients was estimated to be £512 per week which equates to £26,624 per annum. These figures are based on considerable throughput and I doubt the equivalent figures for Manx Care would be less than those quoted. If we were to treat 100 such cases each year the average cost would be just £7500 per patient. We understand that there may not be that many patients suffering with diabetic foot ulcers but when you then include patients suffering from other chronic wounds, breast removals, gangrenous toes or limbs, vascular ulcers, burns, complicated

fractures (some with external fixators presenting points of infection), crush injuries and compartment syndrome this gives some idea of the savings that can be made.

More importantly, our treatment produces a better outcome for the patient, not only

improving mobility and quality of life but also enabling them to return to work sooner (paying national insurance and ITIP contributions rather than receiving incapacity benefits), but it seems the Department is not interested in trying to identify savings and bring about better patient outcomes unless we undertake a full academic analysis at considerable expense and causing further delay. We are continually receiving enquiries from diabetic foot ulcer patients (amongst all the other 14 indications) who have been receiving conventional treatment for up to 5 years in some cases with no sign of healing and are desperate to use our service.

We are committed to providing a service that benefits the Manx public who have supported us and have first hand experience of the benefits of hyperbaric medicine over many years and so if we do not receive a revised offer then we will be forced to withdraw our offer to provide hyperbaric oxygen therapy for diving casualties.

This would be a retrograde step for the diving community, (both resident and visitor) who in the event of a decompression illness would need to be flown by helicopter at low level to the nearest chamber, which is the facility in Birkenhead. Helicopters are not always available and cannot fly in some weather conditions. If the Birkenhead chamber was off-line for any reason then the next nearest available chamber would be in Hull, Aberdeen or Plymouth and possibly require a re-fuelling stop. Delays for any diving casualties can be catastrophic for the patient with the potential for long term injury or even death if they do not receive hyperbaric oxygen therapy in a timely manner. Such delays are totally foreseeable but also totally avoidable if you were to provide appropriate funding for the perfectly good hyperbaric chamber and facility that exists on your doorstep.

If we cannot agree on an appropriate level of funding from the Department then we will have to consider changing our business model and move to providing hyperbaric oxygen therapy on a self referral and a contribution basis . In order to keep charges low we will have to do so without the clinical lead and oversight that we would have provided if support had been forthcoming. Ironically, providing exactly the same hyperbaric service without medical oversight not only saves money but also means that we do not need to be registered with your Department which perhaps demonstrates the lack of knowledge about hyperbaric medicine within the Department.

We are sorry that the broader clinical commissioning review which you have recently undertaken (involving the Department, Manx Care and Public Health) has not been able to recommend a more satisfactory agreement that would have enabled our Charity to bring life saving and life improving medicine to the benefit of our Island community.

Regardless of this setback, the Charity still intends to become a leading member of the British Hyperbaric Association and an internationally recognised centre of excellence in Hyperbaric Medicine, although this will now take much longer. Such a centre will encourage specialised experienced physicians to work on the Island who truly understand the merits of hyperbaric medicine and not only benefit our Charity but Manx Care also.

We will continue to work with the Department and Manx Care to demonstrate the effectiveness of our treatments but it is regrettable that the Manx public who have already invested £1.5 million pounds to build and equip this centre will now have to pay further to use it.

We now hope that the new administration and the Department will actively review this decision and return with a more appropriate level of funding that will lead to better outcomes for so many patients and we eagerly await the Department's response.

Yours sincerely

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Vice Chairman