



**Isle of Man**  
Government

*Reiltys Ellan Vannin*

# Department of Health and Social Care

*Rheynn Slaynt as Kiarail y Theay*

**From the Office of the Minister  
Hon. K Beecroft, MHK**

Our Ref: KB/tg/

Mr Andy Cowie  
Chairman, Ramsey Town Commissioners  
Town Hall  
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**Dept. of Health and Social Care**

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Dear Mr Cowie

At the public requisition meeting on Tuesday 23 May 2017, I gave a commitment to send to the Ramsey Town Commissioners further information on the Department of Health and Social Care's plans to reduce the number of people waiting for an endoscopy.

I am happy now to fulfil my commitment through this letter and the enclosed charts.

As I set out at the meeting, the use of gastrointestinal endoscopy as a diagnostic procedure has grown steadily. Chart 1 shows that the number of endoscopies performed in the Isle of Man rose from 1,788 in 2006 to 3,317 in 2016: an increase of 85% in that 10 year period.

This growth in demand placed considerable pressure on the physical space available for endoscopy procedures at Noble's Hospital; which had been opened in 2003 with a single endoscopy room in the day procedures suite. In addition, changes in endoscopy best practice since Noble's Hospital opened meant that considerable investment would be required to ensure that our services on the Island comply with current medical protocols and the guidelines of the equipment manufacturers.

Both of these challenges led the department to commission a new, purpose-built endoscopy unit – something which both Noble's Hospital and Ramsey and District Cottage Hospital lacked. Funding for the new unit was approved by Tynwald at its November 2014 sitting, and it opened in September last year, at a total cost of £1.9 million.

The new unit is much larger, with three examination rooms designed specifically and solely for endoscopy procedures: offering patients enhanced privacy and dignity whilst also conforming to the latest technical standards, and therefore improving patient safety.

Whilst the investment in a new facility addressed the challenge of working space for endoscopies, it became clear that more clinic time would be required to meet demand.

Chart 2 shows our previous working pattern for endoscopy clinics, split between Noble's Hospital and Ramsey and District Cottage Hospital. For the three clinics in Ramsey, held on a Mondays and Fridays, around two hours were spent by the doctor traveling between Noble's Hospital and Ramsey. The doctor would usually start the morning at Noble's Hospital with a ward round or other duties, before heading to Ramsey ready for the start of the endoscopy clinic at 9.30 am. Over the course of a year this equates to approximately 100 hours of time that could – and should – be spent caring for patients, rather than travelling. We could perform between 200 and 300 endoscopic procedures in this time, depending on the length and complexity of the procedure.

We cannot avoid the fact that Noble's Hospital is the Island's principal acute hospital and that the majority of our doctors are based there. For the doctors in the general surgical and gastroenterology team running the endoscopy service is just one of their many duties and responsibilities, the remainder of which require their presence at Noble's Hospital: from performing surgery in theatre to outpatient clinics and carrying out ward rounds.

Turning to chart 3, you will see our plan for a consolidated endoscopy service at Noble's Hospital using all three of the endoscopy unit's examination rooms. You will note that the endoscopy clinics previously held in Ramsey have transferred directly to rooms 2 and 3. This is the only theatre activity that will be transferring from Ramsey and the nursing staff will be 'visiting' Noble's Hospital to deliver this service. Their base will remain Ramsey and District Cottage Hospital, and their oral surgery and dermatology surgery duties in Ramsey will not change.

The plan now utilises the clinic time lost by doctors travelling to and from Ramsey. In addition, by redistributing existing clinicians and healthcare professionals we can provide an additional 21 hours for endoscopies per week. This redistribution means there will now be two rather than three endoscopic practitioners (registered nurses or healthcare assistants) supporting the doctor, as has been the practice in Ramsey. This remains in line with guidelines and best practice from the Joint Advisory Group on Gastrointestinal Endoscopy. We are confident that all elements of the consolidation plan which I have described will enable the current waiting list of approximately 1,650 to be cleared within a year. This will mean a dramatic reduction in endoscopy waiting times from the current average of 33 weeks – which is wholly unacceptable and delays procedures to such an extent as to pose a risk to the safety of patients – and bring the Island into line with the standard in England of just six weeks.

I stressed at the public meeting that our current waiting times represent a risk to the safety of patients and I wish to make that point again today. The safety of endoscopy procedures carried out at Ramsey and District Cottage Hospital has never been in question.

In summary, given the wider duties of the clinical teams it is no longer viable for the endoscopy service to be split across two sites. However, I want Ramsey and District Cottage Hospital to be a fully utilised departmental asset for the benefit of the northern communities and the Island as a whole, and so we are exploring the possibility of basing an entire service there. This would mean that the doctor can be based in Ramsey rather than at Noble's Hospital. I said at the public meeting that dermatology is being reviewed as a prime candidate.

I hope that my letter gives a more detailed picture of the department's plans. Whilst I know some people do not agree with our decision about endoscopy services, I hope they can understand what we want to achieve and that it is being done for the right reasons. Ramsey and District Cottage Hospital remains a vital component of our Island's national health service.

Yours sincerely

A handwritten signature in black ink, reading "Kate Beecroft". The signature is written in a cursive style with a large, stylized initial 'K' and a long, sweeping underline.

**Hon. Kate Beecroft, MHK**  
**Minister for Health and Social Care**