Supporting the NHS
Stabilising Waiting Lists

Manx Executive Challenge
Green Team
Appendices
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Supporting the NHS
Stabilising waiting lists
## Appendix 1 - Milestone Plan

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<thead>
<tr>
<th>Milestone Description</th>
<th>Owner</th>
<th>Period (day/week/month)</th>
<th>Responsible Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-level research for project idea 1 - Diversity</td>
<td>RL</td>
<td>05/10</td>
<td>Applicables from milestone</td>
</tr>
<tr>
<td>High-level research for project idea 2 - Entertainment</td>
<td>GC</td>
<td>05/10</td>
<td></td>
</tr>
<tr>
<td>High-level research for project idea 3 - Waste</td>
<td>IS</td>
<td>05/10</td>
<td></td>
</tr>
<tr>
<td>High-level research for project idea 4 - Education</td>
<td>GT</td>
<td>05/10</td>
<td></td>
</tr>
<tr>
<td>High-level research for project idea 5 - DHSS vs PHI</td>
<td>PT</td>
<td>05/10</td>
<td></td>
</tr>
<tr>
<td>High-level research for project idea 6 - Family unit</td>
<td>MD/IS</td>
<td>05/10</td>
<td></td>
</tr>
<tr>
<td>Decide Final Topic</td>
<td>GT</td>
<td>13/10</td>
<td>Applicables from milestone</td>
</tr>
<tr>
<td>Break down and allocate project tasks</td>
<td>GT</td>
<td>20/10</td>
<td></td>
</tr>
<tr>
<td>Business research training</td>
<td>GT</td>
<td>30/10</td>
<td></td>
</tr>
<tr>
<td>Launch night</td>
<td>GT</td>
<td>30/10</td>
<td></td>
</tr>
<tr>
<td>Press Training</td>
<td>GT</td>
<td>30/10</td>
<td></td>
</tr>
<tr>
<td>300 words press submission</td>
<td>GT</td>
<td>12/11</td>
<td></td>
</tr>
<tr>
<td>Data Analysis training</td>
<td>GT</td>
<td>04/12</td>
<td></td>
</tr>
<tr>
<td>Complete &amp; submit research</td>
<td>GT</td>
<td>04/12</td>
<td></td>
</tr>
<tr>
<td>Analysis of research</td>
<td>GT</td>
<td>15/01 25/01</td>
<td></td>
</tr>
<tr>
<td>Reach tentative conclusion</td>
<td>GT</td>
<td>31/01</td>
<td></td>
</tr>
<tr>
<td>Presentation/Report skills training</td>
<td>GT</td>
<td>05/02</td>
<td></td>
</tr>
<tr>
<td>Secondary Research (if necessary required)</td>
<td>GT</td>
<td>14/02</td>
<td></td>
</tr>
<tr>
<td>Conduct self-assessment and feedback to ensure that new plan not changed post reciprocal agreement etc</td>
<td>PT</td>
<td>14/02</td>
<td></td>
</tr>
<tr>
<td>Organise another Radio/media DC</td>
<td>DC</td>
<td>14/02</td>
<td></td>
</tr>
<tr>
<td>Check with tax if idea is still feasible to ensure that view has not changed post reciprocal agreement etc</td>
<td>TS</td>
<td>14/02</td>
<td></td>
</tr>
<tr>
<td>Costing/financials to back up costs DC/MOH</td>
<td>20/02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach final conclusion</td>
<td>GT</td>
<td>20/02</td>
<td></td>
</tr>
<tr>
<td>Complete &amp; write report</td>
<td>GT</td>
<td>28/02 08/03</td>
<td></td>
</tr>
<tr>
<td>Proof read report</td>
<td>RL</td>
<td>13/03</td>
<td></td>
</tr>
<tr>
<td>Send report to invited guests for reading</td>
<td>GO</td>
<td>14/03</td>
<td></td>
</tr>
<tr>
<td>Receive report back from invited guests, analysis feedback</td>
<td>GT</td>
<td>22/03</td>
<td></td>
</tr>
<tr>
<td>Report to printers</td>
<td>RL</td>
<td>29/03</td>
<td></td>
</tr>
<tr>
<td>Submit completed report</td>
<td>GT</td>
<td>16/04</td>
<td></td>
</tr>
<tr>
<td>Produce/practise presentation (separate practice session dates to be confirmed)</td>
<td>GT</td>
<td>23/04</td>
<td></td>
</tr>
<tr>
<td>Final presentation</td>
<td>GT</td>
<td>10/05</td>
<td></td>
</tr>
<tr>
<td>Feedback session from judges</td>
<td>GT</td>
<td>10/05</td>
<td></td>
</tr>
<tr>
<td>Dagelapsed press release following live radio broadcast</td>
<td>Team</td>
<td>10/05</td>
<td></td>
</tr>
<tr>
<td>Press Release appearance</td>
<td>TS</td>
<td>10/05</td>
<td></td>
</tr>
<tr>
<td>Communication type / Key Message (s)</td>
<td>Objectives</td>
<td>Target Audience</td>
<td>Medium</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------</td>
<td>----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Press Release &amp; email</td>
<td>To raise awareness of Green Team's project and objectives</td>
<td>Isle of Man residents and businesses</td>
<td>Newspapers</td>
</tr>
<tr>
<td>Request residents and business to complete attached survey</td>
<td>Raise awareness of the challenge and objectives and encourage completion of questionnaire</td>
<td>Isle of Man residents and businesses</td>
<td>Personal networks via e-mail</td>
</tr>
<tr>
<td>Press Release &amp; email</td>
<td>To explain further the project's expected benefits and approach</td>
<td>Isle of Man residents and businesses</td>
<td>Online journals</td>
</tr>
<tr>
<td>Request to doctors to provide information regarding private practice</td>
<td>To start debate and ensure audience understand the complementary nature of the project to the NHS</td>
<td>Isle of Man residents and businesses</td>
<td>Online journals</td>
</tr>
<tr>
<td>Request to doctors to provide information regarding private practice</td>
<td>Gain feedback on the solution and issues surrounding private practice</td>
<td>Isle of Man residents and businesses</td>
<td>Online journals</td>
</tr>
<tr>
<td>Project details including project objectives and potential benefits</td>
<td>GPs on island</td>
<td>E-Mail</td>
<td>n/a</td>
</tr>
<tr>
<td>Request to doctors to provide information regarding private practice</td>
<td>Gain information on involvement in private practice, referral practice and attitude towards private practice</td>
<td>Isle of Man residents and businesses</td>
<td>Newspapers</td>
</tr>
<tr>
<td>Inform island stakeholder communities of project and challenges</td>
<td>Key stakeholder communities (Island residents, employer organisations, political members and senior government officials and health community)</td>
<td>Radio</td>
<td>n/a</td>
</tr>
<tr>
<td>Further information releases on project details, solutions under consideration, requests for help, test solution options</td>
<td>Further debate from all stakeholders</td>
<td>Key stakeholder communities (Island residents, employer organisations, political members and senior government officials and health community)</td>
<td>Radio</td>
</tr>
<tr>
<td>Test solution options</td>
<td>Viable options identified, others ruled out</td>
<td>Key stakeholder communities (Island residents, employer organisations, political members and senior government officials and health community)</td>
<td>Directed e-mail, face-to-face meetings, telephone</td>
</tr>
<tr>
<td>Live recording on Mandate</td>
<td>To complete one element of the Manx Exec Challenge and spark public debate on the GreenTeam topic</td>
<td>Isle of Man residents</td>
<td>Manx Radio - Mandate</td>
</tr>
<tr>
<td>Press release following Mandate</td>
<td>To maintain awareness of the project throughout the presentation date of 14th May</td>
<td>Isle of Man residents</td>
<td>Newspapers, specialist publications</td>
</tr>
</tbody>
</table>
## Appendix 3 - Project Risk Matrix

<table>
<thead>
<tr>
<th>Risk</th>
<th>Impac t 1-5</th>
<th>Prob 1-5</th>
<th>Risk Rating</th>
<th>Proximity</th>
<th>Owner</th>
<th>Mitigation Strategy &amp; Contingency Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team not buying into the project</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Onset</td>
<td>Team</td>
<td>Ensure from onset that team have brought into the project and do not proceed without this confirmation</td>
</tr>
<tr>
<td>Risk of team not communicating</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>Ongoing</td>
<td>Team/PM</td>
<td>Team to agree to ‘chater’ at onset to ensure that we agree to meet on weekly basis. PM to ensure that this happens and that minutes are circulated weekly</td>
</tr>
<tr>
<td>Not being able to access required information</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>Research</td>
<td>Team</td>
<td>Team to illustrate attempts to collect information and to devise ‘plan B’ at the first notice of situation occurring</td>
</tr>
<tr>
<td>Confidentiality issues</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Research</td>
<td>Team</td>
<td>Team will have to accept that some info may be confidential and therefore devise a plan to illustrate information in an alternative way without breaking any confidentiality agreements</td>
</tr>
<tr>
<td>Team members not completing tasks on time</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>Ongoing</td>
<td>PM</td>
<td>PM to keep control of tasks recording what is/is not complete</td>
</tr>
<tr>
<td>Team members work schedules/home life impacting upon ability to input</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>Ongoing</td>
<td>Team</td>
<td>Team when agreeing to charter to include communication of ability to attend meetings/keep up with workloads</td>
</tr>
<tr>
<td>Loosing sight of project scope</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>Ongoing</td>
<td>Team/PM</td>
<td>Via regular meetings, re-visit brief to ensure that project is keeping on track</td>
</tr>
<tr>
<td>Not completing project on time</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>Ongoing</td>
<td>Editor/PM</td>
<td>Careful adherence to the milestone plan should ensure that timescales are met</td>
</tr>
<tr>
<td>Conflict within the group</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>Ongoing</td>
<td>Team</td>
<td>Team to ensure that they agree to charter from onset. PM to adress any issues arising as and when they arise (i.e not to ‘fester’)</td>
</tr>
<tr>
<td>Surveys/research not substantiating claims</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>Ongoing</td>
<td>Team</td>
<td>Team to accept that the research and plan is an ‘evolving’ process and that some of the information we find might mean re-addressing the objective/outcome of the project</td>
</tr>
<tr>
<td>Reports not printed on time</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>Print</td>
<td>PM</td>
<td>regular correspondence with printers to ensure that quoted timescales remain relevant</td>
</tr>
<tr>
<td>Last minute team member drop out</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>Ongoing</td>
<td>Team</td>
<td>Team to have ‘back up’ at all times (e.g when considering at presentation to have a 3rd team member acting as ‘understudy’ ready to step into the fold if required)</td>
</tr>
</tbody>
</table>
Appendix 4  Methodology

Project Management

Project Selection

The main aspects of project management were, as follows:

In order to ascertain the best proposal, we initially brainstormed and analysed numerous ideas, which we felt would benefit the Manx Community during this “challenging” economic time and that would sit best with our brief.

We went through each idea identifying whether they had an obvious benefit for the people of the Island, were likely to be feasible and could be scoped and developed within the short amount of time we had available for this proposal.

Once we had fully brainstormed each of these ideas our aim was to identify the one project that would be most beneficial to the community and was both new and innovative.

We all had strong views on which ideas were the best at the initial brainstorm meeting and we decided that we would take our top 6 ideas and each of us would pursue and research one further.

Of the 6 potential projects, each team member produced a draft charter for the following:

1. Increased revenue for NHS through increased take up of private healthcare;
2. Improving family cohesiveness;
3. Increased revenue / decreased costs through rationalisation of waste collection and increased recycling;
4. Entertainment for teenagers;
5. Increased diversification of the Manx economy;
6. Reduced government costs by rationalisation of common services delivered within each department into a single set of shared services.

We all began initial investigations on our project to find out as much as possible about each idea using primary sources (interviewing relevant people to our project) and using secondary data we could locate.

We agreed to reconvene a week later to agree our ultimate team’s project. We did this by a process of elimination, as we found that some of our ideas did not sit comfortably within the brief or (due to a number of reasons) would not be feasible.

We finally came to an agreement on one idea aimed at introducing a dynamic new element to the NHS healthcare system.

The Team decided that it was important for us to research and address two key questions as part of our final proposal: -

Question 1 – How many residents have healthcare provision through Private policies on the IOM (both Corporate & Personal) and how could we encourage further take up (thus taking some financial burden off the IOM NHS pot) and;

Question 2 – How much private treatment is elected to be undertaken off island that could in fact be performed on Island? (Thus keeping the revenue on the Island and fully utilising Nobles Private Ward).
Project Initiation

Once we had agreed on the main aspects of the project, we worked through the key activities that we would need to undertake and their deliverables, any dependencies between them, risks we would need to account for (and how we would mitigate them), and who would take responsibility for each required activity (this was partly informed by our stated aims for the challenge and our personalities), (refer to appendix 5, project charter spreadsheet).

Once this was completed, we then worked through each activity to generate a rough timeline and then produced our key milestones (refer to appendix 1, milestone plan). The final part of initiation was to agree how we would work together. We agreed a Code of Conduct for the team, as follows:

General Ground Rules

- Appreciate others' ability to contribute;
- Deal honestly with each other;
- Trust each other;
- Consider and respect each other;
- Value and fairly consider each other's ideas and input;
- All be involved and contribute to the best of our abilities;
- Offer and provide help and support to each other.

We also agreed some of other basic ground rules and methods (such as the use of Google Docs for storing documentation) and frequency of our meetings (refer to appendix 15, meeting minutes).

The key roles agreed were:

Project Manager
Report Editor
Analysts
Presenters
Key Speakers

All team members were involved in the key research, interviewing, survey creation and distribution, and although the roles above were generally stuck to, all team members played a supporting role for each other to ensure an even distribution of workload.

Project control

Once initiated, project control was shared but with the Project Manager working to keep us firmly on track, constantly reminding the team of milestones and forthcoming activities. Minutes of meetings were posted to Google Docs after each meeting, and these included notes of key actions to be undertaken. These would be referred to in each subsequent meeting to ensure key tasks were carried forward, if not completed.

If the team ever decided that the plan needed adjusting, this would be done as a group, but with the Project Manager carrying the deciding vote, in the event of a ‘hung’ decision. Whilst meetings generally ran to schedule, they were also used to catch up on what each other had been up to more generally; and social outings were arranged, which assisted with team bonding quickly.
The Green Team

At key stages, a review was undertaken to confirm achievements to date and upcoming activities that needed to be planned for.

In order to ensure that we mitigated (as much as we possibly could) any potential problems within the team that could occur during the challenge, we completed a project risk matrix (refer to appendix 3). This ensured that any potential risks would be recognised in advance and that we would have contingency plans in place aimed at reducing any impact to the team. This process also assisted us in acknowledging our preferred work styles so that we could start to work appreciating each other’s personal styles and preferences. The Project Manager, in conjunction with the milestone plan, reviewed this regularly.

Methods of research

In order to ensure our research was relevant and of good quality, we used a ‘Triangulation’ approach (multiple methods of research, for instance exploratory and descriptive methods of research.)

Because of the nature of our proposal we realised we would need to obtain both qualitative and quantitative data. We obtained qualitative information by sourcing opinion from the general public, professional and senior government officials.

The quantitative data was obtained from the figures we received from our meetings and from financial reports available to us from experts in the healthcare profession and in the relevant government departments.

Initial interviews were agreed to assess the likelihood of this being a worthwhile project, and gather initial background information:

- Discussions within the Treasury (re; tax incentive)
- Discussions with David Killip (CEO DHSS)
- Hon. Eddie Teare (Minister for Health and Social Security)
- Interview with Norman McGregor Edwards (Director of Health, Strategy and performance)
- Interview with Paula Hardinge (Business Manager, Private Patients Ward Hospital)
- Ian Harris (Financial Controller Nobles Hospital)

This led to a requirement to collect opinions across a number of groups of individuals and our primary data collection was done by designing and preparing an online questionnaire, which was used to obtain statistical information and opinions and were distributed to (refer appendix 9)

- Individuals across the island
- Hospital consultants
- Employers

We decided to distribute the survey electronically to ensure that we were being environmentally friendly and also to ensure a large distribution to as many people as possible and to allow the data to be collected on the online database that we had created.

When designing the survey itself we made sure that it was easy to follow and the questions were not ambiguous or leading in any way. We used exploratory and explanatory questions in order to get more information out of our survey.
As part of our research our team would have preferred to report statistical information (obtained by various PMI providers) regarding PMI claims made by Isle of Man residents. Unfortunately, all initial efforts drew a blank. Therefore, we had to tailor our research questions to assist us in obtaining information on areas where we had failed (for reasons of confidential) to obtain statistical data.

As part of our research strategy, the team tried different methods and approaches to obtain key information regarding past PMI claims, this included organising letters to the CEO’s of PMI providers personally signed by Eddie Teare, utilising local key IFA contacts and the library services of the Chartered Management Institute.

As we were not getting anywhere with our efforts, the team then had to switch strategy and alter the questions used in our survey the Isle of Man General Public in order to obtain information that would help bridge the gap of missing statistical confirmation that the PMI providers would not provide. We were also able to obtain information directly from the private ward at Nobles helping us to make reasonable assumptions.

Other forms of research used were Internet research (mainly from reputable and trusted sites such as the institute of fiscal studies), to obtain secondary research data and also used CMI.

On occasions, the team were party to confidential information supporting key facts and in cases where such information was divulged, strategies had to be developed whereby the team would seek useable data that would allow us to reach reasonable assumptions equivalent to the detail contained in the original confidential information provided.

From the outset, when meeting with key people, the team were very conscious to ensure that following any meetings, an email was sent to the individual/s we met containing meetings notes and a request to verify and confirm our understanding of the content of each meeting. Overall the research data our team gathered and obtained was relevant to our proposal and of good quality.

**Methods of analysing the data**

When analysing the data received from the online questionnaire we looked at key trends of the responses and general outcomes from each survey (refer to appendix 9, Survey Results)

We collated the statistical information and put this into graph format to understand the outcomes as a team.
The team also compared the data against other relevant information collected such as the Isle of Man Census and other government statistics received, (details of which are included in the references.)

The data was applied to the full population to give us an indication of trends within the Manx population.

Once all the data had been analysed it was put into relevant forms to present within our proposal making the correlation between figures clear to the reader.
## Objectives

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increase revenue to the IOM NHS by encouraging Island employers and residents to take out PMI;</td>
<td>- Increased revenue for Health Service;</td>
</tr>
<tr>
<td>- Incentivisation to be provided by ITD (Tax Relief/Exempt Benefit)</td>
<td>- Reduced expenditure for Health Service;</td>
</tr>
<tr>
<td>- Incentivisation to be provided by DHSS (New NI Tables to reduce contribution rates)</td>
<td>- Increased income for Consultants helps attract new skills;</td>
</tr>
<tr>
<td>- PMI Providers co-operation to keep work on island</td>
<td>- Increased Tax &amp; NI contributions from Consultants;</td>
</tr>
</tbody>
</table>

## Deliverables

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Measures of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Co-operation of all key stakeholders;</td>
<td>- Increase in private procedures being undertaken</td>
</tr>
<tr>
<td>- Must be able to deliver changes as stated;</td>
<td>- Increase in range of procedures offered</td>
</tr>
<tr>
<td>- Must be able to deliver evidence the proposal will increase revenue for IOM NHS;</td>
<td>- Island can be more competitive with pricing to compete further</td>
</tr>
<tr>
<td>- Must be able to display that funding will still be available to provide current level of provision and that this will not effect Health Services negatively;</td>
<td>- More income available to Health Services</td>
</tr>
</tbody>
</table>

## Research:

- Key people – Assessor of Income Tax, CEO DHSS, PMI Providers;
- Costings - biggest cost (op's/procedures) - most costly demographic, most contributing demographic, how many can we take out and to what level?
- Opportunities - Contracting out private ward - Implications, Revenue?

## Scope

- Options would be ruled out that did not fit the “spirit” of the brief to “benefit the island and its residents”, these are as follows:

  - Raise NI Contribution Rates
    - Reducing Service offered by NHS
    - Raise prescription charges

- Concentrate on the primary argument, other items can be suggested i.e. medical tourism, cosmetic surgery but only for working group to explore and outline this within the report.

## The options ruled out for other reasons, are as follows:

- An efficiency initiative within the NHS
- ‘Health Tourism’
- Private cosmetic surgery
- Reciprocal agreement
### Appendix 6  
**Research Material Items**

#### Private Consultants List  
**Noble’s Hospital – PP Services/Specialities**

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Consultant</th>
<th>Clinics</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURGERY</strong></td>
<td><strong>GENERAL SURGERY</strong></td>
<td>Mr Ilhamy Iskander FRCS(Eng), FRCS(Ed), MD</td>
<td>Held on Private Patient Unit, Noble’s Hospital</td>
</tr>
<tr>
<td><strong>SURGICAL GASTROENTEROLOGY AND GENERAL SURGERY</strong></td>
<td>Mr Simon Stock</td>
<td>Tuesday morning held at Noble’s Hospital</td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL GYNAECOLOGY and COLPOSCOPY</strong></td>
<td>Mr Robert Fayle BMedSci(Hon), BM, BS, FRCOG, MObstetGynaeco(L’pool)</td>
<td>Alternate Thursday mornings at Hawthorn Villas</td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL GYNAECOLOGY</strong></td>
<td>Mrs M Moroney FRCOG</td>
<td>1 Hawthorn Villas, Mount Murray, Santon, Isle of Man IM4 1JF</td>
<td>Special interest: Sub fertility, menstrual dysfunction, menopausal problems</td>
</tr>
<tr>
<td><strong>OPHTHALMOLOGY</strong></td>
<td>Mr Azfar W Chohan</td>
<td>Held at Noble’s Hospital</td>
<td>Special Interest: Modern cataract surgery (Phacoemulsification), Oculoplastic (eyelids) surgery including Blepharoplasty Ptosis, DCR and Glaucoma management</td>
</tr>
<tr>
<td><strong>OPHTHALMOLOGY</strong></td>
<td>Mr Mushtaq Khan MBBS, DO, FRCS(Ed), FRCS(Ed Ophth)</td>
<td>Held at Noble’s Hospital</td>
<td></td>
</tr>
<tr>
<td><strong>ORAL and MAXILLOFACIAL SURGERY, IMPLANTOLOGY, ORAL MEDICINE</strong></td>
<td>Mr Roger Godfrey FDS, BDS, LDS, Rcs</td>
<td>Held at Noble’s Hospital</td>
<td></td>
</tr>
<tr>
<td><strong>ORTHOPAEDICS / JOINT REPLACEMENT SURGERY</strong></td>
<td>Mr Ross Barker MBBS (London), MSc, MRCS (Eng), FRCS (Tr&amp;Orth)</td>
<td>Weekly in Private Patients Unit, Noble’s Hospital</td>
<td>Surgery of the Hip: Modern Hip replacement (Exeter), Young Adult Hip Replacement, Complex cases (Perthes/AVN/Trauma) and Revision Hip Surgery</td>
</tr>
<tr>
<td><strong>ORTHOPAEDICS</strong></td>
<td>Mr Sean Crerand MB, M.Ch(Ortho), FRCSI</td>
<td>Mondays 2pm to 5pm</td>
<td>Surgery of the Knee: Primary Total Knee Replacement, Partial Knee Replacement (young active pts) and Revision Knee Replacement</td>
</tr>
</tbody>
</table>

**Supporting the NHS**  
**Stabilising waiting lists**
The Green Team

Speciality: ORTHOPAEDICS and TRAUMA
Consultant: Mr A D L Green, FRCS
Clinics: Weekly clinics in Private Patients Unit, Noble’s Hospital
(appointment normally within one week)
Additional Information: Upper Limb and hand including: Frozen shoulder, Tennis elbow, Dupuytren’s contracture, trigger finger, carpal tunnel syndrome, ganglion. Lower Limb and foot including: Hip and Knee Replacement, Arthroscopic knee surgery, hallux valgus and toes deformities. Acute trauma including fracture fixation to upper and lower limbs.

Speciality: ORTHOPAEDICS and SPINAL DISORDERS
Consultant: Mr Ian Wright BSc, FRCS (Tr & Ortho)
Clinics: Wednesday morning, weekly in Private Patients Unit, Noble’s Hospital
Additional Information: Special Interest in spinal disorders - Surgical and non-operative treatment Hip and Knee replacement surgery Knee arthroscopy General Orthopaedics including hand and foot surgery.

Speciality: OTORHINOLARYNGOLOGY
Consultant: Mr D H Hoehmann, MD, PhD, FRCS
Clinics: Weekly clinics in Noble’s Hospital
Additional Information: General ENT Surgery Head/Neck and Thyroid surgery Cosmetic Procedures: Rhinoplasty, Blepharoplasty, Otoplasty, Facial Plastics. Allergy Clinics: Screening, Immunotherapy

Speciality: UROLOGY
Consultant: Mr S Upsdell MB, BS, FRCS, MD, FEBU
Clinics: Weekly in Private Patients Unit, Noble’s Hospital

Speciality: GASTROENTEROLOGY AND GENERAL MEDICINE
Consultant: Dr Andrew Ashdown
Clinics: Held on Private Patient Unit, Noble’s Hospital
Additional Information: For disorders and treatment of upper and lower gastrointestinal disorders, including inflammatory bowel disease and cancer as well as general medical problems, such as fatigue and anaemia.

Speciality: DIABETES/ENDOCRINOLOGY AND GENERAL MEDICINE
Consultant: Dr Emran Khan - MBBS (Pesh), FRCP(Edin), FRCP (London)
Clinics: Held at Noble’s Hospital
Additional Information: Endocrinology, Hypertension (Primary/Secondary), Obesity Management, Hyperlipidemia, Polycystic Ovarian Syndrome, Hirsuitism, Chronic Fatigue Syndrome, Insurance General Medical Checks

Speciality: RHEUMATOLOGY AND GENERAL MEDICINE
Consultant: Dr R Peshin - MBBS, MRCP(UK), MMedSc, MFSEM
Clinics: Held on Private Patient Unit, Noble’s Hospital

Speciality: PHYSICIAN / GERIATRICIAN
Consultant: Dr John Thomas MBBS, MD, MRCP(Lon), DGM(Lon), CCST(Oxford)
Clinics: Held on Private Patient Unit, Noble’s Hospital
Additional Information: Stroke and TIA management In and outpatient care for all Medical conditions, especially Older People’s illnesses e.g. Parkinson’s disease, Syncope attacks etc. Holistic approach to multiple system disorders. Well-Man and Well-Woman check up and ‘MOT’
The Green Team

Speciality: PHYSICIAN – CARDIOLOGY
Consultant: Dr Jan Tibitanzl
Clinics: Held on Private Patient Unit, Noble’s Hospital

VISITING CONSULTANTS

Speciality: NEUROLOGIST
Consultant: Dr M BOGGILD
Clinics: Held Private Patient Unit, Noble’s Hospital every 2 weeks

Speciality: PLASTIC, RECONSTRUCTIVE AND AESTHETIC SURGERY
Consultant: Mr Kevin Hancock FRCS, FRCS(Plast)
Clinics: Whiston Hospital, Prescot, Merseyside L35 5DR
Additional Information: Usually visits Noble’s Hospital on the 3rd Friday of the month for clinics and operating sessions.

Speciality: DERMATOLOGY
Consultant: Dr N C Hepburn MD FRCP
Clinics: Held on Private Patient Unit, Noble’s Hospital
Additional Information: Visits the island the first weekend of every month.
## Noble’s Hospital Isle of Man

### Private Ward Tariff

Rates as at September 2009

<table>
<thead>
<tr>
<th>Type</th>
<th>Nature</th>
<th>Description</th>
<th>Total (£)</th>
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</thead>
<tbody>
<tr>
<td><strong>Accommodation</strong></td>
<td>Inpatient Ward Charges</td>
<td>Daily rate Inpatient - Private Patients</td>
<td>417</td>
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<tr>
<td></td>
<td></td>
<td>Daily rate Inpatient - On General Ward</td>
<td>297</td>
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<tr>
<td></td>
<td></td>
<td>Daily rate Inpatient - RDCH</td>
<td>260</td>
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<tr>
<td><strong>Day Case Ward Charges</strong></td>
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<td>Daily rate Day Case - NH</td>
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<td></td>
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<td>Daily rate Day Case - RDCH</td>
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<tr>
<td><strong>Inpatient Supplements</strong></td>
<td></td>
<td>Daily rate Inpatient - CCU supplement</td>
<td>991</td>
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<tr>
<td></td>
<td></td>
<td>Daily rate Inpatient - HDU supplement</td>
<td>807</td>
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<tr>
<td></td>
<td></td>
<td>Daily rate Inpatient - ITU supplement</td>
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<tr>
<td><strong>Ward Attender</strong></td>
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<td>Ward attending charge</td>
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<tr>
<td><strong>Theatre</strong></td>
<td>Procedures</td>
<td>Minor</td>
<td>335</td>
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<tr>
<td></td>
<td></td>
<td>Intermediate</td>
<td>582</td>
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<td></td>
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<td>Major</td>
<td>830</td>
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<td>Major Plus</td>
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<td></td>
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<td>Complex Major 1</td>
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<td>Complex Major 2</td>
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<td>Complex Major 3</td>
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<td>Complex Major 4</td>
<td>2,227</td>
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<tr>
<td></td>
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<td>Complex Major 5</td>
<td>2,539</td>
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<tr>
<td><strong>Phacoemulsification</strong></td>
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<td>One lens, day patient</td>
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<td><strong>Prosthesis</strong></td>
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<td>by item</td>
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<td><strong>Diagnostic Services</strong></td>
<td>Cardic Investigations</td>
<td>ECG</td>
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<td></td>
<td>EchoCG with doppler</td>
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<td></td>
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<td>Exercise ECG</td>
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<td></td>
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<td>Tilt table test</td>
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<td>24 hour ambulatory blood pressure recording</td>
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<td>24 hour Holter Monitoring</td>
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<td>5-day R-test recordings of heart rhythm</td>
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<td><strong>Radiology</strong></td>
<td>Radiological Examination Group A</td>
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<td>43</td>
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<td>Radiological Examination Group B</td>
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<tr>
<td></td>
<td>Radiological Examination Group C</td>
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<td></td>
<td>Radiological Examination Group D</td>
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<td>Radiological Examination Group E</td>
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<td>Radiological Examination Group F</td>
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<td>CT Scan</td>
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<td></td>
<td>MRI 1 Part</td>
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<td>MRI 2 Part</td>
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<td>865</td>
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<td></td>
<td>MRI 3 Part</td>
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<td>1,114</td>
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<td>MRI 4 Part</td>
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<td>1,364</td>
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<td><strong>Pathology</strong></td>
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<td>Bloods per profile</td>
<td>19</td>
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<td>Other per profile</td>
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<td><strong>Audiometry</strong></td>
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<td>Plain tone consultation fee</td>
<td>42</td>
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<td>Tymanometry only</td>
<td>29</td>
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<td>Alternate Binaural Loudness Balance</td>
<td>53</td>
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<td>Auditory Brainstem response - Neurological</td>
<td>292</td>
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<tr>
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<td>Auditory Brainstem response - Threshold</td>
<td>408</td>
</tr>
<tr>
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<td></td>
<td>Carhart’s Tone Decay Tests</td>
<td>53</td>
</tr>
<tr>
<td>Service</td>
<td>Cost</td>
<td></td>
<td></td>
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<tr>
<td>----------------------------------------------</td>
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<tr>
<td>Full vestibular assessment</td>
<td>524</td>
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<tr>
<td>Tymanometry with acoustic reflexes</td>
<td>53</td>
<td></td>
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<tr>
<td>Speech Audiometry (free field)</td>
<td>70</td>
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<td></td>
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<tr>
<td>Speech Audiometry (head phones)</td>
<td>70</td>
<td></td>
<td></td>
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<tr>
<td>Swim protective headbands</td>
<td>20</td>
<td></td>
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<tr>
<td>Swim plug ear moulds (per pair)</td>
<td>29</td>
<td></td>
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<tr>
<td>Uncomfortable Loudness Levels</td>
<td>29</td>
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<tr>
<td>Tinnitus Assessment and Counselling</td>
<td>145</td>
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</tr>
</tbody>
</table>

**Lung Function**
- Full function with transfer factor: 62
- Vitalalography: 31

**Sleep Aponea**
- Initial assessment: 432
- CPAP First year: 1,353
- CPAP Annual Maintenance: 1,090

**Clinical Services**
- **Physiotherapy**
  - Initial assessment: 62
  - Session charge: 37
  - Follow up counselling: 55

**Occupational Therapy**
- Initial assessment (adult): 186
- Follow up (adult): 55

**Dietetics**
- Initial assessment: 62
- Session charge: 37
- Oral nutrition (by item): 55
- Follow up counselling: 55

**EEG**
- Electroencephalography: 124

**Additional Charges**
- Pharmacy - Drugs
  - Daily drug charge on Ward: 29
  - Standard charge day case drugs: 29
  - Daily drug charge on CCU: 121
  - Daily drug charge on HDU: 121
  - Daily drug charge on ITU: 320
  - High cost drugs (by item)

**Consumables**
- High cost consumables (by item)

**Plaster**
- Cast brace (by item)
  - Plaster All above elbow: 74
  - Plaster All above knee: 148
  - Plaster All below elbow: 43
  - Plaster All below knee: 87
  - Plaster Jacket/Hip cast: 446
  - Specialist brace (by item)
    - Synthetic All above elbow: 149
    - Synthetic All above knee: 297
    - Synthetic All below elbow: 87
    - Synthetic All below knee: 172
    - Synthetic Jacket/Hip cast: 892

**Outpatient Services**
- General Outpatient
  - Clinic attending charge: 21

**Procedure Charge**
- Minor: 335
- Intermediate: 582
- Major: 830
PRIVATE MEDICAL INSURANCE RELIEF –
NEW NIGHTLY CASH BENEFIT LIMIT

Background
The Income Tax Division grants tax relief in respect of private medical insurance (PMI) premiums paid providing that certain criteria are met.

The maximum amount of premiums that an individual over the age of 60 may claim relief on is currently £1,800 per year.

PMI contracts may provide benefits other than medical care, including cash payments in certain circumstances.

Nightly cash benefits
Nightly cash benefits are paid when the insured person is an in-patient in an NHS hospital (often known as an ‘NHS cash benefit’).

An example would be where the person requires emergency treatment and is taken to the nearest NHS hospital rather than the nearest private hospital.

Currently, where the cash benefit exceeds £50 per night, the PMI premiums are not eligible for tax relief.

Increased limit
Taking into account that the majority of policies now provide for nightly cash benefits of £100 per night, the eligibility limit has been increased to £100 with effect from 6 April 2008.

Future review
The Income Tax Division will review all of the rules relating to PMI relief in the near future to ensure that they reflect current Treasury policy and market circumstances.

M Couch
Assessor of Income Tax

This Practice Note is intended only as a general guide and must be read in conjunction with the appropriate legislation. It does not have any binding force and does not affect a person’s right of appeal on points concerning their own liability to income tax. Comments and suggestions for improvements of issued Practice Notes and suggestions for future Practice Notes are always welcome.
Frequently asked questions


Tax Relief – Practice Note

top

Q Can I get tax relief for my life insurance premiums?
A Tax relief for life insurance premiums was abolished with effect from 6 April 2008. Any premiums paid before 5 April 2008 will receive tax relief in the tax year in which they were paid.

Q I've got Private Medical Insurance, how is it treated by the Manx Tax Acts?
A Private Medical Insurance qualifies for tax relief provided it meets certain criteria - you must be resident in the Isle of Man for tax purposes and pay the premiums on an eligible contract. The contract must insure either you or a tax resident relative or friend. The insured person must be at least 60 years old, or if the insured are a married couple then one partner must be at least 60 years old.

Q Is my contract eligible?
A Only if it provides cover for a person aged 60 years or over; or a married couple where at least one of the partners is aged 60 years or over. The contract should provide cover for medical or surgical treatment given or supervised by a qualified medical or dental practitioner.

A contract will not be eligible if it provides any of the following items:
1. Cash benefits in excess of £100 per night while undergoing treatment in a hospital bed
2. Dental treatment carried out by a general dental practice
3. Eye tests and other eye treatments not carried out in a hospital
4. Plastic surgery carried out for cosmetic reasons (i.e. a facelift)
5. Policies that provide cash payments for loss of limbs or dismemberment
6. Schemes that provide cash benefits only

Q Is there any limit to the amount of tax relief I can claim?
A Yes. Tax relief is given by way of deducting the amount of premiums paid from your taxable income. The maximum deduction for payments made after 6th April 1998 is limited to £1,800, (£3,600 for married couples where both partners are 60 years or over and insured). There is no limit to the amount of policies that you pay as long as they are eligible. So you could claim for your own policy if you are 60 years or over, and also on an eligible contract that you pay to insure a relative if they are also 60 years or over, the amount you pay will be aggregated, and limited to the maximum deduction allowed.

Q How do I claim relief?
A To claim tax relief you will need evidence of payment of the contract premiums. This should be forwarded to the Income Tax Division with your completed annual income tax return form. You should complete the section called Private Medical Insurance with the details of the scheme with your first claim. If you pay tax through the ITIP scheme on your employment or occupational pension, you should contact the Income Tax Division as soon as you start paying premiums so that your code can be altered to give you tax relief immediately. You will be asked to give full details of the insured person and the name of the scheme and provider.
Q Can I transfer an existing contract that is not eligible?
Yes, it may be possible to transfer to an eligible scheme. You should contact your insurance provider for advice. If you have a family contract which is not eligible, you may be able to separately insure the parties to benefit from eligible schemes for those of the appropriate age. If you have an existing contract but the insured parties are not yet age 60, it may become eligible when they reach that age. It will depend on the cover provided and all the previously mentioned conditions and any new conditions that may be brought in as to whether it will be eligible. If an existing contract becomes eligible on the insured reaching age 60, you will get tax relief on all premiums paid after their 60th birthday.
## Costing for Implementation Plan

<table>
<thead>
<tr>
<th>Implementation Plan Item</th>
<th>Costs (£)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation with public</td>
<td>5K</td>
<td>Consultation in Local Parish meetings, leaflet drop and paper/internet i.e survey monkey</td>
</tr>
<tr>
<td>Consultation with enterprise</td>
<td>1K</td>
<td>Corporate meeting/brief/consultation, industrial leaflets, random phone consultation</td>
</tr>
<tr>
<td>Consultation with PMI providers</td>
<td>4K</td>
<td>Heads may need to travel to discuss *if no success over VC's/telephone</td>
</tr>
<tr>
<td>Consultation with Nobles</td>
<td>TIME*</td>
<td>Consultation with consultants, senior support staff</td>
</tr>
<tr>
<td>Analysis of Q1 consultation results</td>
<td>TIME*</td>
<td>In-house analysis or complete survey and tasks conducted externally i.e. marketing firm - not costed</td>
</tr>
<tr>
<td>Consultation with GP's</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Consultation with sale/provider outlets</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Prepare Budget, marketing and processes</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Stage 1 Marketing</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Stage 2 Marketing</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Stage 3 Marketing</td>
<td>3K</td>
<td>Leaflet in tax form, therefore maximum and full exposure</td>
</tr>
<tr>
<td>Prepare for operational changes</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Present for 2011 budgets</td>
<td>TIME*</td>
<td>included in review of tax form changes and inclusion into guide notes</td>
</tr>
<tr>
<td>Updating forms and literature</td>
<td>TIME*</td>
<td>forms required as a matter of course</td>
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<tr>
<td>Launch 06/04/2011</td>
<td>TIME*</td>
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<tr>
<td>Initial post implementation assessment</td>
<td>TIME*</td>
<td></td>
</tr>
<tr>
<td>Benefits review and resulting enhancements</td>
<td>TIME*</td>
<td>unless forms part of the external company review i.e. marketing - not costed</td>
</tr>
<tr>
<td>Contingency</td>
<td>2K</td>
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<tr>
<td><strong>Total (£)</strong></td>
<td><strong>15K</strong></td>
<td>Plus time which we are unable to calculate</td>
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</table>

*regrettably, the team were unable to obtain data from the Isle of Man Government regards wage scales, and therefore this one element of costing we are unable to provide a quote for*
Waiting lists

10,612 patients were on the waiting list at the end of Mar 2009. This is an increase of 485 patients (4.8%) from the Mar 08 figure of 10,127.

In 2009 and 2010 a total of 1,756 private patients used the private ward. If the private patients had been doubled in 07/08 and 08/09 the waiting list as at the end of Mar 09 would have been 8,856 instead of 10,612 representing a reduction of 16.5%.

With the private patient level doubled the waiting list in Mar 2008 would be 9,207 and therefore decreased by 351 patients (3.8%) to the new Mar 09 figure of 8,856.

Net income from doubling the private patients

The income for the 9 months to Dec 09 was £1.3m with a profit margin of 45% which is £585k net income.

This equals £780k income for a full year.

Income from additional work done by consultants

According to the UK NHS website (http://www.nhscareers.nhs.uk/details/Default.aspx?id=553) a consultant can expect to earn an average of £125,373. Our survey of consultants showed that they use up to 25% of their time on private work giving an annual income of £31,343.

This means the 21 consultants between them earn a total of £658,208 a year. The tax on this income would be charged at 20%, the employers NI 1% and class 4 NI of maximum £3,000 per year per consultant.

<table>
<thead>
<tr>
<th></th>
<th>Formula</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax</td>
<td>658,208x20%</td>
<td>131,642</td>
</tr>
<tr>
<td>Employers NI</td>
<td>658,208x1%</td>
<td>6,582</td>
</tr>
<tr>
<td>Class 4 NI</td>
<td>3,000x21</td>
<td>63,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>£201,224</td>
</tr>
</tbody>
</table>
Cost of NI and Tax Incentive

There are an estimated 44,830 people (calculated from the 2006 census) in employment on the island. When applying the results and information gathered from our survey we assume 19,143 people (43%) have got PMI.

Of the 19,143 people with PMI 4,690 pay for it themselves and 14,453 has it paid for by their employer (in part or full)

A non-manual worker earning the average wage of £32,314k a year (as per the 2008 earning survey) would attract NI contributions during a tax year of £2,649.75 in employee NI and £3,392.97 in employer NI.

We calculate the cost of the NI and tax incentive assuming the following:

1. A 40% increase in the uptake of PMI; this represent 30% of the employed population currently without PMI.
2. The ratios mentioned above will be maintained.
3. The incentive is equal to 0.5% of total NI paid and 50% of the higher tax rate
4. An average premium paid by an individual is £771.35 as per information from Rossborough Healthcare International Limited.

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Impact on an organisation

An average premium paid by a company is £490.56 as per information from Rossborough Healthcare International Limited.

The employer NI per staff member is £3,392.97. The incentive would be £16.96 (0.5%).
Appendix 7  Minutes of Research Meetings


Present:  Ty Smith, Neil Smith

Overview

1. Our project is happening at a particularly appropriate time given the likeliness of a 15% cut across the board of all government bodies. This means £20-25m out of a budget of £130m. NM was not sure where the cuts were likely to fall, but would probably be on areas that were felt to be less critical, such as treating non-life threatening allergies. This means that the waiting lists are likely to rise in certain areas and alongside this the demand for private treatment will rise.

2. We may also see increased private provision in the UK with private providers moving back into the provision of private hospitals, rather than funding private treatment in NHS hospitals. This could mean local competition for private care in the IOM increasing (e.g. Tracey Bell).

3. Private health care on the IOM is more expensive than in the UK as there is little competition between the consultants and hence they can charge more.

4. There are constraints on the island for private surgery as, even if the surgeons were willing to work late and over weekends, the theatres are not currently open at weekends.

5. Until recently, the Treasury would not allow the NHS to increase headcount even if this meant that revenue increased higher that the cost of the extra headcount, but this is now being reconsidered.

6. Private care needs a high level of quality.

7. There are indications that the medical insurers are changing policies so that if private care can be had on the island, it must be. They don't normally pay for the travel costs.

8. Speak to Ann Collins who is the Managing Director of AON (IOM) Ltd (who are the government insurance brokers). 692400 / 692453; ann.collins@ars.aon.co.uk. She should be able to give a generic view of how the insurance industry sees the current situation.

Question List

- What are the current utilisation figures for the private ward?

- See the Hospital Monthly Activity Report which provides a year on year view of how activity is changing.

- NM provided a hard copy of the Apr-2008 to Mar-2009 report (refer Appendix 12 (i)). Some summary statistics are:
The Green Team

- Total number of private patients operated upon: 659
- Total 1021 procedures
- 8.5% of total procedures
- In 192 sessions

- The biggest reasons for private surgery were:
  - ENT - 24.9%
  - Urology - 12%
  - Ophthalmology - 12%
  - Orthopaedic - 13%
  - General Surgery - 7%

- There was a reduction in private activity of 29% over the previous year. This was mainly due to the large drops in waiting lists resulting from the waiting list initiatives.
- Private in patients (with an overnight stay) - 519, a reduction of 24% over the previous year.
- Day case activity - 342, 58 on the ward (i.e. operated on in the ‘minor’ theatre rooms within the private wing).
- Outpatients - records not kept.
- Radiology - 44,819 - out of 1.664m total in the year (X-rays, MRI, ultra-sound etc) – it is impossible for us to pinpoint how many x-rays were performed for private patients.

The Private Ward

- Our best contact is Paula Hardinge - Business Manager, Private Patients.
- Her contact details are: 650255, Paula.Hardinge@nobles.dhss.gov.im - we should copy NM in on our initial contact e-mail to ensure she realises we are genuine and have NM’s support.
- The private ward is sometimes used by NHS patients to ensure their privacy (e.g. the Chief Minister).
- There are no SLAs in place between Nobles Hospital and the Nobles Private Ward as the private ward uses the same services as the other wards.
- We should speak to Paula about current utilisation versus maximum capacity.
- Each patient gets 3 bills:
  1. One from the surgeon - they charge what they like
  2. One from the anaesthetist - they charge what they like
  3. One from the hospital which is a standard charge of about £450/day - this is reviewed annually and is based upon a standard estimate of the total cost of a patient on a ward (covers light, heat, space, bed, nurses and other staff, drugs, tests and so on) - it is felt that the cost of administering a more granular system would be prohibitive. Note: some patients think this bill is the full bill and then complain when the other two bills hit.
The Green Team

- If we want to understand current revenue generated by the ward versus the maximum possible revenue, we should speak to Ian Harris (Financial Controller [Health]). His contact details are: 650794, ian.Harris@nobles.dhss.gov.im. He will provide information on costs, revenues etc.

How do we attract staff to the island?

- Actually, in many cases, this is pretty easy. Recently, getting top flight anaesthetists was simple and the recruitment drive had many candidates.
- The reasons given for coming are:
  1. Less pressure than in the NHS in the UK
  2. Lifestyle
  3. Low tax
- Reasons for not coming were:
  o The current proposed changes to the IOM state pension arrangements.
  o Lack of High Life
- NHS is not interested in performing cosmetic surgery (so people would have to go to Tracey Bell or off island), unless it is severely affecting normal life (such as facial port wine stains etc).
- The NHS here cannot do:
  o Neurosurgery - skills and equipment
  o Radiotherapy - skills and equipment
  o Paediatric - skills
  o Orthopaedic - but since Ross Barker has joined, this may change.
- There are about 100 hospital doctors (see Ian Harris)
- Questions about how many surgeons are resident and how do private work can be answered by Ian Harris.
Points discussed bulleted as follows:

- SR states £1.7m total earnings from the Private Wing of Nobles Hospital; the vast majority of this is not directly funded from PMI providers. **HOWEVER** SR also comments that a lot of Private Doctors prefer to ask patients to settle bills directly themselves and then claim the bill back from their providers so the figures may be distorted somewhat.

- SR refers to a report where expansion of private healthcare was considered to include ‘Health Tourism’, however NHS outlined that whilst they probably would have capacity for operations, they would not be able to provide all of the relevant post operative care from the Isle of Man so this was not carried forward.

- Private Health Care is considered an income stream for the NHS, and this is important and a positive argument to make in our statement

- We must mention the IOM VAT issue in the report

- SR comments that the 7 theatres at Nobles are confirmed as fully booked all of the time

- However SR also points out some challenges as follows:
  - NHS waiting lists: In reality all Private Health Care does is ensure that an individual moves further up the waiting list. As all operating theatres on the IOM are fully booked, is it right that NHS waiting lists increase because there are more people availing of private health care? This will be a very contentious issue that will be challenged as the balance would need to remain right
  - Therefore we need to be careful with what we are encouraging as we do not want to increase NHS waiting lists.

- There is the option to consider the option of the private wing becoming a completely separate business (i.e. run by a provider such as BUPA) where it is separate from the NHS facilities and the private wing can then be leased out. Although due to the limited population on the IOM it may be difficult to prove that there is commercial viability in such a proposal.

- We would need to do a SWOT analysis in the report

- There are **absolutely no** further monies available from the NHS to fund and private projects

- SR also states that we should check with Barbara Scott (Nobles Hospital Manager) that its billing systems are able to cope with an increase in PHC treatment – he comments that in particular debt recovery is a huge problem currently

- SR suggests comparing to the UK model where NHS patients are sent to foreign countries in order to meet NHS waiting list targets

- SR is also happy to sign letters if we are struggling to get stats off PHC providers

- SR suggests we also consider other NHS income drivers such as:
  - Increasing prescription charges
  - Start charging for free services (such as some dental care)
  - Another income stream is cosmetic surgery – can we do more to attract this (perhaps speak to Tracey Bell)

- The increase of the insurance sector and trend towards people taking up private health care could potentially fund the nucleus of a whole new enterprise on the Isle of Man (i.e. a totally private hospital)

- SR states that the Tynwald Hansard recorded 300 visitors’ admissions to the NHS bill – what will be done when the current reciprocal agreement ends? (I suggest that if we are not considering this we may state in our report that it is out of scope).

- SR ended the meeting by reminding us to consider the social cost of what we are proposing i.e. increased NHS waiting lists.
Paula Hardinge - 11/12/2009

Gave Paula a brief overview of our project and its aims

Paula gave us some ideas of where we could come up against difficulties:

- Public attitude to private health care - misconceptions about increasing NHS waiting lists etc

- Political attitude to private healthcare – creation of a two tier care system, ‘dirty word’ etc

- Professional attitude to private healthcare – whilst some consultants are all for it and will undertake as much private work as possible, other are not in favour of it (no specific examples were discussed but issues range from ethical to work/life balance)

- Promotion – at the moment some GP’s are not aware of services offered on Island so may be referring clients off island (lost revenue etc) – this is to be addressed with consolidated services list to all GP’s

We discussed the management of the private ward. 3 elements to billing:

- Consultant

- Anaesthetist

- Hospital – Paula advised that the £450 per day standing charge was not accurate and advised that the figure was higher than this

The current billing system is quite labour intensive and takes up a lot of Paula’s time. Issues with obtaining staff to manage billing (headcounts etc)

Paula confirmed there were 14 rooms available and as such each room was considered an available ‘bed night’ when calculating available occupancy. There are certain ‘blank out’s’ during which no private surgery would be scheduled (these are TT & GP and utilizing the private ward in this manner provides an extra resource).

Many of the private sessions do not involve a ‘stay’ and as such the ‘bed night’ isn’t needed. The ward also offers 2 ‘side rooms’ which can offer minor procedures that don’t involve a general anaesthetic (cyst removal etc). Often the Consultants will carry these procedures out during their lunch break etc.

General impression was that there was reluctance from the NHS to ‘invest’ in the Private Patients Ward. Partly this may be compounded by the difficulties in the way the ‘income’ from the Private ward is reported. Income generated goes back into the main hospital ‘pot’ as a general credit whereas expenditure is very evident.

Private care must offer a ‘better service’ – however issues over hours during which Consultants can carry out ‘private practice’ and the lack of a private secretary mean that ‘customers’ can often find themselves leaving a telephone message and waiting until the evening for a consultant to call them back. This can damage impressions at a time when ‘customers’ want to be re-assured. Paula mentioned a business case that had been put forward to back up need for a ‘secretary’ that could absorb billing etc. That case had not been approved despite the argument for covering the costs through extra work generated AND creating more revenue.
The Green Team

- Although rooms are more ‘salubrious’, food etc is the same as the rest of the hospital (with increased choice)
- Paula advised that she would distribute questionnaire on our behalf
- Paula advised that she would distribute ‘Consultants Skill Base’ to GP’s then forward to us.
1. **Current Utilisation** - this is information that can be obtained from the Information Computing Department. As Ian is already looking into this he will send us a copy of the information he gets. He will also send us a PDF version of the Annual activity report we already have.

2. **Total Capacity** of the Private Ward - 5010 bed days. Ian stated this is unlikely to be a constraint. We could probably double the amount of private care undertaken without hitting any issues with private ward capacity.

3. We noted that there is a hidden cost of private care (generally) and that is the cost of training medical staff. On the Island this doesn't apply to doctors.

4. **What capacity is there?** The main area of private activity in the hospital is surgery.

5. The theatres are quite heavily booked, but there are spare sessions. Furthermore, the existing sessions are not fully utilised, so it would be possible to perform more procedures within these sessions. However, this would probably involve rescheduling or moving sessions about a bit, which could take some organising. It might be difficult to get surgeons to give up partial sessions they don't need or to transfer to different sessions. Also, much minor surgery performed in the main theatres doesn't really need to be performed there.

6. Therefore, there it would be possible to perform quite a bit more private surgery given the existing staff, facilities and sessions. Further sessions could be performed if the theatres were operational at weekends. This would require theatre staff - but given the right remuneration, this is unlikely to be an issue and commonly occurs in the UK. Essentially, Ian's opinion is that there is sufficient capacity to cover all the new business we're likely to create; although we might need more anaesthetists.

7. **Types of operations.** The main operations performed privately are orthopaedic (joint replacements mostly) and Ear, Nose, Throat (ENT). However, cataract operations also provide a good income stream, are relatively quick to complete and operations such as these could be performed out of main theatre under local anaesthetic - making them less risky and reducing any possible need for a stay in the private ward afterwards.

8. **Reasons for Private Operations.** If people are self funding, the reason is usually something non-essential but that is disabling or a cause of pain and the person does not want to wait. If people are insured, any routine operation may be requested (but NHS doesn't do cosmetic surgery).

9. **Drivers for Medical Insurance.** The current driver is the perception of better care as the surgeon will be a consultant. The other main driver is a desire to avoid waiting lists. Currently waiting lists on the Isle of Man are short (due, in part, to recent initiatives to reduce them). In the UK, the drive to reduce waiting lists has resulted in private hospitals closing and others being under severe pressure. However, the new financial situation the island finds itself in means that waiting lists are inevitably going to rise as funds become tight.

10. **Recruiting surgeons and anaesthetists to the Island.** Paula Hardinge will be able to identify exact numbers of surgeons (and the special skills) and anaesthetists at Nobles, and how many of these perform private work. We noted that private work helps recruit consultants to hospitals. Currently, the level of demand for various types of procedure means that the majority of surgeons are mainly generalists (although they specialise in certain aspects, such as orthopaedics). It would be possible to...
bring in visiting surgeons for weekend work (say Thursdays to Sundays) if the theatres operated at weekends. There would be issues with risk and clinical governance and, depending on the type of surgery performed, the care of the patients when the surgeons were off island. However, this would not be insurmountable - the type of procedure permitted under this scheme would need to be assessed for risk - probably only allowing short stay or outpatient procedures to minimise this. This mechanism would overcome any issues of headcount constraints and budget for extra surgeons. It would also mean that the island could provide access locally to more specialist surgeons. Permitting extra private work might also offset the cost of extra surgeons and/or weekend working generally.

11. Recruitment is generally through word of mouth (between surgeons and anaesthetists at Nobles and their contacts elsewhere), via the medical journals (e.g. the British Medical Journal) and through the use of specialist recruitment agencies.

12. **Contracts and terms of employment.** The basic NHS contract consists of 10 ‘sessions’. Each session is a ‘half day’, so 10 sessions consists of a basic 40 hour week. If these, 7 would be clinical (surgery, clinics, ward visits) and 3 non-clinical (admin, continuing professional development etc). However, consultants tend to have 2 - 4 more sessions in their contract, which may be notional sessions (i.e. don’t exist, but are awarded to recompense extra responsibility or speciality); plus sessions can be added for performing on-call.

13. **Ensuring work stays on island.** There has been a perception that for certain types of treatment that is available at Nobles, better treatment is provided in UK hospitals due to the ability to get more specialist or up to date surgeons and so patients opt to go to the UK for treatment (or are referred there by their GPs). This is less true now and attracting further specialists to the island would help reduce this further. Also, Nobles has been marketing the improved capabilities recently amongst the GPs, who refer patients to hospitals. This would need to continue and be extended to the island populace in general.

14. **Charging.** There are two models used by Nobles for Private work. The first is package based and involves a set fee for specific treatment (this excludes the charges that the surgeons and anaesthetists charge directly to the patient) and is appropriate for treatments that are fairly standard (such as hip replacements). The second is ‘time and materials’ (a day rate, plus cost of drugs and procedures such as X-rays) and tends to be more appropriate to medical type treatment as the cost of drugs and time required for these type of treatments can vary considerably. Paula Hardinge will have this on the price list.

15. **Modelling the costs and revenue.** Due to the complexity of the situation and the highly variable natures of different types of surgery and other private work, it would probably be best to identify set scenarios and provide a cost/benefit model for each to demonstrate the business case for differing situations. This would also permit the particularly artificial nature (in this case) of averages for stay lengths, prices etc. Also, assumptions will need to be shown (such as the demand mix for procedures remaining the same) to avoid highly complex modelling at this stage. The information Ian will send us shortly should help us with modelling costs, utilisation and revenue; although the graph Ian showed us shows that the rough average revenue generated by private activity each year is slightly over £1.5m. It would probably that private work could be made more profitable for the NHS through increased efficiency (or possibly through higher charges where this would not push work off island). Any recruitment of extra permanent staff would need to be justified by the costs and commitments that resulted from this being outweighed by certainty of an increased long term revenue stream. Contract staff could be covered by the extra revenue.
16. **The impact of increasing private work.** Any additional private work would increase revenue for the NHS as the private ward and other facilities are fixed costs and the variable costs of the staff and consumables would be met out of the fees paid. Use of the private ward for increased amounts of private work would inevitably have a knock on effect for NHS work through loss of the flexibility that the private ward provides and through increased use of theatre and other facilities; but it would not prevent NHS work from being performed.
The healthcare system in Guernsey is different to that of the ‘traditional’ National Health Service (NHS). A medical specialist group provides second level care through consultants and there are three primary care groups in the community. There are no junior doctors employed in the system.

Patients must pay for visits to primary care doctors as they are in private practice. Therefore, visits to the doctor, dentist, A&E department, as well as other services including chiropody and physiotherapy, are not free of charge. However, upon referral to secondary care provided by a medical specialist group, all in-patient facilities, including pathology and radiology, are free.

A compulsory health insurance, which is payable by those who are employed, helps fund this second level care. Patients can also choose to be treated privately as there is a private wing adjoined to the main hospital.

(Reference: http://www.allianzworldwidecare.com/healthcare-in-guernsey)

Jersey

In order to qualify for Jersey’s health insurance scheme, you must be either a resident or employed on the island, having paid the necessary social security contributions for a qualifying period of six months.

The health insurance scheme offers both medical and pharmaceutical benefits. If you are eligible, both you and your family are entitled to assistance for the cost of GP visits (either in the surgery or at home) -and the cost of prescription medicines (from a prescribed list of products).

Eligible people will be given a Health Benefit Card. The card can be used by children under 16 and those over 16 years of age in full-time education. All family members must be registered with the Social Security Department.
Similar to the situation in Guernsey and other smaller islands, you may need to go to the UK mainland for the treatment of some conditions.
(Reference: http://www.allianzworldwidetcare.com/healthcare-in-jersey)

**Bermuda**

Bermuda is the only country in the world where the residents and visitors pay not once but three times for hospital and medical services. In the USA, where hospitals are privately financed built and operated, patients pay for all services they use. In Canada, Australia, New Zealand, the UK, Europe, etc. the great majority of hospitals are financed by taxpayers with hospital and medical services included in the taxes paid. But in Bermuda, taxpayers pay first for the building and operating costs as part of their taxes; again in hospital fees and services they use on an as-needed basis; and also in the health or major medical insurances they all must pay by law to either the government or to private and local insurance companies.
(Reference: http://www.bermuda-online.org/kemh.htm)

**Spain**

Spain's national healthcare system covers 100% of the Spanish nationals, regardless of economic situation or participation in the social security network. Non-nationals who participate in the social security system and their family members are also covered by public healthcare.

Care at private hospitals and clinics in Spain are either paid directly or, most often, through a private insurance carrier. The main benefit of contracting private health insurance in Spain is to avoid the sometimes long wait times to see a doctor associated with the public healthcare system.

Private healthcare companies also offer quicker service to patients and offer value-added services such as private rooms, express mailing of test results and keeping patients informed via email and SMS messages.

**Australia**

Medicare is Australia's publicly-funded universal health care system. Health Services in Australia are universal. The Federal Government pays a large percentage of the cost of services in public hospitals. This percentage is calculated on:

1. Whether the Government subsidizes this service (based on the Medicare Benefits Schedule. Typically, 100% of in-hospital costs, and 75-85% of General Practitioner and specialist services are covered.
2. Whether the Patient is a Concession or Receives other Benefits
3. Whether the Patient has crossed the threshold for further subsidised service (based on total health expenditure for the year)

Where the Government pays the large subsidy, the patient pays the remainder out of pocket, unless the provider of the service chooses to use bulk billing, charging only the scheduled fee, leaving the patient with no extra costs. In some countries, this is commonly referred to as a co-payment. Where a particular service is not covered, such as dentistry, optometry, and ambulance transport, the Patient must pay the full amount (unless they hold a low income earner card, which may entitle them to subsidised access). Individuals can choose to take out
Private Health Insurance to cover these costs, with either a plan that covers just selected services, to a full coverage plan. In practice, a person using private insurance may still be left with out of pocket payments, as services in private hospitals often cost more than the insurance payment. Individuals are encouraged to purchase private health services. The Government achieves this through a Surcharge in tax at which individuals above a set income level are penalised for not taking out private health insurance, and a means-tested rebate. (Reference: http://en.wikipedia.org/wiki/Health_care_in_Australia#National_health_policy)

Summary of Research

From taking a brief look at what health care systems other jurisdictions currently have in place, it demonstrated to us that in fact alternative systems are in place to ensure that enough money is generated to fund health care.

It appears to be more common for private healthcare systems to be enhanced in other jurisdictions, with Spain for example providing an enhanced, quicker service when people take out private healthcare.

Although most jurisdictions have some form of NHS which is provided by the state, it is apparent that in most cases this runs in conjunction with private healthcare in order to help fund the health service, for those that are entitled to it within that jurisdiction.

Of course the jurisdictions we have looked at vary in size, location, population and facilities, which all need to be taken into consideration. However, this small amount of research would seem to contribute to our proposal that in order to Support the NHS in the Isle of Man and stabilise waiting lists, private healthcare could be used as a tool to meet these objectives.
### Appendix 9  Questionnaire Information

Distribution list of survey

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<tr>
<td>Skandia</td>
<td>Large Life Company</td>
<td>Kevin</td>
<td>David</td>
<td>Unconfirmed</td>
</tr>
</tbody>
</table>

Supporting the NHS
Stabilising waiting lists
### Flow for contact as follows

1. Phone contact and have conversation in advance regards our aims. If we can find out, enter how many members you may be reaching;
2. From new Manx net account, send standard email to include link, and attaching the link to survey monkey, attaching info sheet and questionnaire in word format;
3. Update contact sheet;
4. Review
Thank you for taking the time to answer our questionnaire. Your contribution is very much appreciated.

The information supplied will be processed in bulk and no individual contributions will be identifiable.

**Manx Executive Challenge**
The MEC is run every two years. It is a personal development opportunity where the participants, working in four teams, address an issue, which is relevant and topical to the Isle of Man. This year the challenge is to present an innovative project that should be implemented for the benefit of the Isle of Man and its residents in the current economic climate. The green team have been given the public sector and have been exploring different creative ideas before deciding on health care.

**The Green Team’s Project**
As health is something that concerns everybody we have decided to look at the NHS and how we are able to keep the high level of service we currently enjoy. Planned reduction in government expenditure and future changes to the demographics of the island will increase the pressure on the NHS. Our project therefore looks at encouraging the take up of private healthcare from both private individuals and companies thus taking some financial burden from the NHS pot. The main incentive to take up private healthcare would be a reduction in NI and tax.

At the same time we will look at how to increase the amount of private treatment performed on island rather than in the UK - bringing more doctors to the Isle of Man, utilising Nobles Private Ward further and ensuring the funds remain within the island economy.

This survey will help shape our business plan and provide key statistical information for the plan.
Screen Prints from Survey Monkey

Doctors Survey:

1. How long have you practised on the Isle of Man?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6 Months</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>7-12 Months</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>1.3 Years</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>3+ Years</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>5-6 Years</td>
<td>10.2%</td>
<td>2</td>
</tr>
<tr>
<td>More than 5 Years</td>
<td>75.7%</td>
<td>8</td>
</tr>
</tbody>
</table>

2. What is your reason for practising on the Isle of Man? (Choose all that apply)

- Born here: 16.2% (2)
- Family: 36.4% (4)
- Lifestyle: 23.8% (3)
- Reduced work pressures: 27.3% (3)
- Working conditions: 14.5% (6)
- Lower tax regime: <6.5% (5)
- Other (please specify): <6.5% (6)

- screen prints from survey monkey

The Green Team
Screen Prints from Survey Monkey

Doctors Survey:
### Response Summary

1. Please provide a brief description of your field of expertise:

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answered question</td>
<td>10</td>
</tr>
<tr>
<td>Skipped question</td>
<td>1</td>
</tr>
</tbody>
</table>

### Page: Practice time

1. How much of your practice time is taken up delivering primary care in the Isle of Man?

<table>
<thead>
<tr>
<th>Practice Time</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>27.1% 3</td>
</tr>
<tr>
<td>Up to 20%</td>
<td>73.7% 8</td>
</tr>
<tr>
<td>21-50%</td>
<td>0.1% 0</td>
</tr>
<tr>
<td>51-75%</td>
<td>0.1% 0</td>
</tr>
<tr>
<td>76-100%</td>
<td>0.1% 0</td>
</tr>
<tr>
<td>None reported</td>
<td>0.1% 0</td>
</tr>
</tbody>
</table>

Answered question: 11
Skipped question: 0
### Response Summary

**Total Started Service:** 11
**Total Completed Service:** 11 (100%)

#### Page: Restraints

1. What is preventing you from doing more in your practice? (Response Count)
   - Show results
   - Increase question
   - Adjust question

#### Page: Comments

1. Please feel free to comment about practice work below.

Select a page to view below or view all pages.
Supporting the NHS  
Stabilising waiting lists
### Question 2: Average Age of Employees

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>0</td>
</tr>
<tr>
<td>21-30</td>
<td>0</td>
</tr>
<tr>
<td>31-40</td>
<td>673</td>
</tr>
<tr>
<td>41-50</td>
<td>11</td>
</tr>
<tr>
<td>51-60</td>
<td>2</td>
</tr>
<tr>
<td>61+</td>
<td>0</td>
</tr>
</tbody>
</table>

### Question 3: Private Health Care Provision

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>61%</td>
</tr>
<tr>
<td>No</td>
<td>39%</td>
</tr>
</tbody>
</table>

Select a page to view below or view all pages.
### Question 2: What was the average claim value last year?

<table>
<thead>
<tr>
<th>Claim Value</th>
<th>Response Count</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>£200 - £250</td>
<td>10</td>
<td>5.3%</td>
</tr>
<tr>
<td>£251 - £300</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>£301 - £350</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>£351 - £400</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>£401 - £450</td>
<td>9</td>
<td>4.6%</td>
</tr>
<tr>
<td>£451 - £500</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>£501 - £550</td>
<td>4</td>
<td>2.1%</td>
</tr>
<tr>
<td>£551 - £600</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>£601 - £650</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>£651+</td>
<td>2</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

**Total**: 185 responses

### Question 3: What was the total claim volume last year?

<table>
<thead>
<tr>
<th>Claim Value</th>
<th>Response Count</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>£200 - £250</td>
<td>10</td>
<td>5.3%</td>
</tr>
<tr>
<td>£251 - £300</td>
<td>3</td>
<td>1.6%</td>
</tr>
<tr>
<td>£301 - £350</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>£351 - £400</td>
<td>3</td>
<td>1.6%</td>
</tr>
<tr>
<td>£401 - £450</td>
<td>9</td>
<td>5.0%</td>
</tr>
<tr>
<td>£451 - £500</td>
<td>3</td>
<td>1.6%</td>
</tr>
<tr>
<td>£501 - £550</td>
<td>4</td>
<td>2.3%</td>
</tr>
<tr>
<td>£551 - £600</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>£601 - £650</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>£651+</td>
<td>2</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**Total**: 185 responses
<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>11.1%</td>
<td>2</td>
</tr>
<tr>
<td>Probably</td>
<td>50.2%</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>38.9%</td>
<td>7</td>
</tr>
</tbody>
</table>

**Answered:** 18

Select pages to view below or show all pages

**Healthcare Incentive**

1. To purchase any additional comments you have made regarding Private Health Care on the list of Private Health Care, please enter below:

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show reply</td>
<td>12</td>
</tr>
<tr>
<td>Answered question</td>
<td>12</td>
</tr>
<tr>
<td>Skip question</td>
<td>512</td>
</tr>
</tbody>
</table>

2. Please leave your company name, and feel free to leave your name and contact details (optional):

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show reply</td>
<td>17</td>
</tr>
<tr>
<td>Answered question</td>
<td>17</td>
</tr>
<tr>
<td>Skip question</td>
<td>517</td>
</tr>
</tbody>
</table>
### Stabilising waiting lists

**Page: Time on Island**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was born here</td>
<td>42.4%</td>
<td>227</td>
</tr>
<tr>
<td>Less than 1yr</td>
<td>0.2%</td>
<td>1</td>
</tr>
<tr>
<td>1-2 yrs</td>
<td>1.5%</td>
<td>8</td>
</tr>
<tr>
<td>3-4 yrs</td>
<td>3.7%</td>
<td>20</td>
</tr>
<tr>
<td>5-6 yrs</td>
<td>3.0%</td>
<td>10</td>
</tr>
<tr>
<td>More than 6 yrs</td>
<td>49.3%</td>
<td>264</td>
</tr>
</tbody>
</table>

**Page: Employment Status**

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>96.4%</td>
<td>403</td>
</tr>
<tr>
<td>Part Time</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>Self-employed</td>
<td>4.1%</td>
<td>22</td>
</tr>
<tr>
<td>Full Time Home Maker</td>
<td>1.7%</td>
<td>9</td>
</tr>
<tr>
<td>Un-employed</td>
<td>0.0%</td>
<td>2</td>
</tr>
</tbody>
</table>

**Answered question**: 536

**Skipped question**: 98
### 1. Who pays for your Private Health Care Insurance?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only fully myself</td>
<td>24.0%</td>
<td>16</td>
</tr>
<tr>
<td>Paid by employer</td>
<td>55.0%</td>
<td>126</td>
</tr>
<tr>
<td>Part paid by employer</td>
<td>13.0%</td>
<td>31</td>
</tr>
<tr>
<td>Falsely partners/spouse's employer</td>
<td>7.0%</td>
<td>16</td>
</tr>
</tbody>
</table>

*Answered question:* 229  
*Skipped question:* 376

### 2. Who is covered by the policy?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myself</td>
<td>37.1%</td>
<td>85</td>
</tr>
<tr>
<td>Myself and spouse</td>
<td>26.0%</td>
<td>51</td>
</tr>
<tr>
<td>Whole family</td>
<td>36.3%</td>
<td>33</td>
</tr>
</tbody>
</table>

*Answered question:* 229  
*Skipped question:* 376

### 3. Have you ever made a claim on your Private Health Care Insurance?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>51.5%</td>
<td>188</td>
</tr>
<tr>
<td>No</td>
<td>48.5%</td>
<td>172</td>
</tr>
</tbody>
</table>

*Answered question:* 259  
*Skipped question:* 376
### Cross-tab Responses

#### Question: Was the treatment of your claim performed on or off island?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response Count</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>On island</td>
<td>69.5%</td>
<td>118</td>
</tr>
<tr>
<td>Off island</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>Both on and off island</td>
<td>22.0%</td>
<td>18</td>
</tr>
</tbody>
</table>

#### Response Summary

- Total Started Survey: 684
- Total Completed Survey: 517

#### Page: Insurance Cost

#### Question: How much would you be willing to pay annually for your own Private Health Care Insurance if you had to pay for it fully yourself?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response Count</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>8.9%</td>
<td>55</td>
</tr>
<tr>
<td>Up to £50</td>
<td>8.7%</td>
<td>44</td>
</tr>
<tr>
<td>£51-£100</td>
<td>22.2%</td>
<td>144</td>
</tr>
<tr>
<td>£101-£250</td>
<td>29.9%</td>
<td>111</td>
</tr>
<tr>
<td>£251-£500</td>
<td>26.3%</td>
<td>94</td>
</tr>
<tr>
<td>£501-£1000</td>
<td>13.2%</td>
<td>83</td>
</tr>
</tbody>
</table>

Answered question: 327
Skipped question: 307
### Stabilising waiting lists

#### 2. Would you be more likely to pay for your own Private Health Care Insurance if a Tax and/or Incentive was available?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>67.3%</td>
<td>959</td>
</tr>
<tr>
<td>No</td>
<td>20.0%</td>
<td>30</td>
</tr>
<tr>
<td>Possibly</td>
<td>7.7%</td>
<td>11</td>
</tr>
</tbody>
</table>

**Response Summary**

Total Completed Survey: 547 (98.0%)

**Page: Permissible Cost of Insurance**

<table>
<thead>
<tr>
<th>Range</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>33.3%</td>
<td>19</td>
</tr>
<tr>
<td>Up to £50</td>
<td>21.2%</td>
<td>13</td>
</tr>
<tr>
<td>£51-£100</td>
<td>11.0%</td>
<td>28</td>
</tr>
<tr>
<td>£101-£250</td>
<td>20.8%</td>
<td>32</td>
</tr>
<tr>
<td>£251-£500</td>
<td>10.4%</td>
<td>11</td>
</tr>
<tr>
<td>Over £500</td>
<td>2.6%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question: 547

skipped question: 30
Survey results: Individuals, Organisations & Consultants

**Individual survey**

**Demographics**

550 surveys were completed by individuals, with the vast majority of those questioned (89%) falling between the ages of 20 – 55. More than 90% of all participants (92%) had either lived on the Isle of Man for their entire lives, or more than 6 years.

93% of those surveyed were in some form of employment (i.e. full or part time).

In order to obtain a broad opinion, effort was made to ensure that a wide spread of industry sectors had access to the survey (refer appendix; questionnaire distribution). Of the completed questionnaires, naturally the highest concentration of completed questionnaires fell into the Finance Sector (this includes finance and insurance). The next highest number of completed questionnaires came from the public administration/government sector.

The spread of responses throughout each particular sector is consistent with our understanding via the Isle of Man 2006 Census of employment within each sector.

**Survey Results**

228 (43%) of all participants surveyed had PHI in place in one form or another. Of those who were in full time employment 43% had PHI in place, and of those that were in part time employment 38% had PHI in place. The vast majority of those with PHI in place have their premiums paid in full by their employers (53%), although a larger than anticipated number (25%) actually pay the premiums for PHI themselves, which does illustrate that a sizeable percentage of the working population believe in the need for PHI cover and can recognise the benefits that can be obtained from having such cover in place.

It is also fair to say that the largest percentage of employers who paid for their employees’ premiums fell into the finance sector. These firms also have the largest number of employees working for them and therefore we would need to ascertain if they are able to benefit from a cost saving in having a large number of members in their PHI schemes or if it is a simple case of ‘industry standards’ set the bar for banks/insurance firms to provide PHI as part of most employees benefits package.

A considerable percentage (19%) of Government employees had PHI in place and the vast majority of government employees pay for this themselves. This clearly illustrates that amongst the public sector there is a clear understanding of the potential benefits available from having PHI policies in place.

**Survey of organisations**

From the survey, we were able to obtain fully completed questionnaires from 47 organisations.

As anticipated, the main majority of questionnaires came from organisations that were located in the insurance, banking and financial services sector. The sum total of employees represented by the questionnaire to organisations was 2212.
We were able to obtain responses from a wide range of sized companies (i.e. those with 0 - 6 employee’s right through to those with 100+ employees so we can assume that from our limited survey results that we have managed to capture a broad perspective of opinion).

Of those questioned, 61% offered PMI to their employees – and 1061 employees (48%) received full cover benefits from their employers.

Of the employers that do provide benefit, most (80%) appear to offer cover to all of their employees be them part time or full time. We could assume that in the IOM, this appears to be an ‘industry standard’.

We then questioned employers about the attractiveness of a potential tax incentive for offering PMI to employees and we recorded a slightly different reaction to the results of the personal questionnaire in that whilst more than half did not respond ‘no’, most employers veered towards a ‘possible’ response – as apposed to a ‘yes’. This would indicate that for employees a tax incentive whilst appreciated would not be the contributing and deciding factor to providing health care to staff members. This is probably due to the fact that they have to consider the sum total cost of providing such cover and with these up against the benefits:

- Quicker treatment could potentially mean a quicker return to work for staff
- Enhanced benefits could make for a higher staff retention rate

When asked to make comments. Employers did mention that cost was a prohibitive factor (although we are not privilege to information such as has the employer actually obtained quotes for the cost of staff PMI cover in order to make an informed vote here). What we did note is that the cost comment did come from a lot of employees with a smaller level of staff.

An equal amount of employers concluded that they also carried concerns over the facilities that are available on the Isle of Man, and if staff would be able to benefit from PMI cover – this is consistent with the results of the personal questionnaire, and therefore we would need to take this into consideration as education would be required across all sectors (employees, employers, GPs) as to the services and facilities that are available on the Isle of Man.

Some employers responded that not all staff value the benefit of PMI cover (this can be crossed reference with the personal questionnaires where we can see that those with cover valued the benefits more than do not)

One salient comment is as follows:

‘being an Island, we have limited hospital facilities and resources and many treatments have to be referred to the UK…….whilst it is unfortunate that many treatments are referred to the UK, it would take a massive investment for Nobles Hospital to be able to provide a full range of hospital facilities and treatment’

Survey of Consultants

Demographics
The survey was distributed to a total of 32 Consultants based on the Isle of Man who perform surgery/treatments. In total 11 responded with a fully completed questionnaire and this was a good result we felt as guidance from officials was that Doctors do not have a lot of time to complete survey (which they get all the time) and often are not ‘techno friendly’.

Of those that completed the survey, the highest proportions of those have been resident and practising on the Isle of Man for more than 6 years on the Isle of Man.

The age range of the participants fell between 30 and 60, with the greater majority of the participants (More than 50%) falling into the age 51 – 60 age range.
The Green Team

Results

The team wanted to gain an understanding of what it is that attracted doctors to practice on the Isle of Man (as this may provide an indication of what the private wing at nobles Hospital may need to do should it want to attract more private and specialist practicing doctors to the Isle of Man).

There was a good range of responses, which illustrated a number of reasons for a move to the Isle of Man (doctors were encouraged to complete as many of the predetermined options as they wanted. Lifestyle, good working conditions, family and naturally a lower tax regime were all contributing factors.

One interesting result is that an overwhelming majority of doctors only practised on a private basis for up to 25% of their time. This backs up the Green teams’ understanding that doctors by nature of their contracts have to practice a specific, set amount of NHS work before they can even consider private work – further dis-proving the common belief that in increasing the amount of private work offered that the NHS waiting list will be adversely affected.

Interestingly when we went on to ask doctors if they would increase their level of private work, almost 50% responded yes, with a further 20% responding ‘possibly’.

This would indicate that there is an offer by private doctors to consider increasing their hours, but in many cases their ‘hands are tied’. It is also fair to say that as doctors earn a good additional income stream from their private work that they also value enjoying the rewards of their additional income so want to limit time that they are working overall.

Some of the comments from doctors did bring through a belief that further investment is required into the private wing in order to maximise its potential – and they suggest that this can come from either the DHSS or Private enterprise.
Increase use of PMI on Island

- Increase revenue for Island (keep existing PMI work on Island)
- Reduce impact on waiting lists
- Increase range of procedures carried out on Island

Health Service Income
- Health Service invoice
- Consultants invoice
- Consultant Anaesthetists invoice
- Physiotherapists invoice
- Chiropractors invoice

Professional Income (Consultants)
- Consultant Anaesthetists invoice
- Physiotherapists invoice
- Chiropractors invoice

- Increased Tax
- Increased N.I. Contributions
- Increased local spending

Health Service facilities used

More Procedures carried out privately
- Increased uptake in PMI policies by individuals and employers

Increase in demand for Private work gives opportunity to maximise income from the market by increasing skill base
- Increased skill base amongst NHS Contracted Consultants leads to more procedures being offered by the NHS

Patients still on NHS waiting lists are treated sooner, as more patients with PMI elect to be treated privately

Increased local spending
- Increased N.I. Contributions
- Increased Tax
Email to ascertain commission levels for sale of PMI policies:

From: Gemma Davies
Sent: 18 March 2010 15:34
To: Gary Holdaway
Subject: MEC Green Team
Importance: High

Good Afternoon Gary,
I hope you are well!? Thank you for all your help to date.
We now have what is a very meaty report to present.
I've one more cheeky question to ask if you are able to assist regards calculation of commissions for the sale of PMI policies.
Our question is; is there a standard format for calculating this (for example, is it as simple as calculating a percentage of annual premium paid, plus a trail commission thereafter)? We're trying to build on the benefit statements within our report and naturally increased commissions for IOM IFA firms is a good one to include.
We will get an electronic copy of the report over to you - completion date is looming and time is flying ahead. You have a formal thank you in it.
Thank you in advance for your co-operation. As ever, we appreciate if you are unable (for confidentiality reasons etc) to answer specifically.
Kind regards

From: Gary Holdaway
Sent: 18 March 2010 15:45
To: Gemma Davies
Subject: RE: MEC Green Team

Hi Gemma

Glad I could help with the project.

Standard commission is 10% of the annual premium on new business and 10% on renewals for small corporates i.e. under 50 members.

For large corporates over 50 members it is 5% for new business and 5% renewal.

This may vary slightly, depending upon the insurer, but is pretty standard within the industry.

I look forward to reading the report and wish you well with your endeavours.
Kind regards

Gary Holdaway
Email to ascertain commission levels for sale of PMI policies:

From: Rachel Lee [mailto:Rachel.E.Lee@aib.im]
Sent: 17 March 2010 09:36
To: Claire Watson

Good Morning Claire,

It's been a long time since I was last in contact with you (you may remember that I picked your brains at the initial start up of the Manx Executive Challenge?). We've learned such a lot since we started this programme, and now have what is a very meaty report to present.

I've one more cheeky question to ask if you are able to assist regards calculation of commissions for the sale of PMI policies. Our question is; is there a standard format for calculating this (for example, is it as simple as calculating a percentage of annual premium paid, plus a trail commission thereafter)? We're trying to build on the benefit statements within our report and naturally increased commissions for IOM IFA firms are a good one to include.

We will get an electronic copy of the report over to you - completion date is looming and time is flying ahead. You have a formal thank you in it.

Thank you in advance for your co-operation. As ever, we appreciate if you are unable (for confidentiality reasons etc) to answer specifically.

Best regards

Rachel

Hi Rachel,

Wow, nearly there :) I'm glad you have learnt a lot and any more information you need is absolutely fine.

Some brokers take all their income as commission and some may charge the client a fee, which will reduce their premiums. This is usually discussed with the client and the decision is made usually on size of company (they calculate the fee compared to the premium saving) / relationship.

The maximum commission available on schemes is 12% on new business and then 8% of renewals. As the brokers get paid at every renewal there is no trail income.

For individual PMI policies there is usually an initial commission due of up to 4% and nothing is paid to the IFA for any renewals afterwards.

I hope this helps, however if you need any more details just let me know.

Kind Regards

Claire
Email to send out draft report to obtain feedback from select group:

From: Gemma Davies [mailto:gemma.davies@aston.co.im]  
Sent: 09 March 2010 14:51  
To: Rodan, Steve; Duckworth, Lisa; Couch, Malcolm; Killip, David;  
paula.hardinge@nobles.dhss.gov.im; Eddie.Teare@gov.im

Subject: MEC Draft Business Plan - The Green Team  
Importance: High

Dear All,

Please find attached hereto our Draft Business Plan for your kind attention.

Please note that our initial draft does not include graphs and diagrams at this time, (these will be included in our final report).

Due to our strict deadlines, please kindly revert to me no later than Friday 19th March, with your open and honest feedback. Any comments or feedback that you may have will be invaluable to assisting us in preparing our final business plan.

If you can respond to me directly by email, this would be much appreciated.

However, should you wish to discuss any matters by phone, please contact either Ty Smith on 694335 or myself on 632122.

Thank you in advance for your kind assistance.

Best regards

Gemma
Email to request confirmation select group to review and comment on our initial draft report:

From: Gemma Davies [mailto:gemma.davies@aston.co.im]
Sent: 10 February 2010 14:29
To: Duckworth, Lisa; Rodan, Steve; Hardinge, Paula; Couch, Malcolm; Killip, David
Subject: Manx Executive Challenge - The Green Team

Dear All,

Firstly, I would like to take this opportunity on behalf of the Green Team to thank you for all your time and valued help and expertise to date.

We would like to invite you to review our initial draft report and provide us with your open and honest feedback.

We will be distributing the report towards the beginning of March and due to our strict deadlines would appreciate any responses to be received within 10 days from distribution.

Obviously, we understand that you may not be able to spare the time to review our report in this short timescale. Although, any comments or feedback that you may have would be much appreciated.

Kind regards

Gemma
Email to obtain comfort that tax incentive could still be considered:

From: Ty Smith  
Sent: 09/02/2010  
To: Malcolm Couch, David Killip  
Subject: MEC Green Team Project

Morning Gentlemen

Sorry to bother you both but I thought it was a good juncture to give you both an update as to our findings to date.

We have conducted a wide range of research to date including speaking to key DHSS Personnel and conducting market research to ascertain the ‘desire’ for increasing Private Medical Insurance Provision for Island Residents.

Two things stand out in our research to date:
1. It appears that it is entirely feasible that revenue can be dramatically increased (for the whole island) through increasing Private work undertaken here. (These increases in revenue can occur not only directly through Health Services invoicing for Private Care, but also through direct taxation of the Consultants and through the ‘knock on’ spending of their increased earnings).
2. That the information we received from our survey indicated that there is a case to be made for incentivising PMI in order to increase uptake (responses to our survey indicate that 13,422 individuals on the island would consider taking out PMI if incentivisation were in place).

I broached the idea with you some months back, that my idea for incentivisation revolved mainly around giving Tax Relief on any PMI premiums paid (i.e. remove age restriction), and making PMI a fully exempt benefit. In relation to NI the incentivisation would be to operate a ‘new’ NI Table letter should PMI Provision be evidenced to the DHSS.

Obviously the economic climate has shifted significantly since our initial discussions but we thought that it was right to ask the question;
· If we are able to display that it is financially viable to offer the incentivisation (levels to be decided once financial calculations are complete), are you still willing to consider it?

It goes without saying that we aren’t asking for your agreement to put this into place, more that you would be willing to look at the idea if the numbers ‘stack up’.

Thanks for your time and all your help to date

Ty

From: Killip, David  
Sent: 11 February 2010 14:22  
To: Smith, Ty (Gaming Control Commission)  
Cc: Couch, Malcolm; Sinclair, Jacqui  
Subject: RE: MEC Green Team Project

Hello Ty

Thanks very much indeed for this interesting update. I’d be very happy to consider any suggestions/proposals emanating from Team Green. I received a request by e-mail from Gemma Davies yesterday, and confirmed the same to her.

Regards
Email exchange with Gary Holdaway, Rossborough Insurance to obtain various information on healthcare premiums

From: Gary Holdaway  
Sent: 17 February 2010 14:38  
To: Gemma Davies  
Subject: RE: MEC - quotes required for Corporate Policies

Hi Gemma

<table>
<thead>
<tr>
<th>Size</th>
<th>Age Group</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>50-54</td>
<td>£147.48pm</td>
</tr>
<tr>
<td>4</td>
<td>50-54</td>
<td>£229.24pm</td>
</tr>
<tr>
<td>10</td>
<td>50-54</td>
<td>£469.70pm</td>
</tr>
<tr>
<td>31</td>
<td>50-54</td>
<td>£1,343.23pm</td>
</tr>
</tbody>
</table>

Regards

Gary Holdaway

From: Gemma Davies  
Sent: 17 February 2010 14:30  
To: Gary Holdaway  
Subject: FW: MEC - quotes required for Corporate Policies

Sorry Gary,

Is it also possible to get the same quotes for the age group 50-54?

Thanks again

Gemma

From: Gemma Davies  
Sent: 17 February 2010 11:53  
To: 'Gary Holdaway'  
Subject: RE: MEC - quotes required for Corporate Policies

Hi Gary,

Sorry for the confusion!! My team members reviewed the census & data they already had and came up with the quotes required.

Thank you for this it will be very useful.
Hi Gemma

You have given me non-existent age bands.

As detailed in my previous emails the age bands are 5 yearly i.e. 20-24, 25-29, 30-34 etc etc.

I have amended the age bands and detail quotes as follows:

<table>
<thead>
<tr>
<th>Size</th>
<th>Age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>'2</td>
<td>30-34 - £73.76 pm</td>
</tr>
<tr>
<td>'2</td>
<td>40-44 - £110.60 pm</td>
</tr>
<tr>
<td>'4</td>
<td>30-34 - £114.60 pm</td>
</tr>
<tr>
<td>'4</td>
<td>40-44 - £171.92 pm</td>
</tr>
<tr>
<td>'10</td>
<td>30-34 - £234.90 pm</td>
</tr>
<tr>
<td>'10</td>
<td>40-44 - £352.30 pm</td>
</tr>
<tr>
<td>'31</td>
<td>30-34 - £671.46 pm</td>
</tr>
<tr>
<td>'31</td>
<td>40-44 - £1,075.50 pm</td>
</tr>
<tr>
<td>'225</td>
<td>Cannot provide a quote, as too many variables on large groups over 50 members</td>
</tr>
<tr>
<td>'225</td>
<td>Cannot provide a quote, as too many variables on large groups over 50 members</td>
</tr>
</tbody>
</table>

If the premiums are paid annually by direct debit mandate, you can deduct 5% off the above annualised premiums.

These premiums are based on Aviva’s standard core rates and do not take into consideration any new business discount that I would negotiate.

Kind regards

Gary

Gary Holdaway

Good Morning Gary,

Thank you for your email below. Sorry for the late reply, I have been liaising with the rest of the team as to the best way forward.

We have come up with some specific company sizes and age groups:

<table>
<thead>
<tr>
<th>Size</th>
<th>Age group</th>
</tr>
</thead>
</table>
I am sorry to trouble you again, but please would you kindly let me have quotes for the above.

Thank you in advance.

Your help to date has been invaluable to our project.

Kind regards

Gemma

---

From: Gary Holdaway  
Sent: 03 February 2010 15:06  
To: Gemma Davies  
Subject: RE: MEC - quotes required for Corporate Policies

Hi Gemma

I don’t wish to be a party pooper, but, you have just asked for the impossible.

Schemes under 50 members would generally be age rated, therefore, every member in different age bands would pay a different premium.

A scheme with 5 members aged 50+ will have a higher premium to a scheme of mixed age groups or with 5 members under the age of 30.

Schemes over 50 members can be either age rated or experience rated. With an experience rated scheme there would be a single rate for all members under the age of 65 and a single rate for members over 65.

The premium would be also determined by a number of other factors such as the number of members, the average age of the population, the underwriting option, the post code of the company, the claims history and level of benefits chosen.

There are far too many variables to provide quotes, however, please be advised that when a scheme increases from 2 members to 3-4 members, the premiums decrease by approximately 22% and continues as follows:

5-19 members the rate decreases by a further 18%
20-49 members the rate decreases by a further 7.5%

From the above, you will see that the larger the group, the higher the discount.

Schemes over 50 members will attract a further discount and so on.

Sorry I couldn’t be of more help.

Regards
Good Afternoon Gary,

The information that you have provided me for individuals is great, but we also need quotes for Corporate policies for Companies with the following number of employees:

- No of employers employing less than 5 people
- No of employers employing between 6-10 people
- No of employers employing between 11-20 people
- No of employers employing between 21-50 people
- No of employers employing between 51-101 people
- No of employers employing between 102-151 people
- No of employers employing between 152-200 people
- No of employers employing between 201-300 people
- No of employers employing between 301-400 people
- No of employers employing between 401-500 people

From the stats we have obtained over half the employees on the island have under 5 staff, so it would be advantageous to us if the cost wasn't prohibitive to them.

I look forward to hearing from you.

Thank you again for your help.

Kind regards

Gemma

---

Hi Gemma

As requested, please see below single rates covering 0 to 85 year olds.

<table>
<thead>
<tr>
<th>SINGLE under</th>
<th>20</th>
<th>21 - 24</th>
<th>25 - 29</th>
<th>30 - 34</th>
<th>35 - 39</th>
<th>40 - 44</th>
<th>45 - 49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£531.29</td>
<td>£531.29</td>
<td>£531.29</td>
<td>£557.28</td>
<td>£512.13</td>
<td>£678.50</td>
<td>£750.55</td>
</tr>
<tr>
<td></td>
<td>£46.05</td>
<td>£46.05</td>
<td>£46.05</td>
<td>£48.30</td>
<td>£53.05</td>
<td>£58.80</td>
<td>£65.05</td>
</tr>
</tbody>
</table>
### The Green Team

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Singles Premium</th>
<th>Family Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 - 54</td>
<td>£923.63</td>
<td>£80.05</td>
</tr>
<tr>
<td>55 - 59</td>
<td>£1,056.35</td>
<td>£91.55</td>
</tr>
<tr>
<td>60 - 64</td>
<td>£1,526.71</td>
<td>£132.31</td>
</tr>
<tr>
<td>65 - 69</td>
<td>£2,363.41</td>
<td>£204.83</td>
</tr>
<tr>
<td>70 - 74</td>
<td>£2,914.48</td>
<td>£252.59</td>
</tr>
<tr>
<td>75 - 79</td>
<td>£3,409.29</td>
<td>£295.47</td>
</tr>
<tr>
<td>80 - 84</td>
<td>£3,883.90</td>
<td>£336.60</td>
</tr>
<tr>
<td>85+</td>
<td>£4,155.18</td>
<td>£360.12</td>
</tr>
</tbody>
</table>

These figures have been taken from Goodhealth’s rate card, but, please bear in mind other insurers will have their own rates.

I chose Goodhealth, as their “Island health” plan has been designed and created specifically for island residents and the rates are lower than most other insurers.

Please note that an annual premium attracts a 4% discount.

I have attached a summary of benefits, as this will provide a good idea of what In-Patient and Out-Patient benefits are covered.

Private healthcare plans will cover any new acute condition that arises after an individual joins the plan.

Treatment can only be claimed if it is medically necessary.

Elective treatment may be beneficial to a patient, but, it may not be essential, however, if the specialist can show that there would be a significant health improvement/benefit to the patient, the insurer may authorise it for treatment.

Hope this helps.

Regards

Gary

---

**From:** Gemma Davies  
**Sent:** 02 February 2010 14:54  
**To:** Gary Holdaway  
**Subject:** RE: MEC - Private Healthcare  
**Importance:** High

Hi Gary,

Thank you so much for coming back to me so quickly.

A couple of comments the team had were:

- Could we get the singles rates pm for 30 - 60 year olds (or is this the same as single parent family)?
- Is it possible to get cover for elective procedures i.e. covers joints, etc and what this would cost?

If you would be able to come back to me at all by the end of today, that would be fantastic as I have a team meeting tonight at 5.30pm.

Kind regards

Gemma
Hi Gemma

Please find below answers to your recent questions:

Most companies have 5 yearly age bands, therefore, I have expanded the answers as follows:

20-29 yrs single - (21-24 £46.05pm & 25-29 £46.05pm). Both age bands attract the same premium
30-39 years couple 2 dependants - (30-34 £120.74pm & 35-39 £132.63pm)
40-49 years couple – (40-44 £117.60pm & 45-49 £130.09pm)
50-59 years couple – (50-54 £160.10pm & 55-59 £183.10pm)
25-29 Single parent family – £69.07pm
30-34 Single parent family - £72.45pm

The family or single parent family rate remains the same, regardless of how many children are covered.

There is no difference in the rate for male or female members, nor are they different for individuals with pre-existing conditions, however, pre-existing or chronic conditions will be excluded from cover.

A chronic condition is one that can be managed, but not cured i.e. asthma or diabetes, however, a flare up in a chronic condition that requires hospitalisation, would be covered, until the patient returns to the same stable condition that they enjoyed prior to the flare up.

Individuals can join a plan on the following underwriting terms:

2 Year Moratorium - Replaces the need for medical questionnaires, although an automatic exclusion will apply to any disease, illness or injury (whether or not diagnosed) or any related condition if:

- You had symptoms, medication, advice or treatment for such a disease, illness or injury within 5 years before joining the plan.

The exclusion can be lifted as long as you are:

- Free of medication for, treatment for and advice about such a disease, illness or related condition for two clear consecutive years after joining the plan.

Full Medical Underwriting - Requires each member to complete a medical questionnaire, giving details of their past health and pre-existing medical conditions. In most cases exclusions and/or special conditions will be imposed relating to those pre-existing or related conditions

The advantage of FMU is that members know exactly what they are and are not covered for from day 1.

The disadvantage of FMU are:

- It is generally more difficult to have exclusions and/or special conditions removed from the policy, at some point in the future.

Hope this helps.
Kind regards
Gary
Rossborough Healthcare International Limited
Hi Gary,

It was nice to talk to you earlier and thank you again for your time helping with our project.

As discussed, it would help our research if you would kindly provide us with some quotes, for the following:

- 20-29 yrs single
- 30-39 years couple 2 dependants
- 40-49 years couple
- 50-59 years couple

Any other quotes that you think would be useful / relevant and also if the sex makes a difference, one for male & female.

If you would send me some information on the premiums if there is history of serious illness in the family and how this effects the quote / cover.

Thank you and Kind regards

Gemma
Hi I'm involved in a project group looking to identify key information from Private Health Insurance companies. Unfortunately we're unable to get anywhere with the companies themselves and were wondering whether you could help? Part of our research involves gathering as much statistical information as possible regards the take up of Private Health Care on the Isle of Man (or drawing comparisons from the UK), and a detailed analysis of the various treatments that are carried out under PHC policies.

The questions asked to the Insurance Providers were;
1. How many corporate and private individual policy holders do you have on the Isle of Man?
2. Average premium for each policy?
3. What types of treatment are claimed for by Isle of Man Residents?
4. Do you recognise the Isle of Man as a viable treatment centre for all conditions claimed for under PHC policies? If not which ones are not?
5. What percentage of successful claims have treatment carried out on the Isle of Man?
6. What, (if any reason) is the carried out on the Isle of Man where necessary?
8. Would consider a clause in PHC contracts to insist that where possible treatment is carried out on the Isle of Man?
9. Would ensuring that treatments are carried out on the Isle of Man represent a cost saving for you?

Would you happen to have any reports that might give us a head start in obtaining some of this data?

Regards

Mr T Smith

Dear Mr. Smith,

Thank you for your enquiry. Unfortunately, the information you are seeking falls outside of our collection/remit. You may want to try contacting Laing & Buisson: http://www.lainobuisson.co.uk/ who deal in health statistics for the UK or the FSA: http://www.fsa.gov.uk/

Regards,

Meghan Jones
Information & Library Service
The King's Fund
Telephone: 020 7307 2568
E-mail: library@kingsfund.org.uk
Website: www.kingsfund.org.uk
The King's Fund, 11-13 Cavendish Square, London W1G 0AN
Registered charity 1126980
Dear AXA/BUPA/AVIVIA ('XXX')

Thank you for your time this morning/afternoon, it was a pleasure to speak to you by telephone.

As discussed, I represent a member of the 2009/10 Manx Executive Challenge – a personal development opportunity unique to the Isle of Man where 4 teams participate in individual challenges that culminate in a final presentation to various members of the Isle of Man Government and dignitaries in May 2010. More detail regarding the Manx Executive Challenge and be found via the following link: http://www.iom-managers.org.uk/manx-executive-challenge/mec-overview/

Our team’s particular project revolves around the Isle of Man’s National Health Service, and encouraging the take up Private Health care on the Island to ease the burden on the NHS pot. In addition, we also aim to investigate how much private healthcare treatment is carried out off the Isle of Man, why this is the case, and if there is anything that can be done to ensure as much treatment as possible is completed on Island.

As discussed by phone today, part of our research involves gathering as much statistical information as possible regards the take up of Private Health Care on the Isle of Man, and a detailed analysis of the various treatments that are carried out under PHC policies. Your company’s support by way of assisting us in the collation of some of the statistical data we require would be greatly appreciated, and naturally you would receive full accreditation in our final report, plus receive a copy of it when it is completed circa April 2010.

Information we are looking to gather is as follows:

1. How many corporate and private individual policy holders do XXX have on the Isle of Man?
2. Is there an average premium for each policy?
3. What types of treatment are claimed for by Isle of Man Residents?
4. Does XXX recognise the Isle of Man as a viable treatment centre for all conditions claimed for under PHC policies? If not which ones are not?
5. What percentage of successful claims have treatment carried out on the Isle of Man?
6. What, (if any reason) is the main reason/s why treatment is carried out off the Isle of Man
7. Do XXX try to ensure treatment is carried out on the Isle of Man where necessary
8. Would XXX consider a clause in PHC contracts to insist that where possible treatment is carried out on the Isle of Man?
9. Would ensuring that treatments are carried out on the Isle of Man represent a cost saving for XXX?

We do appreciate if some of this information may be private and confidential, and respectfully acknowledge that XXX may not be able to provide assistance by answering all of the above questions. Should XXX need to clarify any of the points above, I provide my direct contact details at the foot of this email.

Finally, may I end this email by thanking you in advance for your kind co-operation. We hope that the end result of our project provides for a better Isle of Man NHS, and a bigger take up of personal and corporate policies for XXX.

With best regards,

MEC Greenteam
Email response from Dal Singh (Standard Life):

Dear Neil

Thank you for your e-mail. I regret to inform you, we will not be able to participate with this exercise. I hope this does not cause you any inconvenience.

Kind Regards
Dal

Dal Singh
Account Manager (Healthcare)
Intermediary Sales Division

Market leading customer service and choice is at the heart of everything we do at Standard Life.

Email response from Susan Wilson (Aviva):

Hi Rachel,

Sorry it has taken awhile but as you can see I have been around a few departments in hope of being able to help you…). I hope this helps you a little.

We do have a website that will tell you about our products do not know if that will be of any help to you, but you can try it www.healthcarezone.co.uk.

Good luck with your project let me know how you get on.

Kind Regards

Sue Wilson
Account Controller
Aviva
Tel: 0845 300 1530
Email: susan.wilson2@aviva.co.uk

Note: Nil responses (despite numerous chasers) from BUPA and AXA
Email to Gary Holdaway, Rossborough Insurance to make initial introduction and request assistance:

From: Gemma Davies  
Sent: 08 December 2009 17:23  
To: Gary Holdaway  
Subject: FW: Manx Executive Challenge - Green Team  
Importance: High

Good afternoon Gary,
I hope you are well.
Apologies for the delay in sending you an email, it has certainly been one of those weeks to say the least!!
As discussed, we are trying to obtain some statistical information from the Private Health Care Providers to assist with our project:
Please note below our standard email that we have send to the various Private Health Care Providers that deal with the Isle of Man:
As discussed, I represent a member of the 2009/10 Manx Executive Challenge – a personal development opportunity unique to the Isle of Man where 4 teams participate in individual challenges that culminate in a final presentation to various members of the Isle of Man Government and dignitaries in May 2010. More detail regarding the Manx Executive Challenge and be found via the following link: http://www.iom-managers.org.uk/manx-executive-challenge/mec-overview/
Our team’s particular project revolves around the Isle of Man’s National Health Service, and encouraging the take up Private Health care on the Island to ease the burden on the NHS pot. In addition, we also aim to investigate how much private healthcare treatment is carried out off the Isle of Man, why this is the case, and if there is anything that can be done to ensure as much treatment as possible is completed on Island.
Part of our research involves gathering as much statistical information as possible regards the take up of Private Health Care on the Isle of Man, and a detailed analysis of the various treatments that are carried out under PHC policies. Your company’s support by way of assisting us in the collation of some of the statistical data we require would be greatly appreciated, and naturally you would receive full accreditation in our final report, plus receive a copy of it when it is completed circa April 2010.
Information we are looking to gather (where possible) is as follows:
1. How many corporate and private individual policy holders do XXX have on the Isle of Man?
2. Is there an average premium for each policy?
3. What types of treatment are claimed for by Isle of Man Residents?
4. Does XXX recognise the Isle of Man as a viable treatment centre for all conditions claimed for under PHC policies? If not which ones are not?
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8. Would consider a clause in PHC contracts to insist that where possible treatment is carried out on the Isle of Man?
9. Would ensuring that treatments are carried out on the Isle of Man represent a cost saving for XXX?

We do appreciate if some of this information may be private and confidential, and respectfully acknowledge that XXXX may not be able to provide assistance by answering all of the above questions. Should XXXX need to clarify any of the points above, I provide my direct contact details at the foot of this email.
Finally, may I end this email by thanking you in advance for your kind co-operation. We hope that the end result of our project provides for a better Isle of Man NHS, and a bigger take up of personal and corporate PHC policies.
If you could assist in any way to obtain some if not all of this information, that would be greatly appreciated.

Supporting the NHS  
Stabilising waiting lists
I have also attached our information sheet and latest press release for your information: http://www.isleofman.com/News/article.aspx?article=22367&area=2
I look forward to hearing from you, as soon as possible.
Thank you and Kind regards
Gemma

From: Gary Holdaway [mailto:gholdaway@Rossboroughgroup.co.uk]
Sent: 22 December 2009 13:01
To: Gemma Davies
Subject: RE: Manx Executive Challenge - Green Team

Hi Gemma

I am able to answer some of your questions as follows:

1. How many corporate and private individual policy holders do XXX have on the Isle of Man? – This is difficult to gauge as you would need to approach all of the insurers to find out how many IOM residents and companies they insured and then total them up.
2. Is there an average premium for each policy? – Most rates are determined by the age of the member. Insurers have 5 yearly age bands that determine the premiums for that particular age group. As a member gets older and enters a new age band, their premium increases. No two insurers have the same rates.
3. What types of treatment are claimed for by Isle of Man Residents? – Any treatment from out-patient physiotherapy, chiropractic and osteopathy to In-patient surgical operations for ears, nose and throat, knee and hip replacements, cancer and heart conditions.
4. Does XXX recognise the Isle of Man as a viable treatment centre for all conditions claimed for under PHC policies? If not which ones are not? – Nobles hospital is on most insurers approved hospital lists, but, it cannot cater for all medical conditions and many patients have to be referred to a UK hospital.
5. What percentage of successful claims have treatment carried out on the Isle of Man? – You will not be able to determine the percentage unless you speak to every insurer, however, Nobles hospital may be able to tell you how many patients receive private treatment on an annual basis.
6. What, (if any reason) is the main reason/s why treatment is carried out off the Isle of Man – Where possible, treatment is provided locally, however, Nobles hospital does not have the facilities or local expertise to provide many of the treatments required.
7. Do XXX try to ensure treatment is carried out on the Isle of Man where necessary – Yes, if treatment is available locally, then there is no reason for a patient to be referred to the UK. A patient may elect to have his/her treatment in the UK, even though it is available locally, particularly if they consider they will receive better treatment.
8. Would consider a clause in PHC contracts to insist that where possible treatment is carried out on the Isle of Man? – This could only be achieved if Nobles was an all singing , all dancing hospital that had the expertise and facilities to cater for every procedure known to man and the chances of this is remote.
9. Would ensuring that treatments are carried out on the Isle of Man represent a cost saving for XXX? – If treatment can be provided locally, it would benefit the income of Nobles hospital as they would not need to pay for patients to travel to the UK for their treatment. It would also save the insurers from paying “Island” benefit, which is a contribution towards a patient’s return trip to the UK when receiving eligible treatment that cannot be provided locally.

I hope this helps.

Have a good Christmas.

Kind regards
Gary
Email to Eddie Teare to make initial introduction and request assistance:

From: Marianne O’Hare  
Sent: 9th November 2009  
To: E. Teare

Dear Honourable W. E. Teare,

I am writing to you on behalf of the Manx Executive Challenge green team. Our team has been set the challenge of finding a project to support and help the public sector and benefit the Isle of Man.

We are aware that a press release is due to go out next week and want to inform you of our innovative subject.

As health is something that concerns everybody in the Isle of Man we have decided to look at the NHS and how we are able to keep the high level of service we currently enjoy. Planned reduction in government expenditure and future changes to the demographics of the island will increase the pressure on the NHS. Our project therefore looks at encouraging the take up of private healthcare from both private individuals and companies thus taking some financial burden of the NHS pot. At the same time we will look at how to increase the amount of private treatment performed on island rather than in the UK – bringing more doctors to the Isle of Man and utilising Nobles Private Ward further.

During initial research we have spoken to David Killip and received constructive and positive feedback. We are very much hoping we will be able to discuss our plans with yourself as we gather further information.

We are hopeful our research will contribute positively to the future of the NHS.

Should you wish to discuss the project, and its scope, further please feel free to contact David Cook on 433085 who would be more than happy to hear from you.

On behalf of the green team,

Marianne O’Hare ACCA
Draft letter for E. Teare sign and forward to Medical Insurers

Dear

I write to request your help with an initiative that I believe may help both the delivery and financing of health services on the Isle of Man and may increase the market for private medical insurance on the island.

The initiative is being taken by one of the teams in the 2009/10 Manx Executive Challenge. The MEC is a personal development opportunity unique to the Isle of Man where 4 teams participate in individual challenges that culminate in a final presentation to various members of the Isle of Man Government and dignitaries in May 2010. More detail regarding the Manx Executive Challenge and be found via the following link:


The team's particular project revolves around the Isle of Man's National Health Service, and encouraging the take up Private Health care on the Island to ease the burden on NHS finances. In addition, we also aim to investigate how much private healthcare treatment is carried out off the Isle of Man, why this is the case, and if there is anything that can be done to ensure as much treatment as possible is completed on Island.

Part of the research involves gathering as much statistical information as possible regards the take up of medical insurance on the Isle of Man, and a detailed analysis of the various treatments that are carried out under medical insurance policies. Your company's support by way of assisting in the collation of some of the statistical data we require would be greatly appreciated, and naturally you would receive full accreditation in the final report, plus receive a copy of it when it is completed circa April 2010.

Information the team is looking to gather is as follows:

- How many corporate and private individual policyholders do XXXX have on the Isle of Man? Is there an average premium for each policy?
- What types of treatment are claimed for by Isle of Man Residents?
- Does XXXX recognise the Isle of Man as a viable treatment centre for all conditions claimed for under PHC policies? If not which ones are not?
- What percentage of successful claims have treatment carried out on the Isle of Man?
- What, (if any reason) is the main reason/s why treatment is carried out off the Isle of Man
- Do XXXX try to ensure treatment is carried out on the Isle of Man where necessary
- Would XXXX consider a clause in PHC contracts to insist that where possible treatment is carried out on the Isle of Man?
- Would ensuring that treatments are carried out on the Isle of Man represent a cost saving for XXXX?

The team appreciates that some of this information may be private and confidential, and acknowledge that XXXX may not be able to provide assistance by answering all of the above questions.

Should XXXX need to clarify any of the points above, I provide my direct contact details and the details of a team spokesperson at the foot of this letter.

Finally, may I end this email by thanking you in advance for your kind co-operation. We hope that the end result of our project provides for a better Isle of Man NHS, and a bigger take up of personal and corporate policies for XXXX.

Yours Faithfully,
Appendix 12  Press releases and other Media output

Manxnet press release

Public Views on Healthcare Sought for Project

Date Posted: 02/Dec/2009 16:18
Posted By: Liz Connett

The 2010 Manx Executive Challenge is now underway and one of the participating teams is looking for input from the public.

The Challenge, which is run every two years, is a personal development opportunity where the participants, working in four teams, address an issue which is relevant and topical to the Isle of Man.

This year, the challenge is to present an innovative project that should be implemented for the benefit of the Isle of Man and its residents in the current economic climate.

The Green Team has been charged with producing a business plan for the Public Sector and has chosen to focus on health care provision, which is of particular topical importance at the moment.

David Cook, speaking on behalf of the Green Team, says, "As health is something that concerns everybody, we have decided to look at the NHS and how we are able to keep the high level of service we currently enjoy.

" Planned reduction in government expenditure and future changes to the demographics of the Island will increase the pressure on the NHS.

"Our project therefore looks at encouraging the take up of private healthcare from both private individuals and companies thus taking some financial burden from the NHS pot. The main incentive to take up private healthcare would be a reduction in NI and tax.

"At the same time, we will look at how to increase the amount of private treatment performed on Island, rather than in the UK, bringing more doctors to the Isle of Man, utilising Nobles' Private Ward further, and ensuring the funds remain within the Island economy."

Research into public opinion will provide the team with key statistical information and play a vital role in shaping the team's business plan.

If you would like to contribute your opinion, simply complete the Green Team's online survey here.

The closing date for submitting your views is Friday 18th December 2009.
The Green Team

Press release to launch questionnaire

MANX EXECUTIVE CHALLENGE COMMITTEE PRESS RELEASE

Friday 27th November
Manx Executive Challenge ‘Greenteam’ want the opinions of the people of Mann regards Private Health Care via new online questionnaire
Online questionnaire now available

Following the launch of the Manx Executive Challenge, the ‘Greenteam’ who are seeking a solution to support and enhance the IOM national health service are keen to canvas the opinion of individuals and businesses on the Isle of Man with respect to Private Health Care.

From today, an online survey is available via http://www.surveymonkey.com/s/YDKN5FX or by emailing mecgreenteam@manx.net, and a member of the team will email you a link and hard copy. Close date for the questionnaire submissions is 18th December.

The questionnaire aims to confirm the split of the Manx population that benefits from private health care cover and canvas the opinions of those who do not. The final results will be included in a full report, which will be due for completion May 2010. At that stage a full report will be available via the Manx Executive Challenge website or an electronic copy can be requested via the teams’ email address as outlined above.

A spokesperson from the team quoted ‘we really want to influence positive change to the provision of health care on the Isle of Man, and our team want to ensure that we fairly represent the opinion of local businesses and residents. We’re hoping that the people of Mann will be able to take a few minutes in order to provide their valued opinion’.

Notes to editors
The Manx Executive Challenge, held every two years, is now widely accepted as the premier development opportunity for the future business leaders of the Isle of Man. Organised by the Isle of Man Branch of the Chartered Management Institute, the Challenge offers potential senior managers the opportunity to demonstrate their potential by working in a team to address an issue which is topical, relevant and of strategic importance to the Isle of Man. It offers the very best combination of real, hands on experience together with support from experienced professionals.

Participants are drawn from a wide cross-section of the island’s private and public sector community and formed into teams. Each team is allocated a project related to the economy or social infrastructure of the Isle of Man and has 8 months in which to research the issue and present solutions which are realistic and capable of implementation.

Each team compiles a report summarising their findings and the competition culminates in the Final where the teams present their recommendations to a distinguished panel of judges and an audience of Government Ministers and business leaders.
The Green Team

If it is also possible to publish the questionnaire link on any available associated websites, your support would be greatly appreciated.

Daytime contact for media questions is: Rachel Lee 639651 / rachel.lee@aib.im (please note published contact details are; mecgreenteam@manx.net)
Challenge team appealing for help

FOLLOWING the launch of the Mersey Executive Challenge the green team, which is seeking a solution to support and enhance the island's health service, is asking for opinions about private health care.

An online survey is available by emailing merseymna@manx.net and a member of the team will email you a link and hard copy to take part in the survey.

Individuals and businesses can take part in the survey, the closing date for questionnaire submission is December 18.

The questionnaire aims to confirm the split of the Mersey population that benefits from private health care cover and canvass the opinion of those who do not. The final results will be included in a full report which will be due for completion May 2013.

As that stage a full report will be available via the Mersey Executive Challenge website or an electronic copy can be requested via the team’s email address as outlined above.

A spokesperson for the green team said the aim was to ‘influence positive change to the provision of health care on the Isle of Man’.

‘Our team wants to ensure that we fairly represent the opinion of local businesses and residents,’ said the spokesperson.

‘We’re hoping that the people of Mann will be able to take a few minutes in order to provide their valued opinion.’

The Mersey Executive Challenge, held every two years, is now widely accepted as the premier development opportunity for the future business leaders of the Isle of Man.

Organised by the Isle of Man Branch of the Chartered Management Institute, it offers potential senior managers the opportunity to demonstrate their potential by working in a team to address an issue which is topical, relevant and of strategic importance to the Isle of Man.

It offers the very best combination of real, hands on experience together with support from experienced professionals.

Participants are drawn from a wide cross-section of the Island’s private and public sector community and formed into teams.

Each team is allocated a project related to the economy or social infrastructure of the Isle of Man and has eight months in which to research the issue and present solutions which are realistic and capable of implementation.

Each team compiles a report summarising their findings and the competition commences in the final where the teams present their recommendations to a distinguished panel of judges and an audience of government ministers and business leaders.
Press release following Mandate Appearance

Sunday, 21st March 2010

On the programme this week, the most expensive Government department will be in the spotlight.

In February this year, Tynwald members approved an extra £8.6 million to cover the Department of Health and Social Security's overspend in the current financial year.

Pay awards, swine flu precautions, more people needing specialist treatment and a drop in National Insurance contributions were cited as the cause of the overspend.

The approval of the additional millions came a day after Treasury Minister Allan Bell delivered what's widely seen as the most challenging budget of a generation for 2010/11.

In that budget, the DHSS was the only department not to suffer a cut in funding – but its increase is minimal, and it's been made clear there's no room for a similar overspend next year.

In December last year, the department outlined a number of ways in which it hoped to make savings in its expenditure – they included becoming more efficient, focusing on those with the greatest needs, and putting charges on certain services – some of which have already been announced.

The big news this week was the revelation that the Isle of Man has been given a six month reprieve over the loss of the reciprocal health agreement with the United Kingdom, which means the department's own safety net scheme has been put on hold – for the time being at least. But what will the interim agreement cost the Island's Health Service?

How the money the department receives is spent, and what efficiency savings could be made will be up for discussion when Roger is joined in the studio by Health and Social Security Minister Eddie Teare, and Chief Executive of the DHSS, David Killip.

Also taking part in the programme will be Ty Smith, a member of the Green Team in the year's Manx Executive Challenge.

The team's project is to come up with a business plan that would support and enhance the Health Service on the Island. As part of that project the team has been exploring ways the public could be encouraged to take up private medical insurance and which treatment could be carried out at Noble's Hospital itself.

To read the Green Team's latest update click here.

Sunday Opinion can be heard at manxradio.com and on the station's AM and FM services, just after the midday news. If you missed the programme, or want to hear any part of it again, it will be available in the Listen Again section of the website for the following 7 days.
The Green Team

Press release following the Mandate programme

MANX EXECUTIVE CHALLENGE COMMITTEE PRESS RELEASE

21st March 2010

Manx Executive Challenge ‘Green Team’ face questions from the Manx Public

Following on from their January appearance on the Perspective Show, the Green Team (who are offering a proposal to support and enhance the Manx National Health Service) have now also appeared on the Manx Radio Sunday Opinion and Mannin Line Shows.

The team were joined in the studio by Minister for Health and Social Security Hon. W.E Teare MHK and Chief Executive for Health and Social Security Mr David Killip.

The shows allowed the team to discuss key objectives of their plan and also gave the guests an opportunity to be questioned by the stations’ listeners.

Ty Smith, who appeared live on Manx Radio on behalf of the Green Team quotes: “The platform provided by these show's has further allowed us to get our message out to the Manx Public. There were some key issues discussed, it was evident that this is an emotive subject and that the Island’s residents clearly feel passionate about their health provision”.

Both Mr Teare and Mr Killip were on board with the main outline of the Green Team’s proposals, and also agreed that the provision of a Tax and National Insurance incentive could be considered as a viable option.

Ty concluded that: “This illustrates to me that we've chosen the right subject area for our project and one where we can certainly throw some valid and achievable ideas into the ring that will benefit the Island and it's residents”.

The shows are available until 27th March via Manx Radio’s ‘Listen Again’ function which can be found at http://manxradio.com/listen.aspx

The Team can still be contacted via email at mecgreenteam@manx.net
Appendix 13  Information Sheet about MEC and project

Thank you for taking the time to answer our questionnaire. Your contribution is very much appreciated.
The information supplied will be processed in bulk and no individual contributions will be identifiable.

Manx Executive Challenge

The MEC is run every two years. It is a personal development opportunity where the participants, working in four teams, address an issue which is relevant and topical to the Isle of Man.
This year the challenge is to present an innovate project that should be implemented for the benefit of the Isle of Man and its residents in the current economic climate.
The green team has been given the public sector and have been exploring different creative ideas before deciding on health care.

The Green Teams Project

As health is something that concerns everybody we have decided to look at the NHS and how we are able to keep the high level of service we currently enjoy.
Planned reduction in government expenditure and future changes to the demographics of the island will increase the pressure on the NHS. Our project therefore looks at encouraging the take up of private healthcare from both private individuals and companies thus taking some financial burden of the NHS pot. The main incentive to take up private healthcare would be a reduction in NI and tax.
At the same time we will look at how to increase the amount of private treatment performed on island rather than in the UK -bringing more doctors to the Isle of Man, utilising Nobles Private Ward further and ensuring the funds remain within the island economy.
Appendix 14  The Green Team

Curriculum Vitae’s

David Cook
Employer: Standard Bank

Starting my experience in the automotive sector for 4 years, I acquired a good, can do, hard work ethic. Within this role my responsibilities ranged from IT infrastructure support, managing and purchasing stock according to sales volumes, managing staff to implement new IT systems around the UK and overseeing training. Moving to the Island in 2000 following travelling around Australia I took a role in the Insurance Sector, this enhanced my previous skills and within this role I managed temporary administration teams administrating special sales products.

Moving on to take responsibility for training within the administration area’s, and finally moving towards managing the main administration team with responsibility of key functions within the business. In 2007 I took the position at Standard Bank and now manage sales support for our sales guys, ensuring robust management systems are in place, procedures and tools are available to do our role, my responsibilities also extend to providing MI to senior directors within the bank and have key input into such activities as budget setting and targets, my current role is a varied one and I do enjoy further enhancing my skill base.

Gemma Davies
Employer: Aston International Limited

Gemma is a highly motivated individual who has over 8 years Company and Trust Administration experience, spending 6 years working for two established Corporate Service Providers in the Isle of Man.

Gemma has taken exams in ICSA and is currently working towards her STEP qualification. She is also an Associate Member of the Institute of Leadership and Management, having completed the Level 2 Certificate in Team Leadership in 2008.

Gaining a wide range of skills during this time focusing on customer service and personnel training, Gemma’s current role as Administration Team Leader enables all these skills to be put to practice; providing a high level of customer service and managing an administration team, encouraging a dynamic motivated training environment.

Rachel Lee
Employer: AIB (Isle of Man)

Rachel Lee’s career to date, spanning more than 20 years, has primarily been in retail personal and corporate banking. Professionally qualified, Rachel carries a belief in a holistic, service based approach and professional relationship management. Rachel has fulfilled a wide range of roles within the banking sector, and a move to the Isle of Man in 1995 saw her expand her horizons into the international/ offshore banking arena. For the last 7 years, Rachel has held the role of Business Development Manager at AIB Isle of Man where she
The Green Team

works across the personal retail, corporate and institutional sectors. She is married and committed to family life.

Marianne O’Hare

Employer: Manx Electricity Authority

Marianne was born in Denmark in July 1981. During her late teens she was involved in political and NGO work, which included dealing with the local and national media, campaigning and standing for the general election. In 2001 she met her Manx future husband and moved to the Island. After a temping job she started working for the Manx Electricity Authority in 2004 and is now the finance manager. She is a Certified Accounting Technician and became a Certified Chartered Accountant in March 2009.

Neil Smith

Employer: Zurich Financial Services

After an initial foray in the field of scientific research, Neil change careers and moved into IT. Since then, his experience has mainly been within the Financial Services and Defence Industries. Before moving into his current role in Supplier Management, he held a variety of roles ranging from Project Management, IT Management, Business Analysis, Systems Development and Service Delivery for both in-house teams and for outsource suppliers.

Ty Smith

Employer: Isle of Man Gambling Supervision Commission

Ty’s 11 years experience within Income Tax Division included managing the Enforcement (Debt Management) and the Posting (Employers) Teams, working within various project groups and most recently leading the Online Services provision for Employers. Ty recently moved to the Gambling Supervision Commission where he is responsible for managing a key project, the objectives of which include the complete redesign & overhaul of the GSC website, examining internal procedures and developing new processes for various duties the Commission undertake.
David Cook

I approached the MEC with a blank canvas in mind, I thought that the MEC would be a good opportunity to expand my knowledge of other sectors or the industry and methodology others have.

I specifically wanted to ensure I did not take the challenge and “make it mine” and see how we worked as a group. My previous experience has usually been specific to having a problem and taking it by the scruff of the neck and sorting it out, with successful leadership from the front, whereas on the challenge I wanted to see how leadership would form and how group dynamics drive the project without interjection, of which it has worked well.

I think there is good harmony in the team and at the level we all work at trust is already bedded in. It is very interesting to work with people with the personality range we have as this would not normally be found in one team. Most challenging I have found the organisation, I think as this is a new style of approach to the “challenge” it seems we could have had some better time planning i.e. meeting the advisers a week or so later once we had better time to formulise a plan.

The project is driving along well and I think we are well on track to hit our team objectives and produce a report of good quality and standing, whether it is taken forward is a separate issue but I believe the finished product will be as conclusive and convincing as possible with all angles covered. I have realised that getting the information we required has neither been easy or necessarily forthcoming which came as a surprise.

We have all approached this with a common grounding that we wish to win but do not forget the requirements needed to be put on the table to necessitate.

Whilst ill health, personal problems, and challenging work issues have affected my contributions I think they do not fall below others expectations of what I should/would be doing.

I look forward to the coming months and in particular the judge’s questions and views on the idea.

Gemma Davies

When I applied for the Manx Executive Challenge, I wanted to increase my skills of working within a team and by undertaking the training provided under the Chartered Management Institute, enhance my management skills.

I also wanted the opportunity to open myself up to a wider network of people and partake in a project, which was challenging and rewarding to gain new skill sets that I could use in both my personal and working life.

Well so far I can say that the MEC has certainly been “challenging” as its name’s sake and also very rewarding.

To date I have already completed some of my personal objectives, by undertaking the task of successfully presenting our project idea at the Launch Event (to which we received some fantastic feedback) and interviewing and meeting significant people of the Island.
I have been pleasantly surprised at how well our team has bonded and worked so effectively together over the last few months. Especially as we all knew that within our group there would be contrasting personalities. I think the fact we have all been very supportive of each other and have such a passion for getting the best out of the experience, this has enabled us to work together well and be a very strong team.

Hopefully we continue to do so and prove that we are the winning team!!

Rachel Lee

Originally, when I set out to apply for the Manx Executive Challenge, I believe (now) that I still carried the original objectives I bought into when considering entering into the challenge three years earlier – all of which have been blown into the water!

After completing the first 4 months of the challenge, overwhelmingly, what I have found most refreshing, rewarding (and a ‘break’ from my normal day to day working activities), is the opportunity to research, study and understand a sector that I have little or no knowledge of. Regrettably this also means that I can now bore dinner guests and business colleagues with facts and interesting statistics on the NHS!

I may be utilising my existing skills sets in order to complete and present the research involved, but the subject matter is fresh and new and I am using my skills sets outside of the usual context.

Taking part in the Manx Executive Challenge has tightened by belief that in future I must take a more proactive interest in the plight of the Isle of Man overall. One negative I have personally found is that whilst researching the project to date, I have been exposed to some activities (or lack of activities) within Government that have frustrated me, plus I have experienced some of the negative attitudes that can exist within the local population.

Thankfully, this is counterbalanced with an equally large set of positive comments and actions!

Working with team members who are not necessarily working in the same sector as me has also helped me gain an understanding of perspective from a variety of different backgrounds. Entering into the challenge has been the hard work that I had anticipated as has the amount of personal time input. There have been some valuable learning sessions that I have benefited from, and we have had an excellent location in the shape of the beautiful and impressive International Business School as a base from which to study/research/plan.

Moving forward, my natural make up and psyche sees me as determined to complete the project on time with a strong set of findings, conclusions and recommendations. For all the work that has been put into the project, I also want to see our team win!

Marianne O’Hare

I applied for the MEC to expand my horizon, get an insight into other sectors, learn from other peoples working methods, challenge myself, do research and learning to deal with different people.

It has been really interesting to get in insight into how the private sector work and to deal with the other people in the group.

I have learned from the way the other team members go about doing meetings and research and I have had to look at the way I do things and how I am best able to contribute.
The Green Team

It has been a challenge to go and meet with the speaker of the house of keys and other people who has contributed to our research.

I have also leaned from using survey monkey and power point – new IT tools to me.

Distributing our survey has forced me to think about my network and who I actually know and what groups I am a part of.

I am surprised that I seem to get on with all the other members of the group.
I like the fact that these guys are very straight forward and say what they feel in a nice way.

Surprised at how much our private life is a part of the project. Normally in cross departmental/company groups the individuals private life don’t affect but here (starting with me being off because of my dad) we have had to factor in the personal issues – something I would do in my department but didn’t expect in a project group. This is possibly because the work happens outside normal working hours.

Neil Smith

Pretty much the challenge has turned out to be very similar to what I was expecting - at least after the launch event – it's been hard work and looks set to get harder. Before that I wasn't really sure what to expect. I think we've done well, each bringing particular strengths to the team, and we've used those differing abilities well. We have a lot further to go however, but I think we'll continue to do well.

However there are the following differences: There has been less conflict that I was expecting; we're mostly working as individuals or as a whole group, rather than breaking into smaller 2 - 3 person groups to do the majority of the work though this is changing now we get into report production; there's less interaction with the mentors (except ours) and with the committee etc., than I was expecting - to be honest I wasn't really sure what sort of interaction we've have, but there hasn't been a lot.

My main aim was to get better at the 'sell' - in particular through the written document rather than through presentations or face-to-face interactions. It's a bit early to tell whether this is going to pan out, but I think it probably will. However, one area where I am gaining is in the networking with people who I would be unlikely to interact with professionally had I not been taking part in the challenge. This is very rewarding and, I have to say, probably the most enjoyable part of the whole challenge – I believe we'll still be firm friends at the end of it all! It is also valuable experience for me and definitely worthwhile.

Ty Smith

I started out wanting to find out whether I was as good as I thought I was, and whether I could hold my own against the crème of the private sector. Specifically, in relation to leading in an environment in which I had no reputation to fall back on. What I’ve found out is that I can.

I’m pleased that I was able to bring a complete, well thought out idea to the table, and more pleased that the team have recognised it’s suitability to this challenge.

I was pleased how well thought out this challenge has been at a fundamental level. Psychological profiling was an obvious but essential choice to allow the teams the best chance at completing such a vast challenge in a very short period of time. Although this is
good management practice, this is frequently overlooked in many businesses when teams are being built, thus teams find themselves fighting with ‘one hand behind their back’ from the outset.

At the halfway stage I can say that I feel I have acquitted myself well and have met the challenges I encountered during what has been a particularly eventful period of my life, job changes, professional qualifications and my first child being born. Let’s just say that that balancing these has been ‘interesting’!

In relation to the team I have been placed with, I can’t speak highly enough of them. I feel that we are very strong both in relation to our individual strengths and as a collective. I know, for example, that there are areas I am not particularly strong in but that we have other members in the team that are more than strong enough to make up for it – the key in the dynamic of the team working so well is that we all ‘laid our cards on the table’ very early on, and all members signed up to the way we wanted to operate. The team is a lot more ‘trusting’ in each other than I anticipated and this I believe is one of the reasons why we are so far down the project line.

At this point in time every one of the team has had an opportunity to display their strengths and I am feeling very positive about our performance in the challenge so far. Whether we go on to fulfil our potential or not will rely solely on the work ethic, resourcefulness and creativity being displayed so far being maintained……………and I have no reason to believe that it won’t be.
Reflections April 2010

Rachel Lee

I still stick to my original comments made in December, midway through project. I have learnt a phenomenal amount about the IOM NHS and Government – this information is certainly additional info to raise in conversation.

I believe that we have worked hard throughout the term of the project, but since the New Year, the workload really has been full on, requiring a lot of time being invested – particularly due to the complexity of the subject - but I am proud of the team’s ability to keep on track and manage the work load. There have been times when due to individual circumstances team members have has to ‘press the brake pedal’ temporarily, but other team members have stepped up to the mark without question.

On paper, it’s clear that the personality mix should’ve produced quite few heated debating sessions and potential conflict – however (and another thing I am personally very proud of) is that from onset we all discussed our personality types and agreed to play to our strengths, as we have grown as a team, the bond and understanding of each other’s personalities has allowed us to go from strength to strength.

Personally I am looking forward to the final few weeks of the challenge and I will make sure that the summer is dedicated to my husband and friends who have been patient whilst I have spent weekends and evenings at the study desk.

With this in mind, I would imagine that every team believes that they should win because of the time and effort invested, and I am no exclusion to this belief.

Neil Smith

All the people providing feedback about the second half of the challenge said that it would be hard work and involve long hours. They were spot on - resulting in one miffed wife, but I think the result has been worth it.

I think I've been lucky in the team I'm in. Despite the different personalities, we've all got on extremely well and there has been little in the way of friction that we were warned about - yet! I think we've gone from being a bunch of team mates into a group of friends in the process - most of us have encountered problems that have reduced our ability to deliver for the team, but in each case, the rest of the team understood, were supportive of the individual and got on with the work. Everyone has brought something useful and individual to the team - the sum of the whole exceeds...as they say.

A couple of aspects of this year's challenge probably need a little attention for the next time, the first two are fairly minor:
- The instructions regarding the report given at the beginning stated the report should be double spaced, but at about the time we'd finished our report, we received instructions stating the report should be single spaced.
- There is a tension between the requirement of a business plan (which we've been asked to produce) and the requirements to demonstrate the challenge learning points have been met. We solved this mainly by writing a business plan that takes much of its style from the sort of reports produced by political think tanks rather than the style of business plan normally seen in a business. However, the vast majority of the learning points are demonstrated in the
appendices rather than in the main body of the report.  
- I felt that the nature of projects like this is that no matter what you do to reduce the risk of a non-runner, the whole point of investigation and analysis into the feasibility of a project is to weed out those ideas that turn out, ultimately, to be non-runners. We worked quite hard to identify likely projects and then rule out those that had a high chance of not being feasible, but still feel this might not become apparent until the analysis is complete. By this stage, of course, there would not be sufficient time for the team to start again meaning that the team is guaranteed to have to present a 'not recommended' result which rather deflates the impact of the presentation.

Marianne O'Hare

I feel our group has been good at using each other’s strengths. It has varied how much time I have spent on the project and I think it has been the same for the others we have all had more busy times.

I have been challenged with a lot of statistics and analysis. It has been really interesting to work with the information but frustrating that we have been unable to obtain more information from previous years to compare with and make trends.

It has been interesting to have to answer questions and discuss my calculations with the group – I enjoyed having discussions with people I found to be on the same level as me rather than at work where it is often people in higher positions.

I must admit that the people in my group sometimes have annoyed me (and I am sure the other way around too) but not to the degree I feel it has influenced the work we do. It has been interesting to watch the group dynamics.

I feel proud of the work we have done and have gained really valuable experience and confidence.

Ty Smith

My last reflections ended with the following statement “Whether we go on to fulfil our potential or not will rely solely on the work ethic, resourcefulness and creativity being displayed so far being maintained…………….and I have no reason to believe that it won’t be.” I can say that the work ethic, resourcefulness and creativity previously displayed haven’t been maintained……..they have had to be increased!

We find ourselves at the ‘business end’ of the project ‘juggling twice as many plates’ as we had to only months ago. It feels like it’s all building up into a crescendo that will culminate with the presentation (and judge’s decision) in May.

I think the team have managed the project and their workloads unbelievably well (this has been evidenced by sticking to the project charters and milestone plans), but there is going to be no let up and this HAS to continue in order for us to be successful. One thing I have found particularly remarkable about this team is the level of understanding and support from the team as a collective when individuals have needed it. I think this part is testament to the individuals that contrary to the ‘Apprentice Mentality’, you can be a very decent person and a great business person at the same time. This is something that I have always believed but it’s nice to be able to evidence it.

On a personal level I have found it a real challenge to balance my family, professional and sporting commitments. Especially when Rohman (my 4 month old son) has decided that 2am is ‘play time’!!!! The pressure of this scenario however is something I have really enjoyed, but
The Green Team

I don’t feel I could have managed it half as well without the support of my wife Georgia (thank you!!!).

In terms of my development; I believe that ‘respect is earned’, and I feel that I have earned the respect of my team-mates. There is a great sense of satisfaction in being ‘rated’ by your associates, even more so when you can’t rely on your history to back you up. This is something that I wanted to achieve from the outset, and I feel that in addition to me personally ‘rating’ each member of the team, the feeling is reciprocal. I have been given the opportunity to further evidence my ability to network for the good of the team. I have also been able to adopt the ‘voice of the team’ position when need be by appearing on live radio with well regarded professionals, to be quizzed on out project and be questioned directly by the Manx Public. This is undoubtedly priceless experience and is an opportunity that I would not have been likely to be presented with (in my current position).

With all that has gone on since we started (in what seems like an age ago), I can honestly say that my hunger and desire to perform in this challenge has only increased. To me the performance along the way is massively important........but so too is winning!!!!

David Cook

The last 3 months have been a difficult time. Pulling our report together has been a difficult and strenuous task, including sacrificing some personal time and commitments that were important to me. I feel that the team have worked well, pulling together, under pressure and our continued efforts to finalise the report have fell to fruition with our report. I am happy we have come into the home straight now, and will be glad when the challenge is completed as no doubt my children and wife will be!

The challenge has brought some important questioning and assessments of my skill set and where I wish to be and given me food for thought as to what I need to look at next.

Overall I have enjoyed the experience, although a few more evenings socially would of been nice, and hope to stay in contact with the group as I feel we have all got on well and passed just colleagues together and more friends.

Gemma Davies

I would still agree with my initial comments in December, although I think we have all found the Challenge much more demanding since the New Year. I am very impressed with the team in that we have managed to continue to work well together, being understanding of each other’s commitments, supporting each other and as a team managing to stick to the milestone plans that we have put in place and reach all our required targets.

I think that from the initial introduction weekend at the Mount Murray we all agreed on a code of conduct for the team, which has helped us remain focused on our common goal and our team ethics.

On a personal level, I have found it a challenge to balance my work commitments, exams, being a mum to young daughter and social commitments, especially having a period of time during the challenge where I experienced some ill health.

It has made me take a different perspective on my life goals and consider where I want my career to go when the challenge is finished in May.
The Green Team

I have enjoyed being able to utilise some of my existing skills in the challenge, but also learn more about what I am capable of and gain knowledge and experience that I am sure will be invaluable to me in the future. It has been such a pleasure to work with and meet some lovely, like minded people by being a part of the challenge.

I believe that I will take a lot away from the experience, having also learnt from my fellow team members and a large amount of information about the IOM NHS, the Government and project management and think I will leave the challenge not only with a large amount of business contacts, but also with some really good friends.
Appendix 15  Minutes from the Green Team Meetings

Date: 23rd Feb 2010
Present: Gemma Davies, Marianne O’Hare, David Cook, Ty Smith, Neil Smith, Rachel Lee
Apologies: 

Discussed:

- A fleshe out version of the implementation plan is required and was discussed.
- The National Insurance Rebate needs to be clearly documented in the report (i.e. rebate will be 50% of the annual premium offered at highest marginal rate etc) and what is acceptable for relief and not.
- Neil to take on board comments re ‘style’ of the report (i.e. grey boxes around important titles/messages, headers and footings), and make decision as editor.
- There are various areas where Neil requires references and information provided to him ready to put into print – these are outlined in the actions part of these minutes.
- It was decided that the ‘ruled out’ section would be divided into two – 1) ruled out because did not fit the brief; 2) rule out because limited expertise/resource/availability to private info takes our suggestions out of scope.
- It was decided that SWOT be included within the business plan as a pictorial and punchy message to readers.
- It was decided that IF we have space that the formal thanks would be included within the references section of the business plan (hopefully this means it’s not included in the 25/30 page limit).

All are actions for the business plan below, so here goes ALL NEED TO BE DONE AND TO NEIL BY FRIDAY 26th FEB:

- Rachel to flesh out implementation plan, Team to read through and appraise.
- David to provide statistics on costing for implementation plan.
- Marianne to provide a written NI rebate statement for Neil to include in the business plan.
- Ty to locate reference for PWC aging population report and revert directly to Neil.
- Marianne to locate reference on Medical Science advances statement and revert to Neil directly.
- David to confirm with Ian Harris that we are OK to assume a 50% margin within our reports.
- Ty to provide a paragraph to Neil directly on what makes a PMI policy ‘qualifying’ for relief.
- Marianne to revisit calculations to absorb the fact the companies will look to offer premiums paid for PMI cover as a staff benefit as a company expense before taxable profits are declared.
The Green Team

- **Ty** to provide a single paragraph directly to Neil regards additional revenue for the government through increased tax revenue (How the proposal meets the aims) section of the report
- **Neil** to split ‘ruled out’ section of business plan into two
- **Rachel** to pretty up SWOT for inclusion in the business plan
- **Gemma** to put the thank yous/acks onto a separate doc on Google Docs for Neil to insert into plan
- **Marianne** to write paras on the financial business case (will be included towards end of report) and revert directly to Neil

All are actions for the appendices below, so here goes:

- **Gemma** to provide a folder into which emails are to be stored
- **David** to upload press releases, press cuttings, website publication, emails to PMI providers
- **Team** to ensure that all docs are loaded onto Google docs for Gemma to start moving files into folders etc

To take forward:

- Timelines are very strict so all submission to Neil by deadline date and report will be distributed 5th March
- Team will have to write end of project reflections for last minute submission prior to printing
The Green Team

Date: 16th Feb 2010
Present: Gemma Davies, Marianne O'Hare, David Cook, Ty Smith, Neil Smith, Rachel Lee
Apologies:

Actions from last meeting, ones in Bold are actions are still to follow through:

- Gemma to secure meeting room for next week and enquire for Saturday meeting
- **Ty & Marianne** to look at solution statement revisiting in order to come up with back up/supporting numbers
- **Ty & Marianne** also to come back to Gemma with a list of requirements re: corporate quotes for PMI
- Rachel to write a para outlining the limitations of PMI
- Gemma to commence appendices adding a table of contents
- Rachel to start proof reading meeting minutes in order to ensure consistent format ready for inclusion within appendices
- **David** to complete prototype on report cover
- **Neil** to write out of scope statement into early section of the report
- Neil to start writing up main body text of report
- David to convert files into correct format so that Neil can open them
- **Team** to review all docs, writing ‘read’ and filing into an archive but NOT DELETING unless your name is Neil!

Items discussed:

- Ty has received a favourable response from Malcolm Couch so possibility of NI rebate is still there if we can prove a case
- Team has finally given up the chase on getting PHI figures, but the efforts that we have made to obtain them should be evidenced in the appendices

Action points to carry forward:

- **Ty** to put copy of email from Malcolm Couch onto Google Docs for inclusion in the appendices
- **Gemma** to upload comparison of services in Jersey etc into Google Docs
- **Rachel** to tidy up milestone plan
- **David** to complete risk analysis
- **Team** to meet Saturday 20th at the IBS to run through first report draft
- To meet Saturday 20th at the IBS to run through first report draft
- **Ty** to type up scheme plan (deliverables etc from study sessions)
The Green Team

Present: Gemma Davies, Marianne O'Hare, David Cook, Ty Smith, Neil Smith, Rachel Lee
Apologies: None
Date: 9th Feb 2010

Actions from last meeting, ones in Bold are actions are still to follow through:

- **Team** to review all docs on Google and annotate these as read so Neil is aware that these have been reviewed
- Nothing heard from Lisa so **Rachel** to re-chase Lisa for equipment for presentation, marking scheme and indication of radio show date
- **Gemma** to upload summary that will compare other Islands schemes – this will be done in the form of a matrix
- **Gemma** upload methods, inc how we chose the project
- **Gemma**: upload acknowledgements
- **Gemma**: upload references
- **Gemma** to send invites in advance to the Green team selected committee who will review draft report and provide open honest feedback
- **Marianne/David**: to complete summary of notes from Paula information regards NHS

**Items discussed:**

- A glossary of terms has been agreed as follows and is to be used throughout:
  - PHC = Private Health Care
  - PMI = Private Medical Insurance
- Font was agreed for the report at Arial, size 10 so all proof reading and final versions must be in this
- Meeting time has been reserved for the team to sit down and review the completed report, agree format. Hopefully we will be able to secure a room where Neil can sit at laptop and project report onto a screen
- Gemma will take control of the appendices
- Some discussion over use of words and it was concluded that we will await until final version where Neil will make (as editor) decision
- Agreed that report has to be complete by 23rd Feb ready for final reading etc
- David and Rachel have met with the printers and only a few days notice is required (Rachel will keep appraised of the situation). Neil to ensure that colour/black&white are separated so that cost is kept down (allowing for more copies to be printed within budget)
- There is a final struggle as team pushes to collect financial information to back up tax incentives etc, final action points below should see this progress through to completion
- It was concluded that out of scope statements need to be made early doors in the report so that the audience understand that subjects such as the reciprocal health agreement are not covered early doors
- Quite a lot of info needs to be submitted before Neil can write body of the report, but provided info is submitted before the weekend (albeit with notes to indicate where figures or info is still outstanding), Neil can start work. Survey results are all ready for submission into report
- Raw data regards the survey can start work

**Action points to carry forward:**

- **Gemma** to secure meeting room for next week and enquire for Saturday meeting
The Green Team

- Ty & Marianne to look at solution statement revisiting in order to come up with back up/supporting numbers
- Ty & Marianne also to come back to Gemma with a list of requirements re: corporate quotes for PMI
- Rachel to write a para outlining the limitations of PMI
- Gemma to commence appendices adding a table of contents
- Rachel to start proof reading meeting minutes in order to ensure consistent format ready for inclusion within appendices
- Gemma to ensure key learning points are loaded into the appendices
- David to complete prototype on report cover
- Neil to write out of scope statement into early section of the report
- Neil to start writing up main body text of report
- David to convert files into correct format so that Neil can open them

Team to review all docs, writing ‘read’ and filing into an archive but NOT DELETING unless your name is Neil!
Date: 2nd Feb 2010
Present: Gemma Davies, Marianne O'Hare, David Cook, Ty Smith, Neil Smith, Rachel Lee
Apologies:

Actions from last meeting, ones in **Bold are actions are still to follow through:**
1. Rachel that she's happy to act as PM.
2. David has completed the hospital analysis – come with print outs of summary findings.
3. Marianne has completed census analysis
4. **Rachel** to complete the questionnaire analysis
5. Ty has written up 'starter for 10' business solution, benefits, recommendations (and any implementation activities you can think of).
6. **Gemma** to conduct some basic research into Health Service models used in other countries – perhaps US, France, Germany and 'Island' states such as Jersey and Gibraltar.
7. Neil to outline the business plan – mostly headings
8. Neil to draft outline project plan
9. **Ty** to find out how many companies there are that employ staff and the distribution in size by their employee numbers.
10. Gemma has contacted Rossborough to get a range of MI quotes.
11. David has started the SWOT analysis
12. Ty will put his notes from the meeting with Paula Hardinge onto Google Docs. **All present to confirm accuracy then Ty to send to Paula for confirmation.**
13. All to put mini-CVs and reflections onto Google docs.

Decisions:
- It was resolved that all team members would have an allocated colour so that changed to original docs can be ‘tracked’. These will be put on Google Docs
- **Neil** is appointed ‘chief editor’ which means that he alone is to delete docs from Google Docs
- Initial report printing costs are circa £90 so team agreed a total spend of £20 per head Rach and David will investigate further. On the subject of report, design of the cover is to be revised
- Report is to be at the printers by 2nd April
- An electronic version of the report will also be made available (by disc of PDF) for those who have helped us by contributing to the report
- All actions that need to be completed by 23rd Feb have been carved up. Each individual will be responsible for drafting the docs and all team members will go on and make additions where they can contribute
- Benefits statement can be taken from the SWOT analysis
Date: 26th January 2010

Present: Gemma Davies, Marianne O'Hare, David Cook, Ty Smith, Neil Smith

Apologies: Rachel Lee

Decisions:

1. Agreed we needed to break the work up. Suggested the break up will be:
   1. Project Manager – general co-ordinator, ensuring people keep to schedule, chaser, meeting booker, person who drives planning work etc – Rachel
   2. Report editor – collects input from team, formats, rewords, tidies, fills in sections, requester for input and identifier of information gaps – Neil
   3. Neil will deputise for Rachel and vice versa.
   4. Research analysis, interpretation, detailed definition of the recommendations / solution including assumptions, further research/data requirements and of post-report implementation activities – Gemma, Ty, David, Marianne.

2. We probably need to start meeting more than once a week. Future meetings will likely be lunch time sessions – we should book out one lunchtime for 1 – 1.5 hours a week. These will be used by groups to meet up (not always altogether) to progress actions. We have 2 months to get the report complete and with the printers, so the end of Feb should see the initial draft completed so we can issue it to our key contacts for feedback and so we can then fill in any other gaps and tidy it up by the end of March. We should also begin outlining the presentation from early March.

3. We agreed we need to get a range of quotes for our target market (economically active adults, probably ranging in age between 20 and 60) – and these should be segmented (probably by age, then family type).

4. From now on, research material should be placed into a Google Docs folder shared with all, to be named “MEC – Research”. That way we’ll have a central location for it all and Neil will know where to get the material for inclusion into the report.

Actions:

1. Neil to confirm with Rachel that she’s happy to act as PM.
2. David to complete the hospital analysis – come with print outs of summary findings.
3. Marianne to complete census analysis
4. Rachel to complete the questionnaire analysis
5. Ty to write up ‘starter for 10’ business solution, benefits, recommendations (and any implementation activities you can think of).
6. Gemma to conduct some basic research into Health Service models used in other countries – perhaps Australia, Spain and ‘Island’ states such as Jersey and Gibraltar.
7. Neil to outline the business plan – mostly headings
8. Neil to draft outline project plan
9. **All** to consider (make notes of) the remaining activities we'll need. [Suggestion: brainstorm them and jot them down, we can then put them into categories and the result should be a good start for the plan detail]

10. **Ty** to find out how many companies there are that employ staff and the distribution in size by their employee numbers.

11. **Gemma** to contact Rossborough to get a range of MI quotes.

12. **Marianne** will note the other decisions and general discussion points from tonight's meeting for inclusion into the record of the meeting.

13. **David** will start the SWOT analysis

14. **Ty** will put his notes from the meeting with Paula Hardinge onto Google Docs. **All** present to confirm accuracy then **Ty** to send to Paula for confirmation.

15. **All** to put mini-CVs and reflections onto Google docs.

Agenda for next week:

1. 10 minute walk through of actions.
2. 5 minutes analysis summaries:
   1. Census – Marianne
   2. Questionnaires – Rachel
   3. Hospital Report – David
3. 5 minutes outline of the solution / recommendation – Ty (we've been through this, but Ty will have pulled it into a coherent 'statement') that is the framework for the detailed solution 'numbers'.
4. 10 minute walk through of the outline business plan – Neil
5. The rest of the meeting will be spent agreeing the key activities, dependencies and time-scales...i.e. putting together a more detailed plan for the next two month.
Date: 19\textsuperscript{th} Jan 2010 – actions to take are in BOLD

Present: Gemma Davies, Marianne O'Hare, David Cook, Ty Smith, Neil Smith, Rachel Lee

Apologies: -

Agenda:

1: Items/actions arising from last meeting

- Meeting has taken place with Ian Harrison and notes are on Google Docs
- Analysis of financial figures presented
- David has chassed Eddie Teare directly regards endorsing letters.
- Ty to re-validate (by end Jan) the basic premises of the plan i.e. confirm with DK and MC that if a valid business case can be presented that a tax incentive can still be considered.
- Rachel has organised quotes for printing a report in glue bound format
- Team has reviewed and agreed mission statement
- Milestones reviewed and updated
- Ty has emailed CMI with a view to obtaining statistical data from their research department
- Marianne has requested promo material from Paula at Nobles private

2: New items/actions
- It was resolved that Neil would become the editor for the business plan which will start ASAP and Rachel would proof read. With this in mind the following activities have been agreed:
  - TEAM to place one paragraph (i.e. overview only) CV onto Google Docs
  - TEAM to place reflections on Google Docs
  - MOH to look at overview of 2006 census in order to provide understanding of current demographics (i.e. population breakdown, average income/earnings) for IOM to go onto Google Docs
  - David to start analysis of the hospital activity report to go on Google Docs
  - Rachel to write up survey findings (raw data only)
  - Neil mission statement to go onto business plan
  - Survey findings presentations to be uploaded onto Google Docs
  - Business plan to go onto Google Docs Neil

Actions to be taken forward:

Highlighted in bold for each individual or team actions
Date: 12\textsuperscript{th} Jan 2010 – actions to take are in BOLD

Apologies:

Agenda:

1: Items/actions arising from last meeting:

- Doctors questionnaire distributed
- It was resolved that we will not produce a separate questionnaire to IOM GPs at this stage as there is no real benefit in doing this
- Media plan template is now in operation – there was some discussion over a new wave of media initiatives for 2010 and decision will be made to carry this idea forward when a date is confirmed with Ty for radio appearance. Suggest an interview directly following the interview.
- Sample check (regards survey) is completed
- Letters are prepped and addresses provided. David to continue to take the matter of endorsement by Eddie Teare forward with his PA
- Reflections, team still to do this
- Data Protection issue rose with Lisa and she is to revert to us with guidance regards completion of the forms

2: New items/actions

- Neil has confirmed meeting with Ian Harrison and is to email stat requirements to him in advance in the hope that they can be collected at the meeting
- Analysis of financial figures required Rachel & Marianne to analyse survey results and present to team at the next meeting
- Team to review statistical data requirements following meeting with Ian Harrison to see what else is required. Rachel to chase BUPA contact.
- Ty to re-validate (by end Jan) the basic premises of the plan i.e. confirm with DK and MC that if a valid business case can be presented that a tax incentive can still be considered.
- Printing of report – Rachel to obtain quotes for printing a report in glue bound format, 20 copies
- Neil to start writing up report in order to raise any queries or issues ‘sooner rather than later’
- Team reviewed mission statement and Ty to email team with revised version for us all to agree
- Milestones reviewed and updated
- It was resolved that the team would invite a ‘challenge committee’ reviewing report prior to submission in April
- Ty to email CMI with a view to obtaining statistical data from their research department
- Marianne to obtain a copy of the promo literature sent to GPs by Paula if possible
- Team to write a one paragraph CV for inclusion in the final appendices
- David to ensure that screen dumps he has taken of the questionnaires (individual, corporate and doctors for inclusion in the final appendix

Actions to be taken forward:

Highlighted in bold for each individual or team actions

Agreed agenda for next meeting:

- Review of actions and items from last meeting
The Green Team

- Agree what is in and out of scope
- Set date for SWOT analysis
The Green Team

Date: 15\textsuperscript{th} December 2009 – actions to take are in BOLD

Apologies: Gemma, David, Marianne

Agenda:

1: Questionnaires

Doctors’ questionnaire to be tweaked following meeting with Paula) by Marianne and distributed. Consideration to be given at next meeting for a separate questionnaire to the IOM based GPs (as per meeting).

2: Media Plan

We have template now and Neil will deal with this over the Xmas break.

3: Sample Check (Manx Population vs. number of returned questionnaires)

Rachel will get this dealt with over the Xmas break.

4: Letters to PHC providers

Letters prepped and addresses provided. David to deal with this ahead of Xmas break.

5: Reflections

Team to do this over Xmas break

6: Data Protection

Rachel to ask Lisa for guidance on this

7: Early 2010 meetings

Neil to line up meeting with Ian ready for New Year

8: Planning / Agenda for first meeting 2010
The Green Team

Date: 1st December 2009, 5:30pm, IBS
Present: Rachel Lee, Gemma Davies, Marianne O'Hare, Neil Smith, David Cook and Ty Smith
Apologies:

Actions from last meeting:
1. Questionnaires for individuals and corporates has been finalised and started to be distributed. More to do here - Team agreed groups they would distribute to and update the contacts list as and when they were issued.
2. Gemma to complete the Doctors’ questionnaire for us to check.
3. Press release. Rachel had got Alistair Ramsey’s input and issued press release. Also to get Richard Slee to put link on MEC website.
4. Discussed meeting with Steve Rodan to happen on 2nd.
5. We need to reflect on our experiences to date and include this in the report (appendix). Team - agenda item for next week.
6. We have got 2 friendly journalist contacts for getting articles going. Rachel and David to get details on contacts sheet and to ‘get a debate going’. Team - consider media plan and use of journalists during lunch Friday 4th.
7. Christine Husbands - been contacted by Ty (twice) - not sure the response gives us confidence she can help, so decided to drop. Neil to contact Ann Collins (AON) for some stats.
8. LD will be progressing getting help from her brother in BUPA.

New Actions
1. Gemma & Marianne to put doctors’ questionnaire online for rest to review and test. To be finally agreed Tuesday 8th.
2. Rachel to build into milestone plan for Ty to re-check premise of tax/ni rebate for takers in the new year.
3. Gemma to speak to Gary Holdaway (Rossborough) re: overview and what they may be able to help with (e.g. stats wise).
4. David to progress letter for Eddie Teare to send to CEOs of 4 Private Medical Insurance providers to the Island.
5. Ty to get friend in payroll bureau to distribute questionnaire to their ‘employer customers’.
6. Neil to contact Paula Hardinge and Ian Harris to arrange interviews and tour for back end of next week.

Agenda for 8th December
- Actions from last meeting
- Reflections so far
- Plan analysis (Jan/Feb) activities and check milestones
- Review Doc’s questionnaire.
The Green Team

Date: 17th November 2009, 5:30pm, AIB Ltd.
Present: Rachel Lee, Gemma Davies, Marianne O'Hare, Neil Smith
Apologies: Ty Smith, David Cook

Actions arising:

- How do we get questionnaires out to small businesses?
- Marianne to ask father in law regarding the small business association in Ramsey and if there are any others we could contact.
- Neil to look into whether there is a branch of the Federation of Small Businesses
- Rachel to ask the DTI if there is an easy way to access them

Actions regarding questionnaire distribution:

- David to set up a manx.net e-mail account from which to send questionnaires and receive replies.
- Marianne to upgrade our Survey Monkey account for two months - this will cost about $40 (i.e. around £6 each) - and will allow a 1000 responses per survey issued, plus give us the ability to download responses into Excel, put branching into the questions, increase the number of questions per survey etc.
- Marianne to create a standard e-mail message for issuing questionnaires.
- Gemma to update the existing questionnaires per our discussion and with Neil to flowchart the questions so they can be combined and be a bit more sophisticated.
- Team to add groups they uncover onto the contacts spreadsheet with your name and their contact details.

PHI Provider Questions:

- Neil to look into an industry body for PHI providers from whom we might get answers to our questions if the other providers provide nothing worthwhile - or perhaps the Institute of Actuaries might have useful information.
- Rachel to chase Lisa re: her brother in BUPA so we can contact him about getting information from them.
- David to look into getting information from underwriters etc via the UK Freedom of Information Act.
- Neil to ask Ty what he's doing regarding contacting and questioning Christine Husband and to contact her if he hasn't asked her any questions yet.

Press Release

- Rachel to speak to Lisa about asking Alistair Ramsey to look over our press release and to put it on Google Docs.
- Rachel then to send out the press release and to distribute to Manx.net, Isle of man online, Manx Radio etc as well as to the papers.

DHSS Meeting:

- Neil to ask Ty when the meeting with Norman McGregor will be
- Marianne to email Eddie Teare if we can meet to ask him about the consultation over the NHS strategy that he spoke about on Manx Radio last Sunday.
- Gemma to show Steve Rodan our Questions for the DHSS and get his reaction and suggestions.
The Green Team

Business Plan:

- **David** - it's a work in progress - worth putting on Google Docs?

Date: 11th November 2009, 5:30pm
Present: Rachel Lee, Gemma Davies, Ty Smith, Marianne O'Hare, Neil Smith
Apologies: David Cook.

1. **Update on research so far.**

Rachel has contacted NU and AXA, and Neil has contacted Standard Life. Rachel is confident AXA will respond positively, less sure about NU. Neil is confident that Standard Life will respond positively. Each of the contacts has been sent a standard set of questions.

2. **Questionnaire and distribution.**

Marianne and David have developed first draft questionnaires for:
- Doctors
- Individuals
- Corporate

Marianne noted a number of suggested changes which arose during discussion.

Distribution methods sparked lengthy debate. Resulting notes and actions were:

a. Doctors
   Rachel has requested a list of doctors to distribute the questionnaire to. Assuming we get this, we can use this for distribution.

b. Corporate
   Agreed finally that we would use the list of industry bodies and request them to distribute amongst their members. We should include the DTI sectors in the questionnaire. **Rachel** will type the list up and post to Google Groups or Google Docs - for David and Marianne to use once we're ready to distribute.
   For next time **All** should think of contacts who could get their company to complete a questionnaire too. Also, we'll request via the pink pages. **Rachel** will develop a press release and post on Google docs/groups.

c. Individuals
   We agreed the best way to request these would be via online such as Manx.net, Facebook, LinkedIn, etc.

   **Ty** to draft e-mail regarding project to get pointers from Christine Husbands of PHP Ltd.

**Agenda item** for next time - to review the final questionnaires and confirm the approach - including Survey Monkey...we considered the best way to distribute questionnaires using these online and decided the something like Survey Monkey would be good. **Neil** to perform an initial investigation. **Gemma** will ask her friend who has done online surveys in the past to help create them.

3. **Media Plan.** Lisa had mentioned that she felt the Business Case should have a media plan and we would be marked on it - she could help with this. **Agenda Item** - Lisa to explain to us what a media plan looks like.
4. **Feedback to Lisa** - Lisa had asked what business advisors we’d used. Gemma to confirm back to her which ones we’d used and who we still wished to see.

5. **Milestone plan to end research**. (and associated actions).

- **13th Nov** - Chase PHI providers for a response - ask for a timeline - suggest 27th Nov - Gemma, Rachel, Neil
- **By 17th Nov** - Get employer stats (how many, how many employees, sectors) - Ty
- **17th Nov** - Agree questionnaire approach including who will do this.
- **17th Nov** - Book TS and NS in to meet Norman McGregor and guy who runs Nobles within next 2 weeks and anyone else (Norman to suggest who) - Ty
- **18th Nov** - Distribute questionnaires alongside press release
- **Early Dec** - meet with Malcolm Crouch to check up on feasibility of Tax reduction / NI rebates
- **Ty & Neil Early Dec** - create plan for analysis phase in January and Early February.
- **31st Dec** - close questionnaires.
The Green Team

Date: 3rd November 2009  
Present: Rachel Lee, Neil Smith, David Cook and Marianne O’Hare  
Apologies: Ty, Gemma

Agenda:

1: Neil was updated on Friday’s training session, and there was a general update. It was resolved that an agenda would be set for the next meeting to address activities that need to be completed thus ensuring that the project remains on track and that research is completed in good time. Suggested agenda is as follows:

- Update on research so far
- Confirm milestones for the research
- Agree questionnaire content and distribution  
  on this note can everyone come to the meeting with suggested distribution lines and contacts for David and Marianne to follow through on
- Gemma, Neil and Rachel to report back on progress to date with the PHC providers
- Agree meetings with the CEO of the DHSS, Minister for Health and Operations manager at Nobles to discuss project scope, canvas opinion and seek guidance

2: David will put a draft business plan template on the shared Google drive, this will mean that everyone can update inserts as and when. When inserting info, all are to put a date of entry and initials (these will be removed at a later date), any reference to interviews, reports etc are to be recorded in a separate bibliography.

AOB:

Next meeting to be 10th November 5.30 pm @ AIB offices. 10 Finch Road, from 5.15pm onwards there will be parking available at the car park around the back of the office or even on Finch Road itself.

Actions to be taken forward:

Suggested Agenda

Agreed agenda for next meeting:

As detailed above
The Green Team

Date: 20th October 2009, 5:30pm
Present: Rachel Lee, Gemma Davies, Ty Smith, Marianne O'Hare, Neil Smith, David Cook
Apologies:

Claims History

- What no. of claims go through
- How many customers do you have on IOM? Corporate & Private – Confidentiality agreement could be put in place.
- Average cost of policy for Corporates & individuals
- Average claim rate per policy
- What are the claims rates for – high level groups?
- How many are treated on / off island?
- How many businesses have group policy?
- How many individuals have private health care?
- Concerned with economic active – not concerned with old & very young
- How many doctors have on island to carry out procedures on IOM?
- Who’s approved & what for?
- Clause in contracts claims to be taken on IOM
- Overnight operations rate etc.

3 points to contact

- BUPA
- Standard Life
- Norwich Union

Nobles Hospital – Private Wing

- Current utilisation for private healthcare
- If took use away of Private ward would it cause problems for NHS capacity?
- Total capacity of Private ward & NHS wards – Max in / out patients (beds/hrs etc)
- What operations do they do now?
- Service level agreements – Are there any between NHS & Private?
- What is the charging mechanism at the moment?
- What is the revenue collected?
- Cost to run the ward.
- Staff attraction – surgeons to come over to the IOM – work permit, travel & accommodation? How? Who?
The Green Team

- Equipment – Do we have all required in Private Wing? What can’t we do and why? Doctors, Equipment etc.
- Resident surgeons (how many)
- How many qualified surgeons in which skill base?
- Why do people go off island?
- What other skills base?
- How much does it cost?
- How would increased private provision affect NHS waiting lists?

Market

- Which employers likely to provide private healthcare?
- Potential customer base – how & whom? How many employers will that leave us with?
- Attitudes survey – Manx Telecom
- Corporates – staff benefit – cost efficiency
- General public – what incentive would they need for it to be something they would consider?
- Census – demographic – rough estimate available market size.
- Survey to large Corporates on Island & small companies.

DHSS

- David Killip agreed initially
- Would you reduce NI contributions?
- Waiting lists effected?
- What are the targets?
- Legal implications (max allowed to surgeons – private work)
- Open questioning
- How many medical trained people do DHSS bring over?
- How do they do that – Day trips / accommodation etc.?
- How are they sourced?

TAX

- Is it considered a “go-er” – Yes had BUY IN’
- Show figures to get the go ahead. Need more detailed info
- If viable with DHSS – Tax will go with it.
- 10% & 18% - Would you consider making any private scheme cost benefit?
The Green Team

- How many people paying 10% and how many paying 18%
- Over 60 Full relief
- Potential for companies to get tax reduction with change from 0% tax.
- How many policies go over £400 for families for Tax benefit?
- Incentive Full Tax Relief.
Date: 19th October 2009
Present: Rachel Lee, Gemma Davies, Ty Smith, Marianne O'Hare, Neil Smith, David Cook
Apologies

Objectives

Project objectives were defined as follows:

- To reduce the overall cost burden of the IOM NHS service by
- Increasing the take up of private health care policies (PHC) amongst the corporate and private markets and
- Increase the delivery of private health care services actually carried out in the IOM Nobles Hospital Private Ward

Research

Research was scoped out to cover four key areas as follows (further detail to be provided by Gemma):

- PHC providers
- Nobles Private Wing
- DHSS
- IOM Income Tax
- Corporate and Private Market

Research Action Points Responsibility divvied out as follows:

PHC Providers:

Rachel to confirm (via IOM IFA providers) the main players in the IOM PHC market (list will not be definitive as some companies may use their ‘head office’ provider). Rach to then to speak to known contacts with a view to opening the door with each for Rach, Neil and Gemma to approach and ask relevant questions/obtain statistical information as agreed in the meeting. Rachel, Neil and Gemma to devise a ‘script’ between them beforehand.

Public/Corporate Sentiment Survey:

David and Marianne to draft a questionnaire ready for submission to the potential corporate and private client market. This will then be confirmed with the team ahead of final distribution. David and Marianne also to devise a ‘marketing’ strategy to ensure the distribution of the questionnaire is as wide as possible in order to produce meaningful information.

NHS/Income Tax/Private Wing:

Ty to type up information contained with in reports he has obtained so that at the next meeting we can evaluate any ‘gaps’ in the research and identify where we need to a) obtain research and b) obtain research to back up assumptions/comments confirmed in confidence.

Demography:

Neil to start to extract meaningful and relevant information from the IOM 2006 census in order to demonstrate the demography of the potential ‘target’ market for PHC.
The Green Team

In all cases, as and when research is collated, all team members are to create an ongoing bibliography so that all references can be tracked from onset. Accreditations for contributors are also to be recorded from onset so that they can be thanked formally in the final report.

Presentation

Gemma and David to work on draft presentation for 30th October for the team to run through in advance.

Further meetings

It was concluded that the team would reserve every Tuesday for team meeting purposes. There will not be a meeting during October half term. Meeting on 3rd November will be held after MEC training at the IOM business school.

Recording of meetings/research

It was concluded that from meeting onwards, all team members would use Google docs to store and reserve information, notes, research etc

AOB

Social booked for Thursday @Clinches from 5.30pm – YUM!

Actions to be carried forward for next meeting:

- Review Ty information to identify further research points to be divvied out moving forward
- Review questionnaire to public and corporate sector
- Agree and document milestone dates
The Green Team

Date: 19th October 2009
Present: Rachel Lee, Gemma Davies, Marianne O'Hare, David Cook, Ty Smith, Neil Smith

Notes:

Objectives

Project objectives were defined as follows:

- To reduce the overall cost burden of the IOM NHS service by increasing the take up of private health care policies PHC) amongst the corporate and private markets and increase the delivery of private health care services actually carried out in the IOM Nobles Hospital Private Ward

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Research was scoped out to cover four key areas as follows (further detail to be provided by Gemma):

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Actions to be carried forward for next meeting:

- Review Ty information to identify further research points to be divvied out moving forward
- Review questionnaire to public and corporate sector
- Agree and document milestone dates
The Green Team

Date: 13th October 2009
Present: Rachel Lee, Gemma Davies, Marianne O’Hare, David Cook, Ty Smith, Neil Smith

Choice of topic:

1. David – Entertainment – decided a no go-er due to most areas already covered and a lack of funding
2. Marianne – Family – Had spoken to Social Workers and felt that it would be hard to narrow any project’s benefits or savings down to the activities of the project – no go-er
3. Gemma – Education – Very wide topic, spoken to a wide range of people involved. Would look to cover a subject that would be required for a growing part of the economy perhaps to cover skills shortages and/or to create a centre of excellence that would generate revenue through overseas students. Also look to cut costs of higher education for Isle of Man residents by siting some provision on island. Problem with funding certainty, a degree of concern that any plan we develop will have been superseded / beaten to the punch. It’s potentially viable but needs to be more specific.
4. Rachel – Diversify economy and ‘Shared service provision for Government’. Both were presented via a presentation that showed a lot of thinking had gone into each topic. In both cases we felt there was scope for creativity but it needed significantly more thinking. The second item was also very contentious. We felt the first was not something that we were likely to add any value (we were unlikely to identify any new niches that could be sufficiently developed in the timeframe). The second one had issues of scope and potential problems with access to information given possible resistance from within the various departments.
5. Neil – Waste management / recycling – this was two pronged – a shared service for waste collection (idea first presented by Green Team, MEC 2006) and increasing revenue from recycling. Overall, the topic was well defined, but feeling was that it wasn’t sufficiently ‘new’ and creative for it to be a likely winner.
6. Ty – Health – This is essentially reducing costs of NHS and increasing benefit of Nobles Hospital to the community by encouraging greater use of the private ward. Area to explore:
   1. Encourage individuals to take out private health care through an NI rebate
   2. Increase utilisation of private wing (currently people elect to go off island):
      1. Ensuring more funds for private provision stay on island – reducing the costs of overall NHS provision to the government
      2. Greater incentive for consultants to practice on island (and hence fill certain shortages in the public side of Nobles)
      3. Private patients don’t have to travel off island
      4. Potentially reduced costs of private cover for residents as less travel is required
   3. Possible incoming patients from UK etc if we can create a publicly recognised level of expertise in a particular procedure / area of practice.
4. Consider leasing the private wing to a private provider such as BUPA – offsetting some/all of the cost of the rebate and running cost of the ward.

5. How do we encourage individuals to stay on island rather than go off island for their private provision?

6. How do we encourage people who don’t get health insurance from their employer to take it out?

7. What number of people already have it (via employer, privately)?

8. Why don’t people elect to use the private ward?

9. Could we get premium reductions for people to take provision on island?

Key decision makers in DHSS and Treasury are already supportive in principle.

7. We decided to go with Health

Future meetings:

8. Next meeting will be 5:30pm, 20th October – venue to be decided. Purpose:
   1. Agree what our next steps in research should be
   2. Who will do what (research and other tasks)

9. We may need a further meeting, possibly Thursday 22nd where we might also eat together.

The announcement:

10. We need to give a 5 minute talk at the launch

11. 1 person will give this, with the rest of the team standing at the front

12. The speaker will:
   1. Present the members of the team (Name and employer, only)
   2. Present the sector
   3. Announce the topic – should be suitably vague to allow maximum wriggle room and creativity! Something to do with reducing cost of provision of health care perhaps.
   4. Briefly outline how we came to choose the topic

13. We need to choose our speaker who needs to have a practice run through

Actions:

14. All - find out if we can use your place of work as our next meeting venue

15. All – find out if you can make the meeting on the 22nd October

16. Ty, Rachel, and/or David – agree who will see Chris Davies and when on the 27th to run the topic past him and see if any IT projects government has going in this area(?)

17. All – to give further thought to the topic – what we could do, questions, issues, etc. between now and the 20th.
## Appendix 16  Glossary of Terms and Abbreviations

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>NHS</td>
<td>Manx Health Service</td>
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<tr>
<td>UK NHS</td>
<td>UK National Health Service</td>
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<tr>
<td>PMI</td>
<td>Private Medical Insurance</td>
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<tr>
<td>PHC</td>
<td>Private Health Care</td>
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<tr>
<td>DHSS</td>
<td>Department of Health and Social Security</td>
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<tr>
<td>RHA</td>
<td>Reciprocal Health Agreement</td>
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<tr>
<td>PPW</td>
<td>Private Patients Ward</td>
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<tr>
<td>ITD</td>
<td>Income Tax Division</td>
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<tr>
<td>IFA</td>
<td>Independent Financial Advisor</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose and Throat</td>
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