

The Newsletter  
of the Friends of  
the Manx  
Diabetic.  
The diabetic  
support Group  
of the IOM

# The Diabetic

All monies  
collected are  
spent on the Isle  
of Man.  
No monies are  
sent  
off Island

*The Best and most Informative Diabetic Newsletter on the Isle of Man*

Issue number 23

Date: March 2009



LEADING FROM THE FRONT

*Caaryjn Lught Vannin yn Chingys Millish*

A Charity registered in the Isle of Man. Charity number 894.

All monies collected from whatever source will be used exclusively on the Isle of Man for the benefit of diabetics and their medical carers.

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**The first presentation to a surgery; a Diabetic Foot Kit for the Ballasalla Medical Centre**

**If you are 80 you are stranded on the Island until you die.**

**We need a Fluorescein Angiogram Machine**

**An alternate solution to the Reciprocal Health Agreement: issue everyone with health credit cards.**

**150,000 diabetics newly diagnosed in the UK in 2008 and approx 200 in the Isle of Man.**

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## Presentation

The Friends of the Manx Diabetic in their endeavour to help diabetics on the Isle of Man and to conform with their mandate of helping the Manx diabetic and their carers, presented the Ballasalla Medical Centre with a diabetic foot kit.



Mr George Campbell of Bradford and Bingley, International, Dr Alison Blackman (BMC), Mr Jerry Ludford-Brooks Treasurer (FMD) and Sue Corrin (BMC).

This is the first piece of equipment that has been presented to any surgery in the Isle of Man by our diabetic Group. The Friends of the Manx Diabetic lead from the front.

The machine was acquired at the request of the Ballasalla Medical Centre.

The presentation is to bring us into line with our mandate that all monies collected by the Group from whatever source will be spent in

**Feegans  
Deli**

Food to eat in

Food to take away

Food for thought

Are all available at  
Feegan's Internet Lounge  
8 Victoria Street, Douglas

the Isle of Man for the benefit of island diabetics and their medical carers.

It also accommodates the ethos of diabetic care in the community that we are trying to implement, and the change of name of our Group.

The diabetic foot kit, will enable the doctors at the Ballasalla surgery to assess blood flow to the legs and feet of patients who have lost sensation in that area. Diabetics often suffer problems with their feet because the disorder affects the circulation of blood to the extremities. Diabetes also causes loss of sensation, which means a foot injury is not felt or noticed. As a result, a minor foot infection can develop into far more serious problems including blood poisoning, and of course the loss of toes, feet or legs. It is a valuable piece of equipment that we hope will help detect early problems in diabetic diagnosis.



Mr George Campbell (Bradford & Bingley International) and Mrs Brenda Williams (FMD)

The diabetic foot kit cost £817.00 and a donation of £500 towards the machine was kindly made by Messrs Bradford and Bingley International in their 12 Days of Christmas Charity Appeal during their generous contribution campaign to charities held over 3 F M, and to whom we are most grateful.

The Ballasalla Medical Centre held a diabetes awareness week in December and collected £54.32p during the week long campaign which will also go towards the cost of the Diabetic Foot machine.



Dr Alison Blackman (BMC), Mr Jerry Ludford-Brooks Treasurer (FMD) and Sue Corrin (BMC).

The Friends of the Manx Diabetic would like to take this opportunity to thank the patients of the Ballasalla Medical Centre who kindly contributed to the cost of their Diabetic Foot kit.

The winners of the BMC's diabetes awareness competition were: Shelly Lynch for guessing the number of sweets in the box, and Tyler Moughtin and Marissa Hagar who were joint winners of the Quiz.

It goes without saying that The Friends of the Manx Diabetic will consider any request from surgeries for equipment etc which are made, provided that the request will help the Manx Diabetic patient, and the surgery will be able to make full use of what the Friends of the Manx Diabetic eventually donate.

All requests must be made in writing, with details of what they require, the supplier, how much it would cost, and why it will help their Manx Diabetic patients.

All requests will be put to our committee and our medical advisor.

**When you have a trauma,  
it is not what happens to you,  
but what you do about it that counts.**

## The Editorial

### The Reciprocal Health Agreement

The Manx Government has now been informed by the British Government that as from 1<sup>st</sup> April 2010 the reciprocal Health Agreement is officially rescinded.

Now is the time to stand up and be counted.

It is not up to the British Government, it is not up to the insurance companies to resolve the problem, **it is up to the Manx Government, our Government, to ensure that all Manx residents are able to visit the UK irrespective of age or medical condition, otherwise they are trapped on the Island.**

This is the time they were so ridiculously waiting for without action, the time has now come for the Manx Government to do something about it, stop prevaricating, putting up smoke screens, and hiding behind the fact that they hadn't been informed.

### **Well now they have.**

The Friends of the Manx Diabetic don't want Manx people over 80 or people with medical problems stranded on the Island for the rest of their lives.

So how about it Chief Minister, when are you going to tell us what your Government intends to do to ensure that all your people can travel abroad with impunity, or is your Government going to wait until midnight on 31<sup>st</sup> March 2010 to pontificate. Your people want to know now.

We would respectfully draw the Chief Minister's attention to the meeting on Monday 26<sup>th</sup> January when he dismissed out of hand the idea that people would be trapped on the Island and categorically claimed that nobody would be trapped on the Island.

Maybe he could please explain what this cut off at 80 years old and certain medical conditions not covered by insurance companies means for those Isle of Man residents, and what he is going to do about it.

Before he says anything, if things stay as they are, we can tell him that this means they are **trapped on the Island until they DIE.**

**I'm glad to be back on the terra cotta.**

John Prescott speaking to reporters as he stepped off a plane

## **We need a Fluorescein Angiogram Camera**

Professor Simon Harding from the Royal Liverpool Eye Unit has asked us to intervene and help in trying to resolve the problems that his department has been encountering when patients are sent from the Isle of Man for angiogram screening.

It transpires that because there is no Fluorescein Angiogram Machine on the Isle of Man, the DHSS are sending over patients to him for assessments that have not been checked here as there is no facility locally, and when they get there, they find that there is nothing wrong with them.

A waste of everyone's time and money, both here and at Professor Harding's clinic.

This has been an ongoing problem for years with the DHSS footing an unnecessary bill.

*The Diabetic* has been given to understand that the DHSS have the money available to pay for such a machine, but The Minister has said in the House that he is awaiting a business case to come to completion, more meetings.

However until we actually see it installed at Noble's we shall continue to fight for its acquisition.

Here is a brief history of what has recently transpired.

On Friday 27<sup>th</sup> April 2007 Professor Harding wrote to Mr Chohan saying "I am writing to you as I have done with your previous colleagues regarding my concerns with the continuing lack of fluorescein angiography services in the Isle of Man" unquote.

When patients are sent across for this type of treatment Professor Harding claims that machines are booked and personnel are made available and "this causes us significant problem because this means we have to use up an appointment for angiography which sometimes isn't required".

Because of the problem and the disruption to his services in Liverpool for no apparent reason, Professor Harding hoped at the time, that Mr Chohan would approach the relevant management team at Nobles Hospital to purchase this facility.

He goes on to say "I think that we should give you a reasonable amount of notice to purchase your own fluorescein angiography service. I think it would be reasonable for us to continue to provide this service until 1<sup>st</sup> September 2007, after which time we will no longer offer you routine fluorescein angiography service".

He points out that he would be very happy to discuss the matter with Mr Chohan or with his management team on the Island.

Professor Harding ends his letter by saying that he feels that "**patients from the Isle of Man are being significantly disadvantaged in the management of acute retinal disease by the continuing lack of provision of adequate routine services which after all, are available in every other eye-department in the UK**". (The bold is ours).

Two months later, on 4<sup>th</sup> July 2007 Professor Harding once again wrote this time to Mr Khan, asking whether they were now able to supply him with a response.

He pointed out that he would have to stick to his recommendation that they stop providing a

fluorescein angiography service from 1<sup>st</sup> September 2007.

On 5<sup>th</sup> July he said "I am writing to confirm that the level of referrals coming through from your department for routine fluorescein angiography has reached a level at which I feel it is imperative that you are provided with an angiography service on the Island. Could you please forward this to the relevant manager and ask them to write to me".

He again quotes the 1<sup>st</sup> September 2007 as the cut off date.

Mr Cho sent him a copy of a letter he had written to Mrs Barbara Scott the then Acting Hospital Manager explaining that "fluorescein angiography is a routine ophthalmological test required in management of patients with retinal diseases including diabetic retinopathy, retinal vein occlusion and macula degeneration".

On 23<sup>rd</sup> August 2007 Mr Khan wrote "It is our plan to provide this service on the Island as soon as possible, but unfortunately with our limited resources setting up the service is proving difficult and I do not envisage the service up and running in the near future".

He also told Professor Harding that he would be grateful if he could continue with the provision of this service, and in return he would ensure that only appropriate referrals were sent across to reduce Professor Harding's work load.

Mr Khan has been proved absolutely right as of 2009 we still don't have this facility. What happened to the "as soon as possible" plan?

Professor Harding wrote to him immediately asking if Mr Khan would let him know what the difficulties were so that he could provide support and send a further letter to Mrs Scott the Acting Hospital Manager.

However nothing appears to have happened or be happening.

*The Diabetic* wonders who is dragging their feet on this issue, and putting a damper on the operation as the money we have been informed, is already available

So what are we really talking about?

The test is performed by injecting a special dye, called fluorescein, into a vein in the arm. In seconds, the dye travels to the blood vessels inside the eye.

A camera equipped with special filters that highlight the dye is used to photograph the fluorescein as it circulates through the blood vessels in the back of the eye.

If there are any circulation problems, swelling, leaking or abnormal blood vessels, the dye and its patterns will immediately reveal these in the photographs.

The ophthalmologist can then make a determination as to the diagnosis, and possible treatment options for the patient.

It is extremely useful for evaluating many eye diseases that affect the retina.

Now to the tricky bit.

The camera we are told costs some £90,000 and the makers are Topcon Imagenet Systems.

This price will include the image acquisition system and two or three review stations to be used around the clinic.

However don't be alarmed, don't despair as all is not lost because the Minister has said it will cost £50,000.

Let us look at it from a business point of view which is somewhat lacking in DHSS decisions.

A patient travelling to Liverpool for this diagnosis cost the DHSS £125 approx for their flight. Sometimes more, but we shall call it £125. For obvious reasons they have with them a companion or carer, so that's another £125.

The Hospital in Liverpool has to be paid for the tests etc. Let us be conservative and say £250 for the treatment and other patient expenses. We are now talking of conservatively approximately £500 per visit.

This means that if you divide the £500 into the initial expenditure of £90,000 this represents 180 patient visits travelling to Liverpool for a fluorescein angiography examination. If however it costs £50,000 then this means that you only need 100 patients to pay for the cost of the camera.

This being the case the machine is paid for after 180 or 100 patients have **NOT** been sent to Liverpool, and the bonus is we have the facilities on the Island paid for by the savings that the DHSS will make in not sending unnecessary patients to Liverpool who have no problems. The staff are already employed by the DHSS, it is a question of training someone.

However in its syllogistic reasoning, the DHSS is now sending patients to Walton, reasoning that by changing venues they have circumvented the problem. Heads in the sand again.

The problems are still there, they have not circumvented any problems and they are still

spending unnecessary monies, which the Minister claims he has not got.

Cannot they understand what they are doing?

All the DHSS is doing is postponing the inevitable and creating unnecessary expenditure when the Minister claims in the House that they are running out of money. Of course they are, if there appears to be nobody there that understands the principles of Profit and Loss, they will always be running at a loss.

The Friends of the Manx Diabetic say, no insist and demand, that this state of affairs must be resolved without delay, for the sake of the people of the Isle of Man who put their trust in our DHSS, and **cannot afford to have eye problems that could lead to the eventual loss of their sight. The DHSS has a duty of care to the people of the Isle of Man.**

As we have pointed out at the beginning of this piece, *The Diabetic* has learned that the DHSS has the money in place to buy a Florescein Angiogram machine.

So what are we waiting for, lets get on and do it and save monies all round. Professor Harding has been at this for years.

The DHSS claims that Noble's Hospital is a place of excellence, who is kidding who, when they haven't got the basic facilities to even check patients eyes properly, to recognise and diagnose their problems before sending them over to the UK. Let us stop being blinkered until it is our turn to be under the cosh, and then start shouting, but too late to resolve our particular problems.

**Mr Minister, we have to resolve this problem now, it has been too many years in the pipe-line undiagnosed and in ignorance.**

**We cannot wait for meetings and more meetings, when patients need medical support.**

Dr Simon Harding is a Professor and a Clinic Ophthalmic Surgeon at St Paul's Eye Unit, Ophthalmology Clinic in charge of the Department, and we should listen to him.

He is giving the Island good advice, advice that he is giving the Island free of charge.

But our Government and DHSS feels that anything that is free of charge must be no good.

They would rather pay through the nose before anything is taken up.

President Herbert Hoover

## **An alternate solution to the Reciprocal Health Agreement**

As you may recollect in our last issue we presented the Chairman's address to the AGM as requested by the meeting for inclusion in *The Diabetic*.

In it the Chairman mentioned the proposal that he had made to Mr Rodan in 2005 for an insurance system to resolve the financial problems of the DHSS.

Following the AGM meeting the Chairman wrote to the Minister for Health and Social Security Mr Teare setting out the same proposals that had been made to Mr Rodan, three years ago, to obviate the problems that will arise when the Reciprocal Health Agreement is cancelled by the UK Government as from 1<sup>st</sup> April 2010.

The Chairman has received observations and efficient attention to the suggestion from Lesley Keenan the Chief Operating Officer/Deputy Chief Executive saying, that our "proposal that in some way the Isle of Man Government should, act as insurer for its own residents is an intriguing one, but essentially ignores the fact that, whatever happens, the Manx public will end up paying the bill, either through taxation to support a Government system, or through insurance premiums paid by individuals" unquote.

What they are saying is that in any event whether you pay insurance yourself or the Government taxes you we arrive at the same ultimate end, it is going to cost the Manx public lotsa money.

If the Government taxes you, then the Government are virtually saying that they will in fact cover you, by your tax payment, for any travel problems that may arise during your visits abroad. Otherwise why would they want to tax you? Or would it just be a stealth tax, as it would not help the Manx people in getting off Island.

If they tax you for this purpose they are acting as underwriters, a thing they contradict themselves saying "It is difficult to make a valid case for the expenditure of health funds to effectively subsidise leisure travel off island" unquote.

By having an insurance system and acting as underwriters they would not be subsidising

**Blessed are the young for they shall inherit the national debt.**

leisure travel as they claim, because in the first instance the money being paid in would be that of the Manx people which would be extracurricular to DHSS normal funds voted in Tynwald in their yearly estimates.

Let us therefore put another proposal to the DHSS, let us look at it another way.

The obvious solution of course is to join the EU and then everyone has the equivalent of the E111.

No taxation as the DHSS say they would implement, and no insurance.

But the Government, as they claim have made “a conscious decisions not to join the EU” so that is out.

We shall have to wait until they are unconscious to join. We shall have to wait until the UK makes us unconscious and takes over.

But please remember that whatever insurance company you are with, once they bring you back to the Island and you go into Noble’s or need drugs etc, it is not the insurance company that will pay for your treatment, it is the DHSS.

So why not the DHSS take the insurance money in the first place.

Anyway here is the other system proposed to the DHSS.

1) We institute our own system of the E111: we provide each member of the Isle of Man with a card similar to a credit card.

2) This card will cost those travelling aboard anything from £75 to £100 per annum or whatever the DHSS decide. Or even tax them £10 or £12 per month. You pay for your insurance anyway so why not help our DHSS.

3) On production of this card anywhere in the EU you will be entitled to your medical requirements whilst you are on holiday in any EU country free of charge. They bill the Isle of Man DHSS.

4) The Isle of Man Government enters into an agreement with the EU that any payment for medical requirements for any Isle of Man resident on presentation of the card will be guaranteed by the Isle of Man Government.

5) In effect the card acts as a medical credit card.

6) You are not taxing the people, no money is coming out of Government funds, they are paying for their holiday insurance themselves, and everybody is happy. **The only thing is that everybody gets insurance at a standard rate. No loading because of medical problems, and no age limit.**

7) The income to the DHSS would be somewhere between 4 and 5 million pounds plus per annum.

8) The DHSS would not spend these amounts on people going sick on holiday, otherwise no insurance company would be in business.

Unless of course they spend their income in employing more and more “top” civil servants.

9) The DHSS has the most highfaluting titles for their civil servants in the whole of all Government departments, so they should be able to come up with a name for this type of card without problems that would disguise its function to their satisfaction.

Doing the above will not give the Government an excuse to double tax their people as otherwise the people will have to pay the tax, and on top of that they would have to pay an insurance premium to the insurance companies if they wanted to leave the Island, provided they had no problems in getting insurance.

So how about it, we just cannot sit back on this one and not do something about the rescinding of the Reciprocal Health Agreement, or is the Government going to let their people become prisoners in their own Island.

As we have said before, and must once again emphasise, a four star prison is still a prison.

If you are 80 or over on have some medical problems, you now start a life sentence in the Isle of Man.

Extract from letter by the Department of Social Services,  
Greenville, South Carolina.

**‘Your food stamps will be stopped effective  
March 1992 because we received notice  
that you had passed away.**

**May God Bless you.**

**You may reapply if there is any change in  
your circumstances’**

On the Isle of Man after an amputation we have to wait six months to see if the condition is permanent, so the same logic dictates that there is no reason why the above person can’t reapply if his circumstances change.

**Are our Social Services and their Social Services  
twinned?**

**Diabetics diagnosed in the Isle of  
Man in 2008.**

In the early part of the year the UK press was awash with the story of the number of diabetics diagnosed in the UK during 2008.

It transpires that the figure rose by 50,000 from that of 2007.

During 2008 there were 150,000 newly diagnosed diabetics in the whole of the United Kingdom.

This now brings the expenses of the NHS across the water to **£1million pounds per hour** spent on the care of Diabetics.

This equates to 24 million pounds being spent on diabetes per day, or to put it mildly eight billion seven hundred and sixty million pounds (£8,760,000,000) per annum.

The 50 thousand increase is put down to the obesity problems that are rampant there.

Also experts are saying that the obesity epidemic only really started about 30 years ago, meaning that people have not yet reached the age where they will die prematurely.

They are adamant that what these figure clearly show is that these premature deaths will come.

What a dire prospect we are facing if something is not done, and done quickly.

So what is happening in the Isle of Man?

The Friends of the Manx Diabetic have always campaigned and have always impressed on the DHSS that prevention is better than cure.

In an endeavour to find out what the real picture is in the Isle of Man we approached all the surgeries for figures as to how many new diabetics they had diagnosed during the period 1.1.08 to 31.12.08.

This is an easy figure for the surgeries to provide as they had to give this figure to the DHSS, otherwise they do not get paid, and we were not asking for names just numbers.

At the time of going to press, we have kindly received notification from 9 of the 12 surgeries of the number of patients that they have newly diagnosed during 2008.

This totals to 139 with three surgeries to go.

One said it was impossible for them to differentiate between newly diagnosed diabetics during 2008 and the old diabetics on their books.

We are looking at some 200 patients being diagnosed diabetic during 2008.

This figure is horrendous for the size of our Island.

What is our DHSS going to do about this long term?

Surely we cannot let things slide, because at the end of the day the cost of treating diabetes on the Island is going to rise proportionately to that of the UK NHS, and as already pointed out it costs them **£1 million an hour**, and if assimilated to us, we will not be able to afford it.

**We cannot afford things now so what will happen then.**

Mr John Houghton MHK asked a question in the house as to how much did it cost the DHSS to support one Diabetic on the Isle of Man.

The Minister explained his department did not know, but he confirmed that there had been an increase of 20 Type 1 and 239 type 2 during the period 2008-2009.

Disaster, notice no one seems to tally.

**If someone has a bad heart, they can plug this jack in at night as they go to bed and it will monitor their heart throughout the night.**

**And the next morning, when they wake up dead, there'll be a record.**

FCC Chairman.

## **Local Insurance Cover for UK**

On Monday 16<sup>th</sup> February Manx Radio held a discussion on the question of the rescinding the Reciprocal Health Agreement by the United Kingdom.

At this discussion the On Line Regional Travel Group was represented by its CEO, Mr Brian Kelly who made public his firm's decision to provide insurance for Isle of Man people travelling to and from the United Kingdom once this agreement is rescinded on 1<sup>st</sup> April 2010.

Because of its importance *The Diabetic* decided to interview Mr Kelly and find out more about his firm's proposals.

His firm, said Mr Kelly, has a background specialising in travel insurance and particularly in the medical repatriation of people from all around the world back to the UK.

They represent the majority of the largest UK insurance underwriters and they are very specialised in this particular field.

He pointed out that they saw the rescinding of the Reciprocal Health agreement as a responsibility and as an opportunity, and he explained that they have been working very

hard behind the scenes to put together what they believe is a very good travel medical health insurance policy.

The insurance policy will be available to all Island residents up to the age of 80.

It was hoped that this age limit could be bumped up but unfortunately his underwriters will not increase the age limit.

However he pointed out that the policy will be available to travellers out bound from the Isle of Man and those people who require cover when travelling to the Isle of Man.

We asked the most important question; what is covered by the policy?

He replied that for medical treatment the cover was up to £10,000.

*The Diabetic* was of the opinion that this was too little if there were major problems with the patients going into hospital across.

Mr Kelly explained that as you do not need cover for treatment at any A&E in the UK this was really for cover if you have to stay in hospital.

However he pointed out that if the expenses were to rise over the £10,000 then the patient would have to pay the difference themselves.

Nonetheless as this is a world wide cover, you might need further cover as for example going to the States etc, you would have to take additional premiums to cover this eventuality. These additional premiums were available to suit any person.

The medical treatment covered, he said, includes the necessary and unavoidable emergency medical expenses not normally covered by reciprocal health care agreements for stabilisation of your medical condition prior to your evacuation and repatriation home.

As regards repatriation to Noble's or your home in the Isle of Man the cover here is £30,000. This he said covers the bringing you back. Once you go into Noble's the DHSS will then carry the expenditure, as happens with any insurance that repatriates you to the Island.

Their work is done on handover to the DHSS here.

We then discussed the question of an unfortunate death. Mr Kelly pointed out that the policy will cover the holder for up to £2,500 repatriation of mortal remains.

This of course include casket, family flights back etc. In the event of death the policy will cover the cost of returning the body or ashes to your home address in the Isle of Man.

So what in fact is not covered we asked?

Mr Kelly told *The Diabetic* that the only things not covered were: a) Claims relating to any out patient treatment as this will be undertaken free of charge at outpatients in UK hospitals: b) you are travelling following a terminal prognosis. c) organ transplant, if listed on an organ transplant list and d) the usual alcohol, drug, attempted suicide, self injury, psychiatric disorder, invasion, and acts of terrorism. So if you are going to anywhere where there might be acts of terrorism, you will find that no insurance company will insure you for these eventuality.

Mr Kelly then explained to *The Diabetic* that the cost of this insurance policy to Manx Travellers can be purchased by the day, week, month or annually but that any trip cannot be more than 31 days. You have to come back and then start again or extend your premium prior to departure.

The premiums will cost £2 daily per person, £8 weekly per person, £35 for a month's cover per person and £60 per person per annum.

Of course you can get additional cover if you were to need or want it to top up what this policy covers you for.

All pre-existing medical problems, including diabetes other than those mentioned above will be covered.

The above policy Mr Kelly confirmed, will cover you world wide under the conditions pointed out above but only to those levels.

*The Diabetic* must point out that there are other things that are not covered like loss of luggage, emergency private doctor consultations and not at A&E, cancellation of trip etc, which you may want to have extra insurance cover for, which of course can be purchased from them separately.

*The Diabetic* understands that the above policies will be going on sale on the Isle of Man in the next few weeks.

**Tourist  
Information &  
Travel  
Services**

**Face to Face with the Chief  
Minister on Monday 26.1.2009**

The Chairman of the Friends of the Manx Diabetic at the invitation of the Chairman of the Positive Action Group, Mr Roger Tomlinson, attended a meeting at the Legion Hall at which the Chief Minister Mr Tony Brown, agreed to answer questions, so we were informed, without prior knowledge of their subjects.

Everyone in the auditorium was asked to switch off their mobiles. The Chairman dutifully switched off his so that he could not receive by mistake any text messages from the audience.

The meeting as we would say in Gibraltar passed 'sin pena ni gloria'.



The Chief Minister Mr Tony Brown

The Chief Minister fielded questions from the floor with gusto and panache as they did not strain his resources.

They came from all sides of the auditorium, and included such topics as: What was happening with the freedom of information act.

The Chief Minister explained that it was still in the pipeline but they expected to have it up and running by the end of this Government session.

He was informed that in Gibraltar pensioners had been safeguarded from the recent credit crunch by the Government there, instructing the banks to pay interest at a minimum of 3.5%, and not the interest that is being set by the bank of England, to anyone over sixty five and a pensioner, on their savings to help them out.

Mr Brown said he was not aware of this, and promised to look into the matter.

If he had asked the Chairman he would have been told that it was not the banks, but the Gibraltar residents that held Government Bonds and Government Debentures who were guaranteed by the Government a minimum of 4.5% interest on deposits with the Government on a 3 years fixed, irrespective of how low the bank interest rate fell.

And a minimum of 3.5% on a similar system of deposits, but on this one it could enable the depositor with the Gibraltar Government to make withdrawals as they pleased at any time.

However the conditions to qualify for these money deposits on Bonds and Debentures with the Gibraltar Government is that you have to be **permanently resident** in Gibraltar.

Maybe they can do something like it here and ring fence the Manx Resident's money.

There then was a discussion on the Pension Supplement. The Isle of Man was tied to the UK Government pension scheme we were told, but the government subsidised this with a pension supplement. They would however have to look at the situation the Chief Minister pointed out, if and when the UK Government decided to implement pensions related to earnings. If this was the case they would have to look at it again.

A lady wanted to know if when considering the pension scheme, why did MHK's decide their pensions in secret.

The Chief Minister strongly refuted that this was so, as anything of this kind he emphasised, was decided in Tynwald in open debate.

The Chairman was given the privilege of asking a supplementary to the effect that if the Chief Minister carried the idea of implementing the pension scheme, and Consultants, Nurses and GPs decided to leave the Island, what contingency plans did the Government have to staff the Hospital and medical services?

The Chief Minister told him that all this were rumours about people leaving, and were being exaggerated, and put forward by interested parties and that nothing of the sort was going to happen.

The Chairman was not allowed by the Chair to carry on the discussion.

It was evident that plans it appeared, for this eventuality, the Government had none.

Unfortunately the Chief Minister did not appear to be in the know, as on his way home the Chairman happened to meet a hospital consultant and discussed this with him who told the Chairman that if the Government implemented the proposed pension scheme he would be leaving the Island, and like him many of his colleagues.

Oh well, so much for rumours and exaggerations. Maybe it will get through to someone sometime, let us hope it is not too late.

We then had a question on children's services, and what was the position if parents wanted to teach their child at home instead of sending them to school.

Following this, the question of the Reciprocal Health Agreement was raised, as a gentleman wanted to know what was being done.

Mr Brown explained that The Channel Islands had already been given notice of the cut off date for reciprocal health services between the Channel Islands and the UK.

However the Isle of Man had as yet not been given a cut off date.

He said that there was a Government Committee looking into the matter, but until they are given a cut off date the Government here "cannot properly look for a solution".

From what the Chief Minister said *The Diabetic* got the impression that there is again no forward planning, and we shall have to wait until we are told on your bike, before any real consideration or decision is taken.

We should have backup solutions ready for implementation before the problem materialises and not when our backs are against the wall.

However, The Chief Minister emphasised that when they were given a cut off date they could then choose any hospital in the UK to send Manx Patients. Another red herring, more expenses.

The Chairman told the Chief Minister that most of the ladies and gentlemen in the auditorium would possibly be unable to get off island, because they would not get insurance because of their age.

The Chairman pointed out that because of his health problems he had been asked for £400 for ten days just to visit the UK, which was ridiculous.

The Chief Minister then gave us the same standard Government answer, that people had to have insurance to go to America and other countries in the EU.

The Chairman was adamant that that was not the issue, the issue was that the Manx people were trapped on the Island without being able to go to the UK not America, unless the Government did something about it.

In a report in the Daily May, he emphasised that they were claiming that by 2014 we would also need passports to travel between the Isle of Man and the UK and Northern Ireland.

There were other forceful interventions from those present, but The Chief Minister dismissed the idea and categorically claimed that if the Reciprocal Health Agreement was rescinded nobody would be trapped on the Island.

If his Government underwrites the insurance system no one will be trapped on the Island and he will be proved right, if on the other hand they don't act as underwriters, it will be famous last words.

The Representative of Ellan Vannin, explained that they had come up with an idea of a boarding tax of say £1.50. which would provide the Government with an estimate £2m.

Mr. Brown promised that when the time came, his committee would look at all possibilities.

He was urged from the floor to bring to the notice of the British Government that the people of the Isle of Man had fought alongside British forces during the wars, and as such the British Government should not rescind the Reciprocal Health Agreement with the Island.

The Chairman raised his hand as he had a further supplementary of consequence to ask, but was motioned by the Chairman of the proceedings, with a shake of the head, to put his hand down.

He was stopped from asking vital questions on the future of the Isle of Man people, maybe by now he was getting to near the knuckle.

However one thing is certain and that is that the cut off date is coming and we are just like prisoners awaiting the inevitable sentence.

The Chief Minister no doubt was more comfortable with talking about windmills and the stoppage of the importation of Fuel and Gas, Aid to overseas territories, when we ourselves need vital equipment for our hospitals: The resurfacing of the promenade: Too many cigarettes ends being left on the ground behind the new hospital and he should do something about it: Climate change, and rambling wherever you want to go on the Isle of Man without let or hindrance, rather than pressing the Chief Minister on subjects that will affect the future livelihood of the Manx people.

Of course at the end of the night there was a little discussion on Kaupthing Bank but of no consequences, it appears that nothing had really happened here, as everything was under control and everything was OK, in fact 'We have even gone to Iceland' said the Chief Minister.

The only piece of interest was that the Government compensation scheme, as the Chief Minister put it, was only applicable to Kaupthing and would not automatically apply to any other similar situation.

The Chairman wanted to ask him, "With the UK Government already nationalising most of the UK Banks and becoming the majority shareholder in banks in the UK, and these banks having subsidiaries on the Isle of Man, what would happen when the UK Government decided to really put the screws on the Island. Or maybe close all their bank subsidiaries on offshore financial Islands and if you wanted your money you would have to go to UK to get it personally, provided you are under 80"

What would the Manx Government do? Have they thought of this possibility?

What a scenario.

The Island would not even have an Isle of Man Bank as it now belongs to the UK government being a subsidiary of HBOS.

Maybe the UK Government have not yet realised the anomaly, that they want to close offshore finance sectors but they themselves are now running banks that they own in offshore financial jurisdictions.

Wonder how long this state of affairs will last?

Unfortunately the Chairman was not allowed to ask this or any more questions. As he had not been allow to say what he wanted to say, after the meeting the Chairman gave the Chief Minister an article that had just appeared in Private Eye under the Heading "Manx for nothing", to the effect that Lord Bach had given the impression at a meeting that the Isle of Man was included in the repatriation of money from Kaupthing.

However afterwards, Lord Bach appeared to have been given a bollocking by the Treasury, as when the report on the meeting was printed, at the bottom it was qualified by "*Note to witnesses: I am satisfied by the steps taken by the UK Government in the interest of the people whose deposits the UK regulatory authorities are responsible for.*" In other words, the above means "**THIS DOES NOT INCLUDE THE ISLE OF MAN**", as the UK regulatory authorities are not responsible for the Isle of Man.

All in all, the Chairman found it a wasted exercise, as he did not learn anything he did not already know.

He was not interested in Windmills or the stoppage of the importation of gas and oil, with the rescinding of the Reciprocal Health Agreement hanging over our heads like the Sward of Damocles swinging inches from our necks.

Mr Brown and his Government do not appear to be aware as to what is going to happen on the Island, once the British Government, gets over the credit crunch and has the time to really turn its attention to the Isle of Man.

With at the end of the day some banks on the Island belonging to the British Government and other Governments in the EU, they can bring us down to our knees and ripe for the taking.

There would be one consolation though, we shall all be happy like Don Quijote tilting at windmills, and without Gas and Oil, cars being driven by rubber bands.

**Note: - Since the above meeting on 26<sup>th</sup> January, Mr Teare the Minister for Health and Social Security said on Manx Radio on Monday 16<sup>th</sup> February, that the Manx Government had now received notification from the British Government, to the effect that as from 1<sup>st</sup> April 2010 there would no longer be in operation a Reciprocal Health Agreement between the British Government and the Government of the Isle of Man.**

One presumes that now that they have been told on your bike the Government can act.

We wait with avid interest as to what the Government will come up with.

**This administration is doing everything we can to end the stalemate in an efficient way. We're making the right decisions to bring the solution to an end.**  
President George W Bush

## The Manx Tay

On Saturday 14<sup>th</sup> February, St Valentine's day, The Friends of the Manx Diabetic in conjunction with the Manx Association for the Welfare of Children in Hospital held a Manx Tay at St Catherine's Hall in Port Erin.

The event was very well attended and we would like to thank all those who participated, contributed and enjoyed what was on offer.



The Manx Tay

The Manx Association for the Welfare of Children in Hospital and The Friends of the Manx Diabetic would like to take this opportunity to thank all those who came to help, and all those who provided cakes and items for the raffle and stalls, which made the event possible

Thank you all for supporting our two local Charities which raised over £500.

**How come you never hear  
father-in-law jokes?**

## **The Annual General Meeting.**

The Annual General Meeting of the Friends of the Manx Diabetic, will take place at **St Andrews Church Hall, Glencrucherry Road, Douglas**, on the evening of Thursday **26<sup>th</sup> March 2008** at 7.30.p.m.

We would like to see as many of you as possible on the evening of 26<sup>th</sup> March, as it is your chance for your Committee to take on board your points of view.

Refreshments will be served after the meeting to give those present a chance to informally discuss matters with members of the Committee.

All members will be supplied with an Agenda for the meeting 21 days prior to it taking place.

Needless to say, were you to want any resolutions put forward at the meeting, please make sure that you sent them to the Chairman, C/O 'Gibel Tariq' 17 Farmhill Park, Douglas IM2 2EE or ring him on 613702. or a e-Nil on [chairman@diabetes.org.im](mailto:chairman@diabetes.org.im)

If you are interested in diabetes and not a member you are also invited to attend.

**Since Banks are at the forefront of the news maybe their problem has been that banks charge a fee on 'insufficient funds' when they know there is not enough money in the account, and then make more losses.**

## **Local News in Brief (New Feature)**

### **Enquiry.**

The Government who claims they have no money, has set aside £1m for an enquiry into the walking problems, if any, at Langness.

Surely £90,000 or as the Minister claims £50,000 of this could have been set aside for a fluorescein Angiogram machine so that Isle of Man patients have no problems with their sight.

### **Patient Transfers.**

The Minister for Health and Social Security, claimed in the House of Keys that the cost of sending patients across to the UK for treatment has risen by £400,000 in the last twelve months.

Maybe it's because they send all these eye patients, who in reality when tested across they find there is nothing wrong with them and they didn't need to go in the first place, if the proper equipment existed here to test them before they left.

The Keys were also informed by the Minister that just under 9,000 patients are transferred to UK hospitals for treatment in any period of one year.

### **The Pensions problem.**

*The Diabetic* would respectfully draw the attention of the Government to the reality that if they proceed with their ill conceived idea on the pensions question, they are going to find themselves without adequate facilities at Noble's Hospital and GP surgeries, and then more patients will have to be sent across the water, at more expense, defeating the exercise.

The Government might hide behind the notion that they will get replacements for those that leave, but what they don't seem to appreciate is that the Isle of Man is just a stepping stone in the careers of these eminent people, so in the long run they just won't come.

They won't come because if they cannot carry their present pension system to the next

hospital authority, the word will soon get round that there is no joy in going to the Isle of Man.

The BMA will probably explain to them that if they get a job on the island it will be a non starter as regards their pensions.

The Isle of Man Government will be left at the altar without the proverbial bride.

### **The Chairman Was Right**

As you may recollect the Chairman in last quarter's *Diabetic*, reported that he had said at the AGM in October last year, that with the rescinding of the Reciprocal Health Agreement, it might come to a stage when everyone on the Island would need visas to get into EU Countries in particular the UK.

In the Mail on Sunday of January 25<sup>th</sup>, Peter Hitchens who was writing for the UK public, wrote, "By 2014, it will be impossible to travel between England and the Channel Islands, or **England and the Isle of Man, without a passport.**

**The anomaly is because the Isle of Man and the Channel Islands are NOT in the EU.**

We now have the rescinding of the Reciprocal Health Agreement to look forward to, in addition to passports to go to the UK and all EU countries.

I know the Chief Minister said in the House that "**members should not get 'over-excited' at this issue**", (the reciprocal Health Agreement).

So, what should we do, await the inevitable?

We are not '**over excited**', the people of the Isle of Man are gobsmacked.

### **The hush hush information of the last quarter**

When the Manx Diabetes Centre was asked by *the Diabetic* for the number of newly diagnosed diabetic patients the Centre had seen during 2008, that had been referred to them by the surgeries, we thought they would have been proud of their achievements, instead they said,

"Sorry we cannot give out that sort of information, (Top Secret we suppose?) you have to ask our service line manager for her permission for you to have it. Here is her name and number."

Who said the DHSS was running out of money. Everyone is afraid to take a decision and we keep employing more Captains and less privates so that there is more personnel to play musical chairs and pass the parcel with.

It reminds us of the old saying "Fleas have smaller fleas upon their backs to bite them".

There must have been a lot of consultations as they took over a weekend, from Friday to Monday to come to a decision on a simple question, and to tell us we could have the numbers.

They could not tell us when we asked the question, they had to wait for consultations. Real decision making.

What a ridiculous situation, all we had to do was get an MHK to ask the question in the House, and the Minister would have been forced to give us the proper answer, and we would have bypassed the lot of them.

But sometimes being a gentleman does not really pay.

The more chiefs we can employ, the greater facilities we shall have to play pass the parcel.

### **The Surgeries v the Manx Diabetes Centre.**

As we have mentioned above according to the surgeries they newly diagnosed some 200 patients during 2008. According to the Minister in the House there was an increase of 259.

At long last when we were given the figures for the Manx Diabetes Centre, we were informed that they treated 225 referrals from the GPs during 2008.

These are total referrals and not patients that have been newly diagnosed diabetic, as the Centre appeared not to be able to work out this figure.

*The Diabetic* was told they would try and get them but to date we have not heard from them.

However, these 225 referrals are new patients to the Manx Diabetic Centre that were not on their books before.

We must point out that the GPs do not send all their newly diagnosed diabetics to the Manx Diabetes Centre, but only a small percentage, so we can only assume that out of the 225 patients referred to the Centre the vast majority must have been patients that are already somewhat down the road with their diabetes, and the GPs possibly wanted a consultant's opinion.

This is something that has to change and all newly diagnosed diabetics by GPs have to be sent to the Manx Diabetes Centre to enable the Centre to set up a base line before they are returned to their respective practices.

As you know since the booklet was published we have been asked by many patients for a copy.

99% of those asking for copies have been diagnosed anything from 8 weeks to 26 weeks ago, and as yet have not been sent by their GP to the Manx Diabetes Centre.

What is the Centre there for, why did we fight for a Diabetes Centre for over 20 years if not to see diabetic patients, specially those who have been newly diagnosed.

**That was what we fought for the establishment of a diabetes centre on the Island.**

**So we ask the surgeries to make full use of these facilities.**

### **Patients being sent to Chester.**

Some patients going to hospital across have had their flights from Liverpool changed to Chester on Manx2.com

The planes are smaller and they have difficulty in taking patients in wheelchairs. Did we say difficulty, we are informed that they can't.

When asked how they were going to manage it, the DHSS said that they were aware of this problem and that they would continue to use Flybe to take wheelchair passengers to Liverpool.

Patients who have used the new service have been in contact with *The Diabetic* with their stories, but we have decided at this stage not to print their comments until we have a fuller picture of the problems encountered, and the service has been given a fair crack of the whip and time to bed in.

However we would like to bring to the notice of our diabetics travelling on this service that *The Diabetic* has been informed by Manx2.com that they have no food facilities on board.

So if after you have boarded your plane you have a 'Hypo' you had better be prepared and take sandwiches or biscuits, or chocolates and or lucozade with you, as we don't want you going into a 'Hypo' or a diabetic coma.

We have spoken with patient transfer and asked them to put a sentence in their flight advice to patients to the effect that, "There are no food facilities on board this flight and we would suggest that all diabetics carry biscuits and/or chocolates for an emergency".

We are grateful to patient transfer for passing the message on, and we hope that the Chief

whoever he/she may be, consults and takes the right decision, and will do something about it.

There are of course no air hostesses on board, and with a plane full of people going to visit hospitals who are not 100% well, if anything happens to anyone in flight, there is no one to help them with first aid in the event of problems.

Unless of course as has been suggested, the Pilot or Co-pilot leaves the controls and helps.

Again the DHSS has a duty of care to all patients travelling to UK Hospitals, and should therefore ensure that help, within the plane is available in case of an emergency, for after all it is a DHSS charter.

Otherwise somebody will have to carry the can in the event of a medical problem.

Remember it is the DHSS responsibility as they are chartering the plane.

We do not say they should not charter, because The Friends of the Manx Diabetic have made that proposal to the DHSS before, but what we say is that the DHSS Duty of Care to all patients travelling to and from the UK must be paramount

### **The 90 days before tax in the UK**

Once again we draw our members attention to the AGM in October (see last Newsletter), in which the Chairman said quote "I know there are other things in the pipe line with which the UK Government will try and strangle the island once they are brought into operation" unquote.

At the meeting he explained what he was talking about.

Well the time for the first one has come.

Once again he has been proved right.

The British Government has set up and is now running a Big Brother database to monitor everyone going in and out of the UK, by air, by sea and rail.

This means that anyone leaving or coming to the Isle of Man will appear on their database and they will be able to keep tabs on what you are doing, and on how many days you are in the UK in any one calendar year. You will no longer be able to argue the toss.

The Computer will record reservations, arrivals and departures, payment details, addresses and telephone numbers, names of travelling companions and even details of luggage carried will also be stored.

This new mega computer system that is now operational is housed at a secret location on the outskirts of Manchester.

So don't go over the 90 days stay in England or you shall be liable to UK Tax, they can now prove it without question.

### **More Civil Servants**

It transpires that even though the Disability Discrimination Laws have received royal assent in 2006, we are now going to need another top top Civil Servant as a consultant to advise on the implementation of the Law.

As usual with Government departments they were unable to say how much the Law implementation would cost them.

Regardless of the fact that the Manx Disability Discrimination Act received royal assent in October 2006, three years have elapsed since then, and now, they are telling us it is expected it would be another three years from the appointment of this top Civil Servant before it is fully enacted. That is six years.

Then they would probably have to give another five years for people to make their premises disabled friendly. They cannot do it overnight

But the beauty of it all is that we shall have more civil servants, so everybody will be happy except the disabled people of the Isle of Man who still can't get into some shops, restaurants or public or private buildings.

**The Statistics on sanity is that one out of every four persons are suffering from some sort of mental illness.**

**Think of your three best friends  
And if they are OK,  
then it's you.**

### **The New Facilities at Noble's**

One of our consultants has been hounding the DHSS for a special unit for his discipline, as he could not work properly without one, and having to send people across who really did not need to go, if he had the proper facilities here.

Again the DHSS wasting money.

At long last the DHSS succumbed to his demands and built this consultant a top of the art facility. The Unit is wonderful, with all the

necessary equipment and the DHSS must be congratulated.

The problem that the consultant now faces, is that the DHSS cannot give this consultant any nurses and staff to man this unit, as they have no head count available and cannot employ anyone else.

**Don't laugh, the Unit, is unusable and therefore closed.**

Who said the DHSS has no money, no wonder if they spend it on white elephants.

Surely they must have known before they put down the first brick, that because of the head count they could not staff the unit once it was finished. Its time the Government transferred the head count from Noble's to the Civil Service.

So why start it in the first place, and spend all this money for nothing?

We understand that they want to set up a stroke unit, commendable and welcomed, but: will it be another white elephant as they won't have the head count to staff it?

Please God give us all patience.

As usual the DHSS is a carry on comedy.

We are now waiting for Barbara Windsor in her nurse outfit to come and staff it.

**Things change if you struggle,  
They do not change by themselves.**

### **The Booklet for Newly Diagnosed Diabetics.**

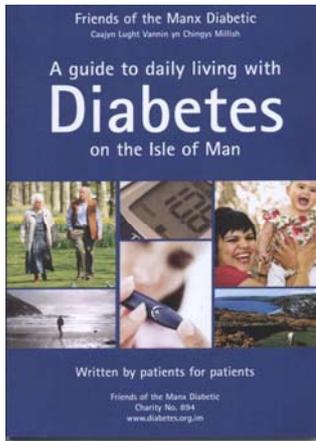
The Friends of the Manx Diabetic have now published their booklet and they have been distributed to all surgeries on the Isle of Man for handing to newly diagnosed patients. One surgery has already asked for more as they have gone through all the ones we gave them in December.

The booklet provides essential information for newly diagnosed diabetics, from the point of diagnosis to when they are seen by the Manx Diabetes Centre.

It does not give any medical advice, but only general information about your diabetes.

What we want to do is achieve peace of mind to newly diagnosed diabetics.

The Committee is pleased that the booklet has been well received in the community.



### The Booklet

In the middle of December 2008 we gave copies to all the surgeries, but if anyone has been newly diagnosed diabetic prior to this time and has **not yet** gone to the Manx Diabetic Centre, if you give us a ring on telephone (01624) 613702 we would be delighted to send you one free of charge.

If however you have already been to the Manx Diabetes Centre, and want one, we would then require £5, which is the cost of reprinting plus £1 postage and packing, (Sorry but we are a Charity), as the centre is supposed to give you written information about your diabetes once you go there.

This is the first time that such a book has been printed on the Isle of Man, another first for The Friends of the Manx Diabetic.

The booklet has been written by patients for patients and edited by our medical advisor Dr Alison Blackman.

We are here to help you

There is a membership form inside the booklet that has a perforated edge, so please fill it up, return it to us, and join us today, if you are as yet not a member of The Friends of the Manx Diabetic.

**If you want to know where you are going,  
first find out where you came from.**

### The Lake District Calvert Trust

We have received information on the Lake District Calvert Trust following a recommendation from our local Social Services for them to contact the Friends of the Manx Diabetic.

We have spoken with them and asked them to tell our readers what fantastic services they provide for the disabled. This is what they had to say:

“Can you imagine someone who has quadriplegia and is on a ventilator sailing a catamaran, horse-riding or abseiling down a 70ft cliff face? The Lake District Calvert Trust can. They make it happen every day. For over 30 years, The Lake District Calvert Trust has been helping those with physical, sensory and mental disabilities realise their full potential through the adventure and achievement of outdoor activities. Their motto is ‘it’s what you can do that counts’.

Set in 2 acres of secluded woodland and landscaped gardens, the Centre, lying beneath Skiddaw Fell and on the shores of Bassenthwaite Lake near Keswick, provides full-board residential activity courses that are custom-built for the abilities of the client group.

All of the courses have an educational element, whether this is education about activities, the environment or towards recognised national awards, or simply education about what your disability means to you, to others, and how you can push beyond the boundaries that it currently sets you.

All courses are supported by specialist instructors who hold National Governing Body awards for the respective activities, and who undergo many years of training in all aspects of dealing with and maximising the potential of a wide range of complex disabilities.

The instructors use pioneering equipment adaptations that the Trust has developed over 30 years to allow even the most severely disabled person to partake of such exciting activities as canoeing/kayaking, sailing, rock-climbing/abseiling, horse riding/trap driving, archery, ghyll scrambling, hand cycling, land yachting, orienteering, and ropes challenge courses.

The Lake District Calvert Trust welcomes groups of mixed ability, friends and family, for their mission is to promote inclusion, integration, self-belief, motivation, independence and team work.

Their courses aim to help those supporting/caring for someone with a disability just as much as those with the disability – key is educating both parties with regard to what the true potential of every person can be.

The Lake District Calvert Trust is AALAS-licensed, regularly inspected, and holds £5 million in public indemnity insurance (certificates supplied upon request).

The groups are also encouraged to have fun!

The Lake District Calvert Trust facilities include a hydrotherapy swimming pool, sauna, games room, licensed Tuck-Shop, TV room, library and an indoor Sports Hall with a unique adjustable climbing wall.

In-house Disco entertainment is provided for those on weekly stays – and these are very popular with the regulars!

All meals are provided, and the kitchen prides itself on providing fresh, locally-sourced, organic food wherever it can. Many specialist medical diets can be catered for, including gluten-free/coeliac/dairy-free/diabetic/PEG feeds, and there is always a vegetarian option on offer.

The Lake District Calvert Trust believes that every individual is unique – and they treat you accordingly!

Many thousands of people have benefited from what they all describe as ‘The Calvert Experience’. Regular visitors include groups from The British Heart Foundation, Blackburn Diabetic Children’s Group, The Primary Immunodeficiency Association, Spinal Injury Units, Amputee Associations, and, of course, many Schools and Special Education Units.

The Lake District Calvert Trust runs low-priced family ‘taster’ weekends and free introductory weekends for those who wish to explore more before making a booking.

Site-tours and inspections are welcome.

Please contact the Bookings Team direct on [bookings@lakedistrict.calvert-trust.org.uk](mailto:bookings@lakedistrict.calvert-trust.org.uk), or telephone 01768 771924 or 01768 771927.

For more general information, contact the Lake District Calvert Trust on 01768 772255 (general enquiries),

[enquiries@lakedistrict.calvert-trust.org.uk](mailto:enquiries@lakedistrict.calvert-trust.org.uk), or visit their website on [www.calvert-trust.org.uk](http://www.calvert-trust.org.uk)

**Please quote Ref: IOM/SN3 upon enquiry.**

**Instructions by an acting superintendent of elections.  
“If anybody shows up that’s on the deceased list we’ll cross them off.  
If you’re deceased, you’re not supposed to be voting”**

## News Update

### New Drug for Diabetics.

A drug that targets diabetes and at the same time helps patients with obesity lose weight is being hailed as possibly the wonderpill of 2009.

The drug named Liraglutide works by gauging sugar levels and stimulating the release of insulin to deal with the glucose when sugar levels become too high.

This is thought by diabetic experts to be a big step for diabetes as the current drug therapies can overestimate insulin production.

The drug Liraglutide has already been found to curb appetite.

It is hoped that the new drug will be available on prescription late this year.

### A £45 Million Bill for the UK NHS

We have come down this route in the past, but we thought because of the problem we would highlight it again.

Hospitals in the UK are spending millions on specialist equipment to accommodate obesity patients.

Figures released under the freedom of information laws have revealed that the NHS spends £45 million pounds on reinforced beds, heavy duty ambulances and hoists.

It is also claimed that maternity units have been forced to widen the delivery-room doorways because of the increasing numbers of obese mothers. Leading hospitals across the UK have confirmed that they have had to adopt this measure to accommodate mothers to be, and 30 out of 33 birthing centres say that they have had to increase the dimensions of their doorways.

### The Language Barrier.

£50 million is being spent across the water in linguists and translations of NHS documents for patients who do not understand English.

Campaigners have accused the British Government of diverting essential funds from much needed care for cancer patients who are forced to pay privately for expensive drug treatments to stay alive.

The critics are claiming that the service was reinforcing language barriers, and undermining efforts to get migrants to speak English by translating documents into Urdu, Arabic, Sylheti, Bengali, Polish, Spanish and all the other languages.

It reminds the Chairman when the UK agency did the Study at Nobles Hospital and the report was available in a myriad of languages that no one spoke on in the Isle of Man, in fact in all languages except Manx for which no doubt the DHSS paid.

The Chairman of The Friends of the Manx Diabetic, as usual leading from the front, insisted and argued with the UK Agency and they were forced to translate the whole report into the Manx Language.

If the DHSS and the Government could not make them do the translation into the Manx language, the Friends of the Manx Diabetic had to stand up for the Manx people once again.

**Smoking Kills.**  
**If you are killed**  
**You have lost a very important part of your**  
**life.**  
 Brooke Shields

## What Agency Staff earn per hour in the UK compared to the Isle of Man

*The Diabetic* thought we would compare what agency medical personnel were paid, in the UK and on the Isle of Man, just in case we lost some of our personnel if the Government were to implement their proposed new pension scheme, and they had to rely more and more on agency medical personnel, at least they would have an idea of what they would be in for.

- An Agency nurse at Great Western Hospitals NHS Foundation Trust----- gets £128.00 per hour. Equivalent to a salary of £246,272.00 per annum
- Agency A & E Doctor working at Trafford Healthcare NHS Trust-----is paid £167.00 per hour. Equivalent to a salary of £321,308.00 per annum.
- Agency prison GP paid for by Dorset Primary Care Trust remuneration is £158.00 per hour. Equivalent to a salary of £303,992.00 per annum.
- An Agency Anaesthetics medical Consultant at Whipp Cross University Hospital NHS Trust----- £188.00 per hour. This equates to a salary of £361,712 per annum.

- Agency Paediatric registrar at Great Western Hospital NHS Foundation Trust is paid £129.00 per hour. This is equivalent to an annual salary of £248,196.00.
- Agency senior manager at Tower Hamlets Primary Care Trust----- £157.00 per hour, an annual salary of £302,068.00
- Agency Strategic commissioning manager at the Wandsworth Primary Care Trust----- £147.00 per hour. Equivalent to £282,828 per annum.
- **The above is giving everyone a 37 hour week for easy reckoning.**
- What is happening here?
- Mr John Houghton MHK asked a question in Tynwald for written answer from the Minister of Health and Social Security as to what was the hourly rate charges to his department in respect of,
  - (a) agency nurses; and
  - (b) Locums of each clinical discipline.
- **We shall use the same principle as above of 37 hours per week to determine the cost per annum of each discipline to the DHSS, so that we can have a comparison.**
- **We shall use the top rate, as that is what the DHSS would initially have to budget for. If they used the lower rate they would eventually run out of money and have to go to Tynwald cap in hand for a hand out as usual.**
- The Minister for Health and Social Security has replied that regarding, (a)
- **Agency Nurses:** the average charged to the department for a registered nurse is £25 per hour. This equates to **£925 per week or £48,100 per annum**
- However **Registered Nurses** with a special qualification e.g. A & E Critical Care or Neonatal care is £31 per hour. In this case the DHSS would have to find **£1,147 per week or £59,644 per annum**
- As regards the answer to (b) locums for each discipline, are as follows, so the Minister claims.
- **Dietetic Services,** depending on experience and qualification of the therapist and agency used will range from £30 to £45 per hour. This equates

to **£1,665 per week or £86,580 per annum.**

- **Occupational Therapy** depending on the experience and qualification of the therapist and agency used £30 to £45 per hour. As above this salary would come up to **£1,665 per week or £86,580 per annum**
- **Physiotherapy** depending on the experience and qualification and the agency used £30 to £45 per hour. Again this would amount to **£1,665 per week or £86,580 per annum.**
- **Pharmacy:** depending on the experience and qualification and agency used: **Pharmacy Technician** £22 to £27 per hour. Here we have a **weekly salary of £999 and a yearly salary of £51,948.**
- **Pharmacist** £22 to £40 per hour. This would equate to **£1480 per week or £76,960 per annum.**
- **Audiologist** an average of £30 per hour. Here we are talking of **£1,110 per week and £57,720 per annum.**
- **Radiographers** depending on the experience and qualification and agency used £30 to £45 per hour, equivalent to **£1,665 per week or £86,580 per annum**
- **Doctor/Medical Practitioners** depending on the grade of the doctor, experience and agency used will range from 40 to £100 per hour. Last but not least the Doctors would get a salary of **£3,700 per week or £192,400 per annum.**

A UK Agency nurse get **£128** per hour, **£246,272 per annum** as compared to an Isle of Man Agency nurse that gets **£25** per hour or **£48,100** per annum.

An Agency Doctor in the UK gets **£167** per hour or **£321,308** per annum, as compared to **£100** per hour, equivalent to **£192,400** per annum to an Agency Doctor in the Isle of Man.

**10 Agency Locum Doctors per annum would cost the DHSS here £1,924,000**

**However if you are full time in any of the above disciplines, then your salary is much much lower than that above.**

If the chips were down, and you had problems with your pension in the Isle of Man, and you had a choice, where would you work, in the UK or the Island?

So if we have to employ Agency personnel if we lose people at Nobles because of the implementation of the proposed Pension Scheme, it would cost more to employ agency personnel, than the savings the Government would make.

Profit and Loss, Profit and loss my friends.

Anyway the above means that were the DHSS to employ just one person from each discipline as set out above it would cost them **£833,092 per annum.**

Under this system for the above amount of money the DHSS would have employed only one nurse, one registered Nurse, one Dietetic Nurse, one Occupational Therapist, one Physio, one Pharmacy Technician, one Pharmacist, one Audiologist, one Radiographer and one Doctor/Medical practitioner.

Not even enough personnel to dispense breakfast to the patients.

Imagine what it would cost to really staff Noble's with a preponderance of Agency personnel if we could not get the proper personnel full time.

The answer to the above problem is teach our own people, set up a Committee that works in forward cycles of 5 years, and send those Island young people across that want to practice medicine. Doctors, dentists nurses etc.

Pay all their expenses, but they have to sign a contract before they start, that if they don't qualify, or practice on the Island for five years after qualification, then they have to refund all the money the DHSS spends on their medical education.

In this way you have your own people all the time as the Committee would do this on a perpetual rotation on a yearly basis, so that eventually every year after the first five years you would have a new crop of qualified personnel until eventually you can do away with all Agency personnel.

This, if properly planned, will at the same time provide the Manx young people with careers and a future to look forward to, and to work and stay on the Island.

Profit and Loss remember!

It would pay for itself in the long run.

**Other than when playing darts,  
I become confused at the mere mention  
of figures.**

Neil Kinnock MP  
(don't we all)

## How many of us remember?

How many of us remember?

When everyone's mum was at home when the kids came back from school.

When nobody owned a purebred dog.

When 3p was a decent pocket money allowance.

When all your male teachers wore neckties and female teachers had their hair done every day and wore high heels.

When it was considered a great privilege to be taken out to dinner at a real restaurant with your parents.

When no one asked where the car keys were because they were always in the car, in the ignition, and the doors were never locked.

When being sent to the head teachers office was nothing compared to the fate that awaited you at home.

When basically we were in fear for our lives, but it wasn't because of drive-by shootings, drugs, gangs, etc. Our parents and grandparents were a much bigger threat!

When we had sweetie cigarettes.

When Coffee shops had jukeboxes with 45 rpm's.

When milk delivery came in glass bottles with cardboard stoppers.

Oh yes what about when we got our news from newsreels before the movies.

When we all had peashooters.

When we had "Hi-Fi's" that played 78, 33 and 45rpm records.

When your parents collected Green Shield Stamps

When it was exciting to watch Andy Pandey.

When the most important decisions were made by going 'eeny-meeny-miny-moe, sit the baby on the poo, when he's done, wipe his bum, eeny-meeny-miny-moe'

When 'Race issues' meant arguing about who could run the fastest.

When catching tiddlers could happily occupy an entire day.

When it wasn't odd to have two or three best friends.

When the worst thing you could catch from the opposite sex was chickenpox.

When having a weapon in school meant being caught with a catapult.

When the worst embarrassment was being picked last for a team.

When cigarette cards in the spokes of a wheel transformed any bike into a motorcycle.

Taking drugs meant orange flavoured chewable aspirin.

When water balloons were the ultimate weapons.

If it brought a smile to your face, it must feel good just to go back and say 'Yeah I remember all this'.

If you can remember most or all of these, then you have lived, if not, what can we say, there is always hope for you.

**And remember that the perfect age is  
somewhere between old enough  
to know better, and too young to care.**

## The Last Laugh

The Daily Mail went to a primary school and asked the youngsters for their views on the Credit Crunch.

One six year old was asked;

"What's a Hedge Fund?"

The six year old replied:

"That's where hedgehogs live".

**Just a reminder of the AGM.  
Don't forget It's at  
St Andrew's Church Hall, Glenchrucherry  
Road, Douglas  
On the evening of Thursday  
26<sup>th</sup> March 2008 at 7.30 pm.  
We look forward to seeing you all  
there.**

