

21.06.29

2 Deputy M. Tadier of the Minister for Health and Social Services regarding provision of radiotherapy (OQ.142/2021):

Further to the answer to Oral Question 119/2020, will the Minister advise what progress, if any, has been made to date towards the provision of on-Island radiotherapy for cancer patients; is it still the preferred option of Government to have on-Island provision, and if so, when will it be delivered?

Deputy R.J. Renouf of St. Ouen (The Minister for Health and Social Services):

Whenever H.C.S. (Health and Community Services) has looked at this issue, we have recognised that the driver for the case was patient experience, as going off-Island for treatment is stressful for our patients and their families. That remains the driver and it is why we are reviewing the provision opportunities. The complexity arises because the overall volume of patients needing radiotherapy, which is about 2 to 4 per week at present, does not support the viability of a provision on-Island, both from a clinical or a healthcare economics perspective. The relationship between volumes and outcomes for complex health conditions is well documented. For many conditions, the professional bodies are making minimum numbers the requirement for service or staff to be accredited or for services to be commissioned. A community of 108,000 in the U.K. is unlikely to have its own radiotherapy service. Patient safety and outcomes are rightly our first priority and we must ensure that our decision is evidence-based and safe. Nonetheless, we are continuing investigating what it is possible to do on-Island and we have a working group exploring the feasibility of a clinical and economic case for on-Island provision. The first workstream is updating the capacity and demand modelling and I will be in a position to report to Members on progress and next steps certainly by the end of the summer.

5.2.1 Deputy M. Tadier:

I thank the Minister for his update and note that there will be an update hopefully by the end of the summer, so that is welcome. I note that there seemed to be slightly more nuanced answers given to those of last year where he was very much focusing on the convenience to patients rather than necessarily the fact that the economic case added up. But would he give an assurance that, if this is to happen, and it needs to be a political decision as well as just a purely economic one, that it should happen sooner rather than later and that we should not be waiting until the new hospital is built and opens before this new on-Island provision could be provided, if that is the preferred route?

The Deputy of St. Ouen:

This does not need to wait for a new hospital to be built if it is determined that we can safely offer this service in Jersey. It is not just an economic case, it is also a clinical case. Because our volumes are low they do not normally justify the employment of a specialist team on-Island. They would not have the necessary throughput of patients to maintain their required clinical accreditation. Therefore, we need to know that any service we offer is safe and that our patients receive the best care. So it is trying to square the circle because there is that tension between the safety aspects, but recognising the wish for Islanders to have their treatment locally, which we want to deliver if we can possibly do so.

5.2.2 Deputy M.R. Higgins:

Is the Minister going to be able to achieve his timescale for coming back to Members? Currently there are 9 vacancies in the Radiology Department and there are management problems there, which I think are affecting existing delivery, let alone future delivery.

The Deputy of St. Ouen:

Not every member of the department will be on the working group that we have established and the working group is established and is considering these issues.

5.2.3 Deputy M.R. Higgins:

There are management problems in this area. Can he tell us which managers are involved in this exercise?

The Deputy of St. Ouen:

We will have senior members of our oncology team, including the lead consultant and the lead nurse in that area, and our general manager of hospital services, as well as the chief nurse and medical director also having an input.

The Connétable of St. Saviour:

I would just like to know if the people who are sleeping rough have been given the vaccination for the virus?

The Bailiff:

I am sorry, that is not in accordance with the terms of the question. The question is specifically about on-Island radiotherapy.

5.2.4 Deputy R.J. Ward:

Has consideration been given to joint working with Guernsey, given that it is a much easier journey and it would mean that people who are suffering would not have to take that journey all the way to the U.K.? What consideration has been given to that?

The Deputy of St. Ouen:

That has been considered and we do have links with Guernsey. It will continue to be considered. But we need to recognise that from a Guernsey point of view both Southampton and Jersey are off-Island and Jersey might not be the automatic choice for patients in Guernsey or the Guernsey Health Service. If we are to offer it to Guernsey, we would need to ensure that the Jersey offer is better or more attractive, which might mean a cost subsidy. But all of that is in the mix and will be considered.

5.2.5 Deputy R.J. Ward:

Just to ask about the timescale for that mix that this is all in; is there a timescale for any announcement on change and provision of this facility?

The Deputy of St. Ouen:

It is still too early I feel to give a time as to when any change might happen. As I have said, I will report back to States Members as soon as I can.

5.2.6 Deputy R.E. Huelin of St. Peter:

My question was very much in line with Deputy Ward on co-operating with Guernsey. The benefit of Jersey to Guernsey as opposed to Southampton is Guernsey people can come here on a day trip, which I think getting home at night - from my understanding - is one of the key things for recovery when going through such a stressful situation. Can I just ask the Minister if he has considered

looking at the service in that light as opposed to just a straight comparison between Southampton and Jersey for Guernsey Islanders.

The Deputy of St. Ouen:

I thank the Deputy and I will take that observation away. Of course we will need to ensure that we have good transport links with Guernsey so that we can receive patients early in the morning and would get them home in time in late afternoon. But we will take that into account.

5.2.7 Deputy M. Tadier:

It was in speaking with patients and some professionals that I was told that there was also an economic cost to Jersey in terms of the loss of labour. Whereas a lot of people find it useful to still be able to work where they can during their weeks of treatment and they cannot do that if they are off-Island. So will the Minister make sure that all of these factors are taken into account and would he launch a part of a public consultation for all people who have undergone radiotherapy and perhaps chemotherapy in the U.K., or radiotherapy in the U.K., and their families, to be able to give direct feedback to whatever this stakeholder group that the Minister is talking about. So that we can have a fully-informed consultation about what is going on.

The Deputy of St. Ouen:

I note those points, which are valid and interesting. I have written them down and I will ensure that we try to take account of the economic costs that the Deputy has mentioned and try to get that feedback from patients who have recently travelled to Southampton for treatment.